

**Healing *In Loco Parentis*:**  
**The Use of Schools as Therapeutic Communities**

by

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## Healing *In Loco Parentis*: The Use of Schools as Therapeutic Communities

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### Abstract

Schools are recognized as a child's secondary system of care and are endowed with an inherent sense of reliance that enables them to take on attributes such as trust, safety, respect, and encouragement, all of which are akin to healthy families and essential to the well-being of children. In the aftermath of trauma, children are dependent upon their primary caregivers for healing but, when these systems fail to provide opportunities for healing, their well-being is compromised. A school's unique capability to act *in loco parentis*, or in the place of a parent, makes them readily available to respond to a child's needs. This case study proposes that by reconceptualizing the current notion of *in loco parentis* from one with punitive undertones to a therapeutic one, schools will be prepared to establish themselves not just as institutions for learning, but also as therapeutic communities. As told through the narrativized case of a nine-year old Hispanic boy and his mother, this case study illustrates how an elementary school became the primary source of intervention to trauma, and confirms that schools can be alternative and well-accepted places for healing. The case study thus validates the call to action for public schools to maximize their potential for developing therapeutic environments, and contends that therapeutic communities can and should be replicated within schools.

*Keywords:* children, in loco parentis, schools, trauma, therapeutic communities

*\*Privacy disclaimer: To protect the confidentiality of the client, identifying information has been disguised and certain details have been concealed.*

"*¡Levántate!* ...get up!" Leo shouted to his younger brother. Because they slept in the same bed, he also gave his brother a quick strike with his foot, just in case the shouting didn't wake him. Leo offered me a naughty smile as he recalled this interaction and continued talking, "I woke up and I didn't see my father. So, I started getting ready for school." Leo's gaze shifted toward the floor and his happier demeanor disappeared. I wasn't sure what he would reveal, but I sensed by the awkward time lag between words and his sudden change of expression that he needed time for his dialogue to come together. I waited. Inhaling deeply, he continued. "I thought papí went to get something at the bodega... he did that sometimes. But when I opened the bathroom door, he was on the floor. There were bottles near him...the kind you clean with." Closing his eyes shut, he shook his head from side to side, and after a long pause, he continued. "*No se despertaba*...he wouldn't wake up and I couldn't wake him up." Leo held the sides of his head and stared blankly at the floor. In what seemed to be his last breath, he said, "I called...I called for help."

Silence was all that remained as his awareness became dormant. It was the unintentional sound of my squeaky chair that brought him back to the here and now. Startled, he quickly pulled his oversized black hoodie over his head, conveniently covering his eyes. It seemed he was eager to disappear as he sunk down into the chair. I waited for his tears while I blinked mine away. But his tears—they never came.

Death by suicide is a difficult topic to speak of and listen to. When nine-year-old Leo recounted the sight of finding his father after a completed suicide, I listened and grieved alongside him. What could I say to relieve his suffering? Not enough. To resurrect his father? Nothing. The most I could offer Leo was my presence and a solemn, "I'm sorry." I was sorry for the loss of his father, for the loss of his innocence, and for the lack of help. As I absorbed the impact of my second-hand trauma, my own recovered memory of Leo surfaced, and numerous images of him emerged from the previous year. The images that stuck were of Leo in the hallways and in the cafeteria. He played with Pokémon cards like the other boys in his class, and even fooled around in line like they did. But during unscripted moments, when he wasn't being one of the boys, there it was: the

empty look that faded his awareness away to a dissociated state.

I have ruminated over these images again and again, thinking that I did not take the necessary action, and that I did not have the right amount of curiosity to get to know Leo.

My attempts at finding forgiveness for myself have led me to think about how easily Leo blended in by following the school rules, and by steering clear of earning a frequent-flyer card to the principal's office. How was it possible not to notice? From an outsider's perspective, it may be difficult to conceive how this was possible, but in an urban school, or any school with more than 1,000 students, identifying those in need becomes an issue of prioritizing. Students whose behaviors cannot be seen outright often go unnoticed. This is by no means an excuse, but it is a reality of school social work. Overcoming that sense of having failed Leo was difficult because, in some way, I felt like an accessory to Leo's hidden pain, like a partner in collateral trauma. It was precisely this internal struggle, and my work with Leo, that prompted an understanding of how difficult it can be to identify some traumatized children, and ultimately reformed my practice as a school social worker.

I realize now that some children, like Leo, must learn to navigate intergenerational trauma. Typically, adult caregivers stand alongside a child, helping to cue and guide him toward healing. But when adult caregivers are overpowered by trauma, their ability to attend to the child's trauma is compromised. What is more, the trauma is not reduced or diminished for the child, and he must still cope with it. He does this by accommodating and adapting in seemingly magical ways, being able to hide fears and pain through laughter and play. Such complex posttraumatic responses between a child and his family construct barriers to seeking help. When we consider that navigating the mental health service delivery system is complicated itself, how do therapeutic interventions become accessible to a child's unseen trauma? I believe school systems, under the premise of *in loco parentis*, can form part of the solution that links children with psychotherapy or counseling when a caregiver avoids or is immobilized to seek help. Extending a school's role can contribute to restoring a child's sense of safety. Safety, we know, is at the cornerstone of trauma treatment. Bridging the premise of *in loco parentis* with a therapeutic community can initiate the groundwork for healing. In fact, the therapeutic community

modality is the underlying foundation to trauma-informed approaches to healing, such as Sandra Bloom's *Sanctuary Model* and David Will and Marjorie Franklin's *Planned Environment Therapy (PET)*. Its emphasis on attachment has contributed to the predominant use of therapeutic communities in residential facilities, but schools, too, have shared components with residential facilities that can benefit and transform children.

In order for schools to be transformed into systems prepared to respond to the pain of others (Jurecic, 2012), the use of *in loco parentis* must be redefined within a therapeutic community framework. Anyone invested in the well-being of children should validate the call to action for public schools to maximize their potential for developing and nurturing therapeutic community environments, as they can and should be replicated. Schools are a child's secondary system of care and so, justifiably, they can be alternative and well-accepted places for healing. They remain time-honored establishments brimming with teachers and staff who have purposefully chosen to serve children. The therapeutic support I provided Leo as a social worker occurred not in a renowned trauma center or private practice, but rather in one of the oldest known institutions for children: his school.

### **Standing in the Place of a Parent**

The already implicit pact between parents and schools, known as *in loco parentis*, routinely designates teachers as being able to act "in place of the parent" (Lonang Institute, n.d.). This notion was first coined by Sir William Blackstone in 1765, and evolved from English law in which the role of teachers with students in the absence of a parent was regarded as being imposed by God's divine authority (Lonang Institute, n.d.). Francis Wayland's seminal work, *Elements of Moral Science* (1856), offers the historical context for understanding this concept. It states:

The authority of *instructors* is a delegated authority, derived immediately from the parent. He, for the time being, stands to the pupil *in loco parentis*. Hence, the relation between him and the pupil is analogous to that between parent and child; that is, it is the relation of superiority and inferiority. (Book 2, Part 2, Division 1, Class 2, Chapter 3)

This historical understanding of the *in loco parentis* doctrine evokes a sense of power through

domination, and manages to transcend centuries, generations, and even cultures. Consider, for example, how discipline in schools is an accepted part of education. Actually, the *in loco parentis* doctrine also has closely guided discipline across cultures. Smrekar and Cohen-Vogel's (2009) work on the interaction patterns of schools with minority and low-income parents illustrates this cultural link. A Mexican mother corroborates this norm as she expresses her views on the school's parenting role. In an interview with Smrekar and Cohen-Vogel (2009), she states:

The teacher is like the second parent. School is where their behavior is formed, apart from the home. The school is perhaps more important because I cannot be at home very much; I must work. So the school plays an important role in doing what I cannot. (p. 17)

The commentary from this interview draws attention to the strong reliance that can be placed on the school. While schools must take advantage of the unique quality to transform themselves into parent figures, they also must take great care to avoid a power differential of roles in which the school is *right* and the parent is *wrong* (Smrekar & Cohen-Vogel, 2009). This role conflict would further cement the premise as it is understood today by affirming that "the right of the instructor is to command; the obligation of the pupil is to obey" (Book 2, Part 2, Division 1, Class 2, Chapter 3). It is easy to conceive, therefore, how the practice of *in loco parentis* in schools has become widely used to manage the behavior of students, and guide the use of disciplinary measures such as corporal punishment.

Though the use of corporal punishment in schools is banned in most states today, 19 states still allow its use on students (Rollings, 2012). Such punishment typically comes in the form of paddling, with or without parental consent, and always is justified by the historical understanding of *in loco parentis*. It must also be acknowledged that many public school systems, including those that have sanctioned corporal punishment as illegal, still marginalize children, in particular those with trauma, by labeling them under the auspices of special education. They are commonly labeled as disruptive, inattentive, and emotionally disturbed. Due to the complex emotional needs some children with special education services may exhibit, they often end up in out-of-district placements or private schools. However, tuition for these placements costs districts a lot of money,

and with costs continuing to soar, districts are now returning students once placed in private schools back to public schools. Federal legislation, such as the Individuals with Disabilities Act (IDEA), supports this response from public schools, as it aligns with its major principles in which students with special needs must be placed in the least restrictive environment as close to their non-disabled peers as possible.

Many of these children are already identified with chronic and complex trauma. When school systems are ill prepared to address the complex needs of children, they often resort to disciplinary tactics because preventive and educational supports are absent for them. In order to renegotiate the notion of *in loco parentis*, it is important to understand the undeveloped potential of what it means to stand in the place of a parent. The sensible interpretation, for instance, connotes that a pseudo-parent figure would also have nurturing qualities like a parent. Yet, the "guardianship qualities" that are characteristic of parents (Stuart, 2010, p. 2), such as "being supportive [and] protective" (Stuart, 2010, p. 2), have not followed suit. Instead, the prevailing function of *in loco parentis* can be considered oppressive and counter-therapeutic to children.

When students misbehave, schools typically respond using a one-dimensional approach of issuing detentions and suspensions, and revoking privileges. These practices are rooted in the historical understanding of *in loco parentis* and, accordingly, are widely accepted as being within the school's purview. However, when we listen to the narratives of parents, we gain another dimension from which to view a school's use of *in loco parentis*. This added dimension accentuates the doctrine's oppressive aspects. Bernhard, Freire, Bascunan, Arenas, Verga, and Gana (2004) acquaint us with a mother's view of discipline of Alfredo, her child. The parent states:

Alfredo was suspended from school. We [with ex-husband] went to talk to the vice-principal and told him that he [the child] recognizes he acted badly, but not to suspend him because he was going to lose the school year. We asked if the child could do some volunteer work as a penalty. The vice principal was totally against it and said that in this school there is no volunteer work ...So we could not do anything. They don't care about the student as a person, they are only following rules ...How can they be so rigid? (p. 56-57)

The practice of zero-tolerance under the guise of *in loco parentis* follows this rigid pattern of across-the-board rule sanctions that leaves out any consideration of the child as a person. So how has such an insensitive and inconsiderate approach survived for so long? The answer is contained in the historical framework of *in loco parentis*. In many ways, we have not moved far from responding to a divine authority, as Sir William Blackstone interpreted.

School systems are microcosms of society, and must therefore respond accordingly to society. Returning children from out-of-district placements is one such response. Ready or not, schools must be prepared to mainstream them. But what of the many children, like Leo, whose traumatic experiences remain unclassified, unidentified, or unknown? Public schools must be prepared for them, too. It has been found that at least one-quarter of children reach their 16th birthday having been exposed to some sort of traumatic event (Costello, 2002), and so schools must be considered potential catalysts for healing.

Would that undermine the role of families and overextend the role of school personnel? My experience tells me the answer is “no.” Here’s why: Traumatic events are impacting today’s public school children, and urban public school corridors may be full of traumatized children, like Leo. John Fairbank, co-director of the National Center for Child Traumatic Stress, writes, “Through epidemiological research, we now know that a plurality of children and youth experience exposure to one or more traumatic events in their lifetimes” (Fairbank, 2008, p. 3). Events can be considered traumatic to a child, whether the child is a victim, witness, or bystander to an experience that overpowers them (Gerrity & Folcarelli, 2008, p. 6). In urban areas, and with ethnically diverse youth, exposure to trauma is more pronounced and prevalent (Mathews et al., 2009, Overstreet & Mathews, 2011). Not surprisingly, “there is [also] a clear gap between mental health needs and the availability and use of service” (Overstreet & Mathews, 2011, p. 743), further complicating within underserved populations the chronic nature of trauma, its aftermath, and the healing involved. Already traumatized children need support. Merging the need for accessible mental health services with the need to support traumatized children just makes good sense. Reinterpreting the use of *in loco parentis* within a therapeutic context has great potential for creating therapeutic communities in schools.

I propose that by reframing the function of *in*

*loco parentis* from “restraint and correction” as asserted by Sir William Blackstone in his well-known commentary to that of “responsibility of care” (Bowden, 2007, p. 485), schools can distance themselves from the punitive connotation that this doctrine currently implies. Undertaking a “responsibility of care” (Bowden, 2007) approach prepares schools to establish themselves not just as institutions for learning, but also as therapeutic communities. The teacher’s natural inclination to undertake a responsibility of care practice, however, is not a new concept. Henceforth, in this case study, the term *teacher* will be broadened to include not just those individuals who prepare students in the classroom, but also school-wide personnel, such as security officers and custodians, who can teach less-measurable subjects such as caring, warmth, and safety. Teacher caring (Hargreaves, 1998) is a dynamic that assumes a brute fact (Searle, 1995) quality that I contend exists in all schools. While this dynamic may serve an ad hoc purpose for the teacher, such as achieving a sense of personal reward, bolstering professional reward, or both (Hargreaves, 1998), it can be utilized to intensify the therapeutic potential of school systems. Going forward with the idea that teacher caring is a brute fact enables one to see just how far a responsibility of care approach can extend. The heroic actions of school teachers and staff in the Newtown, Connecticut, massacre at Sandy Hook Elementary School offers a horrific, yet remarkable, reminder of how schools care for students. Here, the role of teachers as heroes (Rodden, 2000) was rekindled for many, including myself.

Through the responsibility of care lens, the conditions of trust, safety, and protection can be created, enhanced, and/or improved upon. In disenfranchised neighborhoods, more so than in affluent areas, schools tend to embrace a one-stop coordinated service approach to education in order to meet the comprehensive needs of students and their families. For immigrant families especially, these comprehensive school systems bridge the gap that exists between two cultures and, as such, they trust and rely upon schools for care. The findings of the Edward Zigler Center in Child Development and Social Policy at Yale University (2003), from its study entitled *Portrait of Four Schools: Meeting The Needs of Immigrant Students and Their Families*, authenticate the significance of comprehensive schools for immigrants. In an interview, an immigrant parent of Mexican descent expresses her sentiment in one such school:

What I feel for Roundy, for Roundy School, I don't know how to say it! Sincerely I am very grateful to them. I would never know how to repay them. Because the people there—everybody—from the principal, the secretaries, all the workers, all the teachers, everybody looks at you and ... hi, and how are you, and everybody says hello to you very nicely. They make you feel as though you were part of their own family. So I wouldn't even have the words to thank them, and how to repay them. (Yale Center in Child Development and Social Policy, p. 27)

This narrative demonstrates how a responsibility of care approach can be experienced, and we begin to see what it may look like. For me, helping Leo underscored an unforgettable and eye-opening view of the therapeutic potential that a “responsibility of care” (Bowden, 2007) approach can be transformed into.

### Knowing Leo

Leo was the older of two children born to parents who emigrated from the Dominican Republic. He had been too young to understand the arguments, affairs, and alcohol abuse that stood between his mother and father, and ultimately instigated their estrangement. When his parents separated, Leo separated from his mother by choosing to live with his father. After his father's suicide, Leo no longer had a choice, and returned to live with his mother. His father, who had been his choice, had chosen death.

A part of Leo died with his father. His mother moved Leo and his brother to a neighboring city away from Leo's established friendships, which left him isolated. About one year after Leo entered his new school, he disclosed the secret of his father's suicide to another social worker at the school, and I was initially introduced to Leo as his co-therapist. This approach of having two clinicians working with one client was formulated to offer Leo maximum therapeutic support as he began experiencing heightened states of dysregulation throughout his school day. Some days Leo was rambunctious and alert, and he could be seen rushing the recess line for a chance to play *fútbol*. Soccer, as it is called in America, was one of Leo's favorite sports. On other days, Leo was observed to have an unrelenting fatigue that could be recognized instantly by paying attention to him. His slow stride, dark circles

underneath his almond-shaped brown eyes, and disheveled appearance were the usual telltale signs. His teacher would assign Leo to be the messenger of the day, requiring him to take special messages to the main office, or any other office in the school, in hopes that movement would energize him. Sometimes this worked.

Then, there were days when Leo's stiff face gave off a keep-your-mouth-shut look, and his gruff appearance overwhelmed him. If I had scrutinized him more closely, the vein on his neck was likely throbbing. These were the days when the other kids seemed to instinctively stay away. On one such day, Leo was at the water fountain, and without warning, he turned around and shoved the boy behind him, leaving the boy dumbfounded and on the ground. “¡No me toques!...Don't touch me!” he yelled. But this warning came too late; the boy got up from the floor and head-butted Leo to the ground. When the fight was broken up, and Leo seemed less fierce, he explained, “All I remember is that I felt him poke me on the back. I couldn't help it, I just lost it.” When moments like this took place, co-therapy was the source of support that permitted assistance to be available for Leo when he needed it. Despite not being his primary school social worker at the time, co-therapy allowed me to gain rapport with Leo, which built up trust between us. It was opportune because a short time after meeting Leo, his other social worker was transferred to another school. I then assumed the role as his primary school social worker, and found that engaging Leo through co-therapy made the transition from two social workers to one more seamless for him. Though I was aware of his father's suicide as it was told to me by the other social worker, when Leo eventually narrated his story to me, with his sorrow, I realized I never really knew.

I had been caught in the paradox of “being told and knowing” (Cain, 2002, p. 125) and recognized that for children like Leo, who are left behind after a suicide, it creates an all-too-familiar contradiction elicited by the suicide of a parent, the response of the surviving parent, and parenting dilemma. The dilemma is interwoven in the “telling” (Cain, 2002) of the suicide event, and for Dolores, Leo's mother, his so-called knowing “bought her time” (Cain, 2002). With this in mind, his mother may have presumed that Leo did not need to be told. After all, he found the body, he called for help, and so, by default, he knew, right? This assumption is wrong for the simple reason that when Leo discovered his father's body he was

seven, and his concept of death and its finality was underdeveloped (Willis, 2002). The rationale his mother may have used can best be understood through available research, which has found that there is often a postponement in talking with children after a suicide, and this “delay” (Cain, 2002, p. 127) is closely related to the parents’ readiness and ability to cope with the suicide. Leo followed Dolores’ silent lead and, in doing so, unwittingly assumed the burden of keeping the secret and of keeping quiet for one year following his father’s suicide. As I got to know Leo, I came to realize my empathetic listening might have been the only validation he received about the loss. This acknowledgement enabled Leo to reveal his hidden plea to have never woken up the day he found his father’s dead body because then he wouldn’t feel so angry. He wouldn’t feel so sad and—just maybe—he wouldn’t feel.

The avoidance of feeling that was maintained by “living inside a secret” (Imber-Black, 2009, p. 7) seemed for Leo to be an unbeknownst process for regulating normalcy. How else could Leo have kept this kind of trauma hidden for so long? Though no one ever took ownership of how the secret evolved, or even if anyone in the family had explicitly forbade talking about the suicide, I understood that the surviving adults by Leo’s side must have cued this response because it was a function of the double bind. Looking back, I can see Leo walking the corridors of the school, with his body seemingly heavy and atrophied by the emotional burden placed on him. It seems to me that Leo had fallen victim to something like what Leonard Shengold terms “soul murder” (Shengold, 1989). Shengold examines the term soul murder, and reserves use of this term in the context of cruelty to children. This kind of cruelty involves the overstimulation and deprivation of feelings, is paired with brainwashing from the abuser, and generates an overall ambiguity in the child about that which is good and that which is bad (Shengold, 1989). To start with, the image of his father’s dead body was capable of producing a lasting influence on Leo because “that [kind of] trauma never goes away completely” (Epstein, 2013). The overstimulation of intense feelings this image caused, coupled with the family’s stigmatized response (the deprivation of feelings), shaped the gradual destruction of Leo’s spirit. The most convincing evidence of soul murder however, originated with the telling and knowing of the suicide (Cain, 2002). I think back to Leo’s narrative of finding his dead father. He was not alone; his younger brother had been home, too. By

virtue of finding the body, Leo had to “struggle with the same dilemma that earlier occupied the [his] surviving parent, to tell or not” (Cain, 2002, p. 128).

Me: “How is your brother doing after your father’s suicide?”

Leo: “We don’t talk about him. [Reaches over to grab a toy] My brother used to think that he was in the hospital.”

Me: “This must have been hard for you.”

Leo: “Nah. [Shrugs both shoulders] Not anymore.”

Me: “Why?”

Leo: [Drops the toy incessantly and avoids eye contact] “He just doesn’t ask anymore.”

Me: “Do you want your brother to know?”

Leo: [Pretends not to hear] “Huh?”

Me: “Do you want your brother to know?”

Leo: “He’s too little. [Stands up to look at the broken clock behind him] Can I go to lunch now?”

In what appears to be emotional parentification, Leo safeguarded his brother from knowing by upholding, or rather withholding, the telling of the suicide. This was like soul murder, and Leo was a living casualty of his father’s suicide.

Leo’s invisible grief as a “secret bearing child” (Cain, 2002, p. 128) was often enacted at school. The capability of schools to observe children interacting and reacting *in vivo* permits school personnel to be in optimal positions to bear witness to the traumatic responses of children like Leo. This is so because, in school, children practice and learn academic skills; they also practice and learn social and emotional competencies. In the year following the disclosure of his father’s suicide, Leo began picking fights with other students in the bathroom and on the playground. In the classroom, his moods became unpredictable, and fluctuated between agitation and lethargy.

A refusal to complete work one day escalated into an explosive moment. “I’m not gonna do this damn work!” Leo shouted irritably, overturning his desk. His pencils and books scattered on the floor. Leo’s rage took over the classroom, and Leo’s teacher stiffened with apprehension. “Let’s go outside, NOW!” she commanded. Leo exited the classroom with heavy footsteps, cursing under his breath, and kicking the garbage can on his way out. He rolled his eyes and turned away from the teacher as she began to talk. She followed his movements and made eye contact. Taking a few deep breaths, she reassured him, “You are not in

trouble, Leo. I want to help you. I'm going to get help." Leo's head hung low with remorse as she called for support.

The teacher's unflustered response indicated that she recognized her actions needed to de-escalate the situation, validate her concern for him, and suggest safety. Though not formally trained in trauma treatment, her response was trauma-informed. At that moment, it was the most valuable lesson this teacher could model for Leo. Classroom situations like this demonstrate that school systems are in a unique position to offer children "living and learning" (Kennard, 2004) environments through the modality known as a therapeutic community. By definition, therapeutic communities are "structured, psychologically informed environments where the social relationships, structure of the day, and different activities together are all deliberately designed to help people's health and well-being" (The Consortium for Therapeutic Communities, 2013). In psychologically informed school environments, all moments and interactions have the potential to become teachable moments. Teachable moments are unplanned, and children offer just the right amount of spontaneity to initiate them. If you pay close attention to actions, and listen closely to conversations in school hallways, the cafeteria, and on the playground, for example, you will find such moments.

### **The Teachable Moment**

Teachable moments take place when children experience crises. Crisis for Leo became apparent one morning during the school's breakfast program. Leo sat at a corner table in the school cafeteria, and gazed aimlessly at the wall. He appeared withdrawn and lethargic. Submerged in his oversized hooded sweatshirt, he covered his head and laid it down on the table. It was as if he was expecting to be swallowed whole by the cafeteria table. And maybe he would have, had it not been for the hourly cafeteria worker that day. She sat beside him and began a conversation: "You're not gonna eat your muffin? They only give these muffins out once a month." Leo did not respond. "The bell is gonna ring soon," she continued. "You haven't touched your breakfast. Can I warm it up for you?" Leo looked up at her but remained unresponsive. His eyes were dark and gloomy, and transmitted an unsettling melancholy. The cafeteria worker understood Leo's unspoken behavior. "I don't know how to help you. Can I find someone to help?" she asked.

Leo nodded in agreement.

When Leo was brought to my office, he sat listlessly on the grey office couch. "It seems like you're having a difficult morning," I said. Leo did not respond, but I continued. "I imagine that so much has changed since your father's suicide." Saying the dreaded "s" word managed to get Leo to look my way, but he still did not speak. His family, the only people who shared his secret, never spoke of the suicide, and never spoke to Leo about how it made him feel. "I may not be able to change how your father died, or even why he took his life, but I can help you cope with how it feels," I said. "How have you been feeling?" An awkward silence ensued, and his eyes glazed over. "Leo, stay with me," I said, as I grabbed the Play-Doh that had been left out from a session with a kindergartener. Looking bewildered from his trance-like state, he took the Play-Doh. "Just keep pressing the Play-Doh in your hands as we talk. I'll take some, too," I said.

There was nothing magical about the Play-Doh I gave Leo, as it very well could have been a ball, a set of keys, or even water. The actual showstopper was the ability of the object to engage Leo's sense of touch, and keep him in the here and now. By taking part, and using the Play-Doh alongside Leo, I modeled a safe way to keep him from escaping to a dissociative state. I then used the cutouts on the "feelings" bulletin board in the office to help Leo identify his feelings. The cutouts provided visual representations of children's faces displaying various emotions. While making the office aesthetically pleasing, these objects of reference (Park, 1997) are part of my repertoire for working with children who are difficult to engage, and who have difficulties communicating emotions. In their traditional use, such communication strategies are geared toward helping individuals who have visual, auditory, or learning disabilities. The cutouts worked for Leo because his dissociative self-state likely made it difficult to express emotion. Dissociative children need help identifying their feelings, and practice guidelines suggest that those who work with these children help them "to communicate feelings of anger, fear, and regressive needs...so that these are not enacted in dysfunctional ways" (ISSD, 2004). The picture cutouts on the bulletin board, therefore, helped Leo communicate and identify his own feelings within a safe environment.

"The wall behind you has different feelings that some people often feel. Can you find one that describes how you are feeling?" I asked. As Leo molded his Play-Doh into what seemed to be a



string, he looked at the wall and responded, “I feel sad. I feel like I want to die the same way my father died.” It was the response I dreaded from the moment I saw him waiting for me.

Leo’s response showcased how complicated his grief had become. It gave way to a crisis moment that exposed the pervasive and relational nature of Leo’s trauma. Because schools are only one part of a child’s system of care, by involving family members, schools can also bear witness to the relational interactions of family systems. In Leo’s elementary school, crisis situations were handled cooperatively with key school personnel who make up the crisis team, and wherein the “community is the primary agent of change” (NIDA, 2002). Each member of the team plays a critical role in stabilizing a child in crisis. And because crisis work can extend the roles of those involved, team members also share a collective responsibility for working with students and their families. Crisis work often entails frequent interactions with different members of the staff, so collective responsibility works toward the child’s advantage as it allows for greater therapeutic reach.

The team determined that the initial point of contact would be the school’s family worker. She would connect to Leo’s family in the most personal way possible, using the home visit. Once at their home, the family worker encouraged and escorted his mother to the school. Making this initial connection is critical to building trust with families, and, with Leo’s mother, trust building was an ongoing process. Dolores was a young woman in her 20s who preferred to speak in Spanish. She entered the office with hesitation, and her frightened appearance immediately triggered caution in me, as I wasn’t sure how she would react to Leo’s wish to die. Her numbness sparked my impulsive instinct to guard the door, as I feared she might flee. Attuned to the fear she elicited, I found myself speaking serenely so as not to startle her further. Dolores sat directly across from me, and I could tell by her empty gaze that she was disconnected from the encounter. She was also disconnected from Leo, who was sitting on the couch. There was no hug, no questioning, and no acknowledgement. As I described Leo’s suicidal ideations, I noticed that the fearful expression she came in with faded, and she was gone to a dissociative state that I could not access but that I could recognize – Leo had produced the same blank stare earlier. Dolores was now emotionally unresponsive.

Though they sat in the same room, on opposite

ends of the couch, Leo and his mother looked like complete strangers. They never exchanged eye contact, and remained physically distant from one another. As a matter of fact, throughout the entire encounter, Dolores never spoke to Leo, and he reciprocated the silence. Leo needed her to show emotion. *I* needed her to show emotion. I wanted Dolores to cry, to scream, to have *un ataque de nervios* (Guarnaccia, Lewis-Fernandez, & Rivera Marano, 2003). Anything would have sufficed. When she did not respond, I wanted to shake her, to wake her up from this comatose state of detachment, to grab a blow horn and scream in her ear, “DON’T DO THIS TO HIM!” But I did not. I did not because I sensed from her dissociative cues that she, too, had come into contact with trauma. I did not know what she was like before the suicide, what *they* were like before the suicide. I wanted to understand: what really happened to this family?

### **Behind an Imagined One-Way Mirror: Dolores**

Understanding Leo’s family involved positioning myself as an observer behind an imagined one-way mirror so as to construct a portrait of Leo and Dolores’ lived experience before the suicide and in its wake. Through this imagined one-way mirror, I saw shame, cultural influences, and my own assumptions. To interpret what I saw, I first acknowledged that family structure, no matter the type (i.e, blended, adopted, foster), shares one central commonality: that it is shaped around a caregiving system (Edwards, 2009). I assumed that for children especially, caregiver responses guide recovery efforts and promote healing in the aftermath of trauma. Actually, many clinicians and lay people would share this assumption because of the qualities that are attributed to, and expected from, a mother or primary caregiving system. By virtue of this assumption, an insufficient or failed response from the caregiving system, such as when “a caregiver denies the child’s [traumatic] experience” (Cook et. al., 2007), would have pigeonholed Dolores as failing to be what D.W. Winnicott termed the “good enough mother” (Traub & Lane, 2002, p. 3) or, more specifically, a mother who is emotionally accessible and supportive to her child (Traub & Lane, 2002). Society has overextended and confused the concepts of maternal care as postulated by Winnicott, resulting in “mother-blaming” (Jackson & Mannix, 2004, p. 150). The origin of this confusion, though, stems from Winnicott’s own words, such as, “Mothers who do not have it in

them to provide good enough care cannot be made good enough by mere instruction” (Winnicott, 1960, p. 592). I do not agree. Working with families *in vivo*, as we do in schools, requires frequent modeling. Even our tone of voice is an inconspicuous way of modeling appropriate communication. In time, modeling as a form of instruction does work. Even so, the notion of good enough mothering (Winnicott, 1960) has been so prolific that it has contributed to the social construction of what is considered normal or acceptable (Freud, 1999).

In constructing Dolores and Leo’s lived experience, it was necessary to look beyond these expectations and judgments. So, what happened to Dolores? What got in the way of her instinctual mothering? Thinking back to the day I met Dolores in my office, I had longed for her to show me some kind of emotion that was readily recognized. Through the imagined one-way mirror, I can now see and understand that Dolores never failed to show me her emotions. Instead, I failed to see that her shame was always there.

Shame is an emotion that we all carry with us. But what differentiates shame from other emotions, such as anger and sadness, is the manner in which it is elicited, and what it evokes in the person being shamed. German psychiatrist and philosopher Thomas Fuchs has studied the phenomenology of shame, and tells us, “Typically, it [shame] arises in situations of disclosure or rejection” (Fuchs, 2002, p. 227). And while it may not be outwardly obvious, the person being shamed is left with a sense of “disapproval, even annihilation, by critical, contemptuous, and punishing gazes” (Fuchs, 2002, p. 229). I acknowledge that my therapeutic attempts to get to know Dolores roused shameful memories for her, and when her words could not identify the shame, her nonverbal cues did (Longhofer, 2013).

“He would hit me too much,” disclosed Dolores, clenching and releasing her hands incessantly to control their sudden restlessness. “I didn’t want to be with him anymore,” she said in an apologetic tone as she offered me an incongruent smile. Then, with marked hesitation, she informed me of how she and Leo’s father separated. Like a schoolgirl in love, she smiled and declared, “I met a guy at work who treated me well.” I interrupted her happiness, and replied, “I imagine it felt good.” She agreed, “Yes it did. We wanted to be together and that’s why...I left.” Not anticipating this response, I asked,

“And what happened?” Pausing with caution, she yet again offered me a nervous smile and responded, “I had a lot of problems with Leo’s father because he wouldn’t leave me alone...always calling and following me. But [she looked down and attempted to control the restlessness of her hands] after he found out, he started to forget about me.” Confused, I asked, “What did he find out?” Turning her gaze away, she replied sheepishly, “My boyfriend and I were going to have a baby.” (Translated conversation from Spanish)

This conversation helped me to understand that the death of Leo’s father also meant that Dolores would need to attest to, and defend, the socially unacceptable act of infidelity. While I sympathized with the pain she felt, I must admit that it was never easy to be empathetic toward Dolores mainly because my empathy had been engrossed in Leo and, in some strange way, belonged to him. Could this have been an associated outcome of my socially constructed mother-blaming practices? If so, did I reproach her? Though it was never my intent, I discern that perhaps, to a certain degree, I must have. I can only hope that *my* gaze during Dolores’ revelation was not perceived to be punishing, but this I can never really know.

My hesitation and uncertainty about our conversation emerges from my understanding of the Latino cultural value known as *simpatía*. “*Simpatía* has no English equivalent, but has been understood to mean politeness, agreeableness, and respectful behavior toward others” (Griffith et al, 1998). In Latino cultures, a person’s worth is often measured by how others perceive this kindness. Where *simpatía* is highly regarded, an individual will respond positively, despite seemingly negative interactions (Guilamo-Ramos, Dittus, Jaccard, Johansson, Bouris, & Acosta, 2007; Triandis, Marin, Lisansky, & Betancourt, 1980). As a result, *simpatía* can encourage the suppression of feelings. Dolores’ nonverbal cues were the only clues she gave me that perhaps I was shaming her. The incongruent smiles she offered me during this dialogue were the markers of *simpatía* at play. In being able to assume this role behind the imagined one-way mirror, wherein I had a panoramic view of Dolores, I continued to discover how shame took hold of her lived experience, and how everyday culture had influenced it.

Just two months after Dolores found out she would be a mother again, Leo’s father completed

suicide. The impact of the suicide for Dolores was surely capable of producing a sudden onset of shame (Loader, 1998). I believe this is how the grief Dolores and Leo experienced became disenfranchised (Doka, 1989), meaning, "The grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (Kalich & Brabant, 2006, p. 230). In openly acknowledging the death, Dolores also ran the risk of making her infidelity public. With little regard for her reasons, Dolores would likely be marked with public stigma because, in contrast to other types of losses, death by suicide is often accompanied by shameful and guilt-laden responses.

Societal responses to suicide have stigmatized those bereaved by the suicide from as far back as the Middle Ages, when established belief systems sanctioned the remains of a person deceased by suicide as being able to evoke evil spirits into the community. To avoid such contamination, the remains of the deceased were marred beyond recognition. This prevented the actualization of a proper burial (Cvinar, 2005, p. 14), and for those mourning the loss, the take-home message was: Your loved one is wicked and unworthy. In the eighteenth century, less punitive responses to suicide were introduced, like "hiding the suicide under a more socially acceptable nomenclature such as insanity or accident" (Cvinar, 2005, p. 15). This so-called compassionate measure of creating a more socially acceptable explanation did not lift the stigma, but rather added to it by introducing another form of stigmatization: shame. Today, the stigmatization of suicide continues to be embedded in societal belief systems, and I suggest that this is yet another reason why the death of Leo's father was unable to be mourned publicly.

Shame created a facade that overshadowed Dolores' and Leo's grief experiences, and their relationship to the world around them and to each other (Trembley & Israel, 1998). Dolores distanced herself and Leo from the suicide by rejecting all recommendations for counseling. In an attempt to erase the shame brought on by the suicide, Dolores and Leo experienced marked isolation from each other. During individual encounters in her home, Dolores acknowledged that the death of Leo's father was never discussed. "¿No sé que decirle?" [I don't know what to say to him], she confessed. She avoided repeating the words *suicide* or *death*, replacing them with "*lo que el hizo*" [what he did]. In this context, Dolores felt safe communicating about the trauma, at least to me. Finding a way to talk to Leo was too

difficult, and I surmise that, for this reason, Dolores chose silence.

### **Behind an Imagined One-Way Mirror: Leo**

The silence fused Dolores and Leo to the trauma, and protected Dolores from the stigma and shame associated with the suicide. Refraining to speak of the suicide also empowered Dolores, making it possible for her to handle the routine obligations of working and taking care of the children. In sharp contrast, the silence failed Leo because it disempowered him and promoted a sense of invisibility in him. He came in direct contact with the dead body, called for help, and protected his younger brother from the horrific sight, but was discouraged from remembering or speaking of what he saw. "My mother doesn't want there to be talk about that [suicide]," he once said. In essence, he was made invisible. Comprehending the phenomenon of invisibility with Leo also involved recognizing the cultural conditions that governed his family.

Dolores and Leo offered clues that alerted me to consider their responses through a cultural lens. My first clue was Leo's sense of allegiance to his family's country of origin. Though Leo was born and raised in the United States, he did not identify himself as American. In conversations, he frequently boasted about his proud heritage, often letting me know he was Dominican by saying, "*Soy Dominicano*" [I am Dominican] or "*nosotros los Dominicanos*" [us Dominicans]. This, however, was the extent of his spoken Spanish. Similar to many U.S.-born children of immigrant parents, Leo spoke mostly *Spanglish* (Ardila, 2005), often overlapping the use of English with the bit of Spanish he knew. Leo's use of *Spanglish*, and his mother's maintenance of Spanish as her predominant language, served as a second cultural clue that they maintained close linkages with the customs and traditions of their Latino heritage. In Latino families, the constructs of *respeto*, *familismo*, and *simpatía* can be useful to understanding the intertwined features of trauma within the family. Understanding these constructs with Dolores and Leo proved crucial to building a therapeutic alliance with them, and enabled me to make sense of my own countertransference that was triggered during clinical encounters.

Keeping these constructs in mind, it is not surprising that Leo conformed to the silence Dolores initiated, given the high value that Latino families place on obedience. Obedience is equivalent to respect in Latino cultures and, as

such, having *respeto* is a desirable trait in children of any age. Having *respeto* is also considered an integral component of the parent-child alliance because it signifies well-being within the relationship (Guilamo-Ramos et al., 2007). *Respeto* was a way for Leo to align with Dolores, and establish a sense of comfort and safety because, for a child, the death of a parent frequently involves negotiating assurances with the surviving parent about their own well-being (Tremblay & Israel, 1998). Leo's use of *respeto* may also have been an unconscious attempt to mend the relationship with his mother, which was liable to have been severed when Leo chose to live with his father.

My later work with Leo revealed that he had not participated in funeral arrangements for his father. While seemingly cruel and heartless, excluding children from funerals is not uncommon in many cultures, and, in Latino families, is dictated by the cultural concept of *familismo*, which "emphasizes intergenerational solidarity, obligation, respect, and a duty to care for one's own" (Ruiz & Ransford, 2012). The topic of death and dying is often bound to this strong sense of duty and obligation in Latino families. While there is an obligation and duty to care for those who are dying, there is also an obligation and duty to protect family, especially children, from death. It is not uncommon, therefore, for Latino families to "not discuss the family member's death among themselves because they didn't [do not] want to 'hurt' each other" (Kreling et al., 2010). Excluding Leo, and refraining from speaking of the suicide, was his mother's way of shielding him from the emotionality of death. While this behavior may appear contradictory to a stereotypical definition of caring, it is not uncommon in families where *familismo* is highly regarded.

I understood his mother's decision, and her discomfort with death, because my own mother had shielded me from death, too. I was expecting my first child when my family became secretive about a funeral they were attending. I did not give the secrecy much thought until I realized that the family was diverting my innocent questioning. After my baby was born, I learned the truth: my out-of-state cousin had suffered a sudden traumatic death. I was bothered at first, but I came to understand that my family had been protecting my unborn child and I. Their actions were not intended to cause harm. But I was an adult. Leo was a child, and likely did not pick up on or understand these cultural values, so they further maintained his invisibility. Behind the imagined

one-way mirror, I came to see how these cultural constructs impact the understanding of traumatic responses, and it has led me to contend that responses to trauma can be culturally constructed. Left to struggle alone, dissociation became part of how Leo coped.

### **The Self-Inflicted Magic Act: Dissociation**

Leo referred to his disconnection from reality as "blacking out," and it typically happened during moments of rage. Leo recounted his experience once, and said, "I get so mad, so mad that I punch the walls and I black out. I can't control it, and I can't remember much else when it happens." Of course, the dissociation was not readily visible. As many children of trauma often do, "...They can dissociate – fragment their experience in a way that protects them against the very real danger of physiological overload" (Bloom, 2000, p. 11). Now add a child's natural propensity for play, and the layered impact creates responses that are compromised. Because children's behaviors, such as laughing and playing, can be seemingly unaffected following adversity, these can be misinterpreted to mean contentment or peace. What must it have been like for Leo? William Woodwell, Jr., an independent writer, has written intimately about his experience with loss, and provides insight into what it may be like to move in and out of these performances for others. He writes:

People think they know you. They think they know how you're handling a situation. But the truth is no one knows. No one knows what happens after you leave them, when you're lying in bed or sitting over your breakfast alone and all you want to do is cry or scream. They don't know what's going on inside your head – the mind-numbing cocktail of anger and sadness and guilt. This isn't their fault. They just don't know. And so they pretend and they say you're doing great when you're really not. And this makes everyone feel better. Everybody but you. (2001)

Woodwell's confessional description of his loss is profound, and is able to generate for the reader a "being on the outside looking in" understanding of loss. At the same time, this description also highlights the disparity between how an adult and a child understand and express loss. Children generally are unable to formulate succinct expressions due to their own lack of

understanding about loss, and they respond in a disorganized manner that adults can disregard or misinterpret at times. One response can look like anger, for instance when Leo overturned his desk in school, or picked fights with others. Dissociation is another response and it predisposes children to invisibility and affects dysregulation. I speculate, however, that Leo's dissociative coping began when his family was still intact, before the suicide. It was clear from the interactions between Leo and his mother that they bore relational trauma. For example, the day I met Dolores in my office with Leo there, they behaved like strangers. Dolores had been unable to guide Leo toward restorative transformation, and Leo was left alone to deal with the physical loss of his father and the ambiguous loss of his mother (Boss, 2009). The crisis moment at school that day launched a therapeutic momentum that dared not be hindered, and that highlighted the critical need for constructing a therapeutic alliance between the school, Leo, and Dolores.

### **An Alliance with Home**

I recall reaching out to Dolores to take a family history, but I had great difficulty building a therapeutic relationship with her in the confines of my office at school, so our sessions often felt detached. While she was always compliant, her answers were very brief, and she required a lot of probing. Her answers gave the impression of being scripted and unauthentic. I had seen this behavior quite often in other encounters with Latino families, and I understood it to be part of a cultural script known as *simpatía* (Ramos et al, 2007). In providing seemingly scripted responses to my questions, Dolores maintained a high level of respect. She gave me the answers that she thought I wanted to hear. In a clinical encounter, "individuals demonstrating high levels of *simpatía* may appear to agree and understand a message, when, in fact, they may not have understood or have no intention of following the message" (Griffith et al, 1998). The in-school encounters seemed ineffective at building an alliance with Dolores, so I decided to meet with her in their home. I offered her this non-traditional approach in an attempt to break the impasse.

It was evident that she took great care in ensuring the one-bedroom apartment was tidy. It was small, but comfortable. All at once, she did not seem so cold and distant. She offered me a seat at the kitchen table, but I wanted to avoid the stale dynamic that such an arrangement would provide.

Instead, I asked her permission to sit on the couch. She seemed much more relaxed about talking, and I felt less anxious about asking the right questions. Dolores was a good host; she offered a refreshing drink, and lowered the volume on the television during our conversation. Culturally, I knew this was her way of showing me that I was welcome. I also had the opportunity to meet Leo's baby sister, and witnessed warm mother-child exchanges. Home visits proved to be the most fundamental component to building rapport and trust with Dolores.

Indeed, the home visit has been the basic foundational element of the social work profession. "Friendly visiting" (Woods, 1988), particularly among marginalized populations, not only complements, but also strengthens clinical approaches to non-traditional work with families. In this case, the use of home visits anchored the therapeutic alliance with Dolores, which, in turn, enabled her to trust the role of the school with her family. It was subtle at first, when she would sheepishly call the school to say, "*Necesito ayuda para pagar la luz*" [I need help paying the electricity]. The school met her concrete needs through case management, confirming for Dolores that it was a source of assistance. Providing Dolores a "direct benefit" (Celano & Kaslow, 2000, p. 222) may be seen as controversial, and call into question ethical concerns. However, when working with culturally diverse groups, this sort of "giving" (Celano & Kaslow, 2000, p. 222) serves to mitigate uncertainty. For Dolores, this meant trusting the school, and trusting me with her secrets, her shame, and her son. To my surprise, Dolores soon began making regular calls with the same intentional, yet unspoken, message: I need help. Now, her intent was no longer about her concrete needs, but rather about her relational shortcomings with Leo.

### **On Their Turf**

One day, Dolores found it difficult to rouse Leo for school. For me, that morning began quite routinely, with the second grade morning greeters making their usual welcoming remarks: "*¡Hola Miss...buenos días!*" I unloaded my belongings into my desk drawer, and as I savored my first sip of coffee, the red message light on my office phone caught my eye. I had missed nine incoming calls. I scrolled through the caller ID, and realized all the calls were from the same number: Dolores' phone. I paused for a minute before calling her back and wondered, or rather *hoped*, that Leo was well.

When Dolores answered the phone, her voice was wobbly. She recounted her conversation with Leo, and his refusal to attend school that day. "He doesn't want to open his bedroom door. He says he's too tired, he says he wants to die," she told me in Spanish. I suspected that mornings evoked memories that transported Leo back in time to his father's suicide.

His sleeplessness and restlessness typically began around midnight, but Leo made the best of it by playing video games. At first, it was not all bad, as the insomnia helped Leo become the best gamer in his grade. "Yo, you're so lucky! You get to play all night," his friends would say. But Leo didn't feel so lucky. If only they knew how much he dreaded sleep. If only they knew how much it hurt. It seemed the last time he had a good night's rest was when he was seven years old. Dolores was unable to associate Leo's difficulty with waking up as a recurrence and reminder of waking up to find his father's dead body. Dolores seemed to be in a constant state of hyper-vigilance, severed from her own emotions and the emotions of her son. In calling upon the school for help, though, I sensed that her awareness of Leo's internal struggle was surfacing. Working with them from their home, therefore, was an opportunity I could not disregard.

Dolores never asked, "Can you come to my house?" but I felt manipulated by her tone of despair on the phone that day. It became an opportunity to see Leo and Dolores interact in their moment. The "value of seeing the client in his/her environment" (Beder, 1998) could expand and evolve the clinical landscape for formulating Leo's lived reality. Together with the school's family worker, I responded to Dolores' unspoken request for help with a home visit. It was the first time I had been to the apartment while both Leo and Dolores were home. Dolores' nervousness infused the small apartment and, admittedly, it felt awkward. This felt difference is brought about when doing home-based therapy, and can unfold in an unpredictable manner because:

The therapy process is altered when it is moved into the home setting because the therapy occurs in a heightened reality context that includes the possible participant observer role of the therapist, more active involvement of family members, and the opportunity for immediate analysis of family members' actual behavior. (Woods, 1988, p. 212)

By entering their lived space, the emotional

distance between Leo and Dolores was alarmingly magnified. She granted me permission to enter their shared bedroom and, without warning, Dolores withdrew from the moment and hid in another room. No longer was I an observer who was meant to "stay out of the way of family patterns" (Woods, 1998, p. 212). Instead, I now had an active role in their family system as Dolores left us unaccompanied in *their* home. That phone call, her toneless voice, how did I get caught up in this? Had Dolores found another way to avoid confronting Leo and his emotions? These thoughts flooded my mind as the feeling of *déjà vu* filled the air and I thought, *here we are again*. Leo needed Dolores, and she was emotionally unavailable to help him. I was challenged by the decision whether or not to help Dolores work through this dissociated pattern of behavior because I felt disappointed in her. She seemed to not even try. I was disappointed in myself as well, because maybe I hadn't done enough to help Dolores. I reminded myself that I was on the front line, and I had to offer myself once again because dissociation was a coping mechanism overused by Dolores and Leo to live in their world. The dissociation provided them with sanctuary from a restricted reality and so, with a few non-verbal nods of understanding, the family worker and I dispersed on separate agendas: she to comfort Dolores, and I to find Leo.

As I entered the bedroom, my immediate view was of the family bed, a queen-size mattress on the floor. Leo's baby sister lay on it, peacefully asleep. But where was Leo? I looked to the other side of the room, and found a large opening midway up the wall. It resembled a storage area, but by adding a mattress and some sheets, it was converted into a built-in bunker. I found the sleeping arrangement to be symbolic of Leo's relationship to his mother. It was distant, as if Leo was on the outside of the family looking in. Yet, there was a sense of protectiveness in this sleeping arrangement that resembled the secret Dolores guarded from the world about the suicide of Leo's father.

To reach this odd sleeping quarter, I had to climb on top of a chair and a dresser. When I got to the top, I found Leo covered from head to toe in his blankets. I called his name, and he uncovered his head. He looked surprised. I smiled and said, "What, you didn't think I could climb up here?" He smiled back. This simple dialogue and rudimentary approach was part of an ongoing affirmation of trust that Leo needed. Creating a sense of safety is a common goal in therapeutic

communities, and in interventions for children of trauma. The home visit extended the school's therapeutic purview, and functioned as a vehicle from which to capture Leo's reality. Although we intentionally entered Leo's home to ameliorate truancy, the unintended outcome of being "friendly visitors" (Woods, 1988) was that Leo's home life was rendered palpable.

By being able to connect to his home environment, the school as a therapeutic community served to enhance Leo's own sense of connectedness to a positive attachment. Because the school environment mimicked qualities of a therapeutic community, it greatly influenced Leo's emotional stabilization, and evoked what researchers Tedeschi and Calhoun termed *posttraumatic growth*. Essentially, *posttraumatic growth* is the positive transformational outcome following traumatic adversities (Calhoun & Tedeschi, 1999) but it is "not simply a return to baseline – it is an experience of improvement that for some persons is deeply profound" (Tedeschi & Calhoun, 2004, p. 4). This change experience is demonstrated through an individual's outlook about new possibilities, improved relationships with others, increased sense of personal strengths, increased appreciation for life, and, for some, spiritual transformation (Tedeschi & Calhoun, 2008). Despite limited research on *posttraumatic growth* and children, I strongly contend that because of the clear-cut opportunity to establish meaningful relationships and trust bonds in a school setting, the likelihood for eliciting *posttraumatic growth* through social competence is great (Tedeschi & Calhoun, 2008). Utilizing a therapeutic community modality increases this likelihood because the fundamental characteristic of therapeutic communities is a communal commitment to others. Similarly, collaboration is a fundamental characteristic of schools. In both schools and therapeutic communities, caring develops to be more than a task or a charge that belongs to one or two people, and instead becomes a way of being that belongs to everyone (Battistich, Solomon, Watson, & Schaps, 1997). By engaging whole-school personnel to be cognizant of all children, school personnel become active observers who can gauge changes in a child's baseline behaviors, be they emotional and/or academic. These observatory baseline measures can thus significantly improve the identification of children in need, and the onset of interventions for them. This then facilitates a sense of connection to others, the *posttraumatic growth*, and can, in turn, become the cornerstone for

disclosure. Disclosure, if and when it takes place, tends to more easily occur when children feel safe. This is due in part because "disclosure is not a single event but a process that is highly dependent on the reactions of others" (Freyd, 2010). This process is often enacted in schools as teachers navigate the mystic qualities that surround traumatic experiences on a day-to-day basis. In doing so, opportunities for disclosure and healing are created. The culture of Leo's school allowed a therapeutic community environment to form. By incorporating multiple members of Leo's school, in addition to my role, to aid him, the school as a whole became the primary host for healing when his mother was unable to. Even so, some will question whether therapeutic communities in a public school are possible.

### **The Making of a School-Based Therapeutic Community**

To answer this question, I must first acknowledge my own journey into the field of social work. Long before I worked in the field of school social work, I had the unique opportunity to work in a residential therapeutic community for persons wanting to overcome addictions. Here, I gained firsthand knowledge about therapeutic communities, the role of attachment in treatment, and its impact on healing. But above all, I learned that a therapeutic community is much more than a treatment modality. It is a highly specialized created environment where everyone assumes responsibility for healing, and whereby an identity is formed and guided by the notion of a family. This may be best exemplified in the *House Creed*, or mantra, of the therapeutic community I once worked in:

Here in my home with the help of my family I will gain the strength to put my life together again. I know it will be painful because facing myself is not easy. At times I will want to run but fear will not control my life any longer. I will accept responsibility for who I am because only I can change the future. With the help of my family I will use the tools of Honesty, Trust, Friendship and Openness. I will build a new me and serve as a model for all of the lonely frightened people who come to live here in my home. (Integrity House Creed, n.d.)

The creed expands on the traditional understanding of family, and we can see how a

therapeutic community environment can encourage the formation of family. This core message also serves as a reminder that family is shaped and formed around groups of caring individuals who not only exist within family systems, but also co-exist around family systems, such as schools. It is precisely these kinds of groups that, in turn, shape healthy relationships that become restorative and enhance the functioning of a person. Consequently, I realized that schools, like the therapeutic community I once worked in, are able to take on attributes such as trust, respect, and encouragement, all of which are essential to well-being and akin to healthy families. These features offer protection, and can cultivate a sense of safe haven or “holding” (Winnicott, 1965, p. 43). As theorized by D.W. Winnicott, the term *holding* is used to describe not only the physical needs of a child, but also the physical environment necessary to achieve the overall healthy development of the child (Winnicott, 1965). In schools, the use of a therapeutic community approach can develop *holding* environments that can positively influence the therapeutic outcomes of traumatized children, above all when complex trauma exists and is complicated by relational trauma.

Effective work with traumatized children requires such an environment, where healing is guided by positive interactions, curative thinking and doing, and nurturance. Recall Leo’s hyper-aroused behavior in the classroom. His teacher’s response as an “attuned observer” (Applegate, 1997) contributed to the teacher seeking help for Leo, rather than imposing disciplinary sanctions against him. This interaction served to develop a trust bond between Leo and his teacher. A trust bond is critical to a *holding* environment, and the essence of a therapeutic community. In this way, the helping milieu of attuned schools can create a pseudo-family, which can then serve as a vehicle for restructuring trust bonds (Soyez & Broekaert, 2005), in particular for children impacted by relational trauma.

Relationship building possibilities exist throughout school systems, be they with clinicians, teachers, administrators, or cafeteria workers. For Leo, the significance of building positive relationships permitted him opportunities to practice emotional regulation within a secure context (Fosco & Grych, 2013). Furthermore, the restructuring of trust bonds in a therapeutic community has far-reaching potential beyond the individual client, as “trust is the source from which the therapeutic bond to the TC can be

transferred over to the family of origin” (Soyez & Broekaert, 2005, p. 325). This transfer took place with Leo and Dolores as a cyclical pattern of trust was built with Leo, his mother, and the school. As trust grew with Leo, it encouraged the formation of trust with his mother. In turn, her trust in the school strengthened Leo’s trust as well, further illuminating the restorative value of a therapeutic community.

When working with victims of trauma, this model has even greater significance, as healing from trauma is intricately associated with, and dependent on, healthy attachment. The already inherent sense of trust in schools, and the fact that children spend the majority of their day – at least six hours – in school systems, makes them ideal settings to establish pseudo-families. Kennedy and Kennedy (2004) explain that relationships between students and teachers, for example, “may be qualitatively similar to those with the primary attachment figure[s]” (p. 5). With this perspective in mind, schools can have the potential to rebuild attachment relationships. Take into account that studies have found that “seriously disrupted attachment without repair or intervention for the child can, in and of itself, be traumatic, as the child is left psychologically alone to cope with his or her heightened and dysregulated emotional states, thus creating additional trauma” (Pearlman & Courtois, 2005, p. 451). The suicide of a parent is the greatest attachment breach a child can experience. Having knowledge that a child has suffered alone is the greatest opportunity to repair attachment, and constructing pseudo-families for children is a means to intervene. For children in schools, “school bonding is akin to attachment” (Bergin & Bergin, 2009) and can thereby serve to empower and accompany children through their traumatic experiences so that they will not need to suffer alone. How this bond is formed is closely related to the existing attachment relationships in a child’s life (Kennedy & Kennedy, 2004). It has been identified that there are “three criteria for identifying attachment figures outside the parent-child relationship: (1) provision of physical and emotional care, (2) a consistent presence in one’s life, and (3) an emotional investment in the individual” (Kennedy & Kennedy, 2004). These criteria can potentially be found in schools, and they can be practiced within a therapeutic community modality so that improved relationship patterns can develop.

The collaborative power found in many school systems thus contributes to the realization of attachment relationships within the school setting.



For example, interventions aimed at helping Leo were routinely implemented side by side with other professionals, such as teachers and paraprofessionals, in order to improve outcomes (Franklin et al., 2012). Accordingly, when these kinds of attachments can be generated for children, they can reduce the mitigating effects of traumatic experiences, and create opportunities for posttraumatic growth. The school's safe and supportive milieu assumed responsibility for Leo's healing during a time when his mother could not. It enabled Leo to resume his life as a "survivor of bereavement by suicide" (SOBS, 2008) even when surviving also meant confronting the difficult feelings that emerged after the suicide, after the disclosure, and after the relational trauma that surfaced. The difference this time was that Leo was not alone.

Every connection in Leo's school proved to be an important one, from his primary clinician and teacher to the hourly cafeteria worker. But what contributed to the alliance Leo forged in his public school? Was "clinical parenting" (Cross, 2012, p. 44) the driving force? Clinical parenting, or "therapeutic parenting" as it is commonly referred to in the literature on trauma and looked-after children, is an essential component of highly specialized residential facilities that work with severely traumatized children. The idea is that "therapeutic parenting provides a structured means for a severely traumatized child to move from insecure to secure attachment, to fill gaps in their formative experiences, and to work through feelings associated with their trauma" (Tomlinson, 2008, p. 360). The formidable relationships that can be formed in schools make it possible to be the source of such transfer. Most people, for example, can easily recall their favorite teacher or the most helpful adult in school. This serves as a straightforward demonstration of the everlasting influence of attachments in the school setting.

In hindsight, there were rich indicators that the culture of Leo's school contributed to the development of therapeutic parenting. The school coordinates shoe drives, coat drives, underwear and sock drives, food drives, and numerous other drives. Doctors, nurses, and dentists are accessible within the school to meet a child's basic medical needs. Combine these with parent clinics and an open-door policy, and the lived experience of the school itself begins to take shape. Is this unique to Leo's school? I do not think so. Many school systems, in an effort to eliminate barriers to learning, particularly in urban areas, have assumed a one-stop shopping approach within

education. They offer students comprehensive medical, social, and psychological school-based services, thereby helping to meet the students' physical and emotional needs. The outcome of such collaborative school systems thus can yield consistency, structure, and nurturance. It can also spread beyond school children, as their families also seek emotional asylum within the corridors of the school.

For instance, I can recall the despair of one father after his daughter's mother passed away unexpectedly. His desperate words are engraved in my memory: "I don't know what to do, my family...they told me to get help from the school." Or the time a distraught parent and her child arrived at the school with agonizing heartbreak. Collapsing on the floor of the principal's office, both mother and son cried with memorable sorrow for the life of a daughter and the life of a sister, who died one day earlier. The school culture shapes this communal alliance within the school setting. With this in mind, I have no doubt that using the school as the source of intervention to trauma, and wherein healing was provoked *in loco parentis*, made it possible to induce an element of healing that was favorable for my student, Leo.

Such environments can also be favorable for other students who have suffered trauma, or are living through their own traumatic experiences. Consider Jose, who was raised transnationally in Mexico for 10 years while his parents lived in the United States. When he reunites with his parents, they are virtual strangers. Could this attachment breach manifest relational trauma later? His five-year-old sister Lila reunites with them one year later, but to do so, she must spend one month in the care of a *coyoté*, a paid stranger who is charged with smuggling her across the Mexico/U.S. border. How might she manifest trauma? Think about Maria, age nine, whose role was reversed from child to respite worker as a result of her mother's terminal illness. How will this experience change Maria? And when her mother dies? There is also Pilar, a fourth grader, who endured years of sexual abuse by a family member, and later witnessed a gruesome physical assault on her mother and sister as they were left for dead by this same family member. Who will notice her pain? Schools, as therapeutic communities, can.

So, are therapeutic communities in public schools possible? The answer is yes and this narrativized case study makes the argument for how it can be done. By reinterpreting the pre-existing notion of *in loco parentis*, and by

cultivating a school's natural capacity to create and actualize formidable attachments for children, schools can be transformed into therapeutic communities. As this case study demonstrates, attuned environments enable all members of that environment to participate in healing. We must take advantage of a school's unique ability to do this, and build on the trust that is inherently attributed to schools. Doing so can be an effective intervention to trauma, and a crucial component for healing. It was for Leo.

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