

Thriving

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Slamming Doors: The Power of Safety

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Fourteen-year-old Angelique sat in the dining room of her group home explaining to her favorite staff member, Ms. G, the fight that happened at school that day. This incident resulted in Angelique's one-day suspension from school to be imposed the following day, and she was not allowed to attend the group outing with the other girls that evening. As I listened, Ms. G asked her to talk about what happened.

Since Angelique did not know me, I asked her if she wanted me to leave so she could talk about it more privately. She said that I could stay, and as she talked with Ms. G, I noticed that she included me with eye contact, an acknowledgement I appreciated. I remained in my seat at a table next to where they were sitting.

The fight happened in a classroom at the alternative school Angelique attends and involved a boy in the class. "He was sayin' stuff about me and talking about my family. I told him to stop, but he kept talking," she said with a strong, justified tone in her voice. Ms. G asked what kind of things he said and if he knew anything about her family. Angelique said that he did not know anything, but he said things about her mother. She added that even though her mother did terrible things to her, no one else could talk bad about her. Ms. G suggested that she ignore things like that. Angelique replied in a quiet voice, "I can't ignore things that hurt so much." Gone was the aggressive and justified tone. Now, she seemed more reserved and reflective. There was a brief silence, and she glanced over at me. Wondering if it were a bid, I inquired if I could ask her a question about what she just said. She agreed. As a further gesture of invitation to include me in the discussion, Angelique turned her chair slightly in my direction.

I told her that I noticed two things that made me wonder what she was experiencing. First, her voice became quieter and softer, not as sure and strong as it had been just before that. Also, she said "things that hurt so much." I asked whether she had chances to talk about the things that hurt her. Her response was typical, "I don't know." She then began to talk about beatings, neglect, and sexual abuse she endured at the hands of her mother and "men." Regarding the sexual abuse, she specifically used the word rape. She said she believed that she would never get over it. I responded by

acknowledging that it seemed like there was a lot to get over. I also noted that although she said that she did not know if she had chances to talk about the hurtful things, she was actually talking about them right now with Ms. G and me. Angelique sat back in her seat and glanced at Ms. G who affirmed her by saying that she just communicated very clearly about what had hurt her. Ms. G then suggested that Angelique share these things with her therapist. She responded, "I can't talk with everyone about this!"

Sometimes staff members who are not clinically trained retreat when young people open up about their pain, preferring to stay near the surface and refer to therapists. While many aspects of addressing significant emotional stress may be better

done by professionals with specific training, the importance of just listening should not be minimized. Everyone has a story to tell. There is great value for all of us in being heard,

listened to, and understood. The reason a young person may open up to any of us may be because we are trusted. Nicholas Hobbs wrote about the foundational importance of "trust between a child and adult" (Hobbs, 1994). When that trust leads to a disclosure of some kind it is important to let it be expressed. Besel van der Kolk stresses the value of expressing trauma, "Being able to say out loud to another human being, 'I was raped'... is a sign that healing can begin" (Van der kolk, 2014, p. 232). To have someone listen to us can give us voice, even when it is hard to find the words.

Angelique wanted to talk, and opportunity was knocking. She was alone in the house with her favorite and most trusted staff member and me. Ms. G was reluctant to engage with her about her pain but had opened the door when she asked to discuss the fighting incident at school that day. It very quickly became clear that Angelique was not the slightest bit concerned about the fight. Young people sometimes get frustrated when adults want to talk about surface management issues when something else is more important to them. Long and Fescer refer to that as the young person's *Central Issue* (Long & Fecser, 2015). If we can find our way there, we are likely to be able to engage in meaningful dialogue. The incident that day stirred up pain and fear in her, and she appeared to need to talk about that. When we are able to understand and willing engage with

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a young person at that point, we may experience what J.C. Chambers and I refer to as the *Reachable Moment* (Chambers & Freado, 2015).

I asked Ms. G if she thought we could spend a little bit of time discussing the things Angelique wanted to talk about, and she said it was all right with her, if Angelique felt comfortable. Angelique confirmed that was what she wanted to do. I asked her again if she preferred to have the discussion alone with Ms. G, and she said, “No, you can stay. I’ll talk to you, too.” I thanked her and told her that if there was anything she did not want to talk about with me, or if she just wanted to be done at any time, she could just say so, and that would be fine. She acknowledged me with a nod of her head.

Because of her need and her willingness to talk, the first thing Ms. G and I could provide was a compassionate listen. Angelique is a young adolescent who has experienced a great deal of developmental trauma in her life. She has been in this program for nine months and is now able to express some of the painful events of her life. Even as she was able to talk about the pain, she also said in a very sad way, “This will never go away. Just because it isn’t happening any more, I can’t stop thinking about it. Sometimes I snap on other people.” We discussed what trauma is and what it can do to people. We also discussed that it can be healed in some ways. I told her that from my research there are three things we can work on to help with healing trauma.

Step one, we must create a context of safety for the young person. I told Angelique that the first requirement was that she needed to be able to feel safe in that place. She immediately said that she did feel safe there. She went on to explain that she had been there nine months, and nothing bad like that had happened to her again. People had been nice, and they tried to help her when she was upset or “acting bad.” The group home in which she resides has had the benefit of many consistent and caring staff who have helped her feel very safe. I said that I thought she must feel pretty safe because she was willing to talk with me, a stranger and a man. Without hesitation she said, “If the program staff trusts you, then I do, too.” (I am a stranger to every young person with whom I interact in programs or schools. Part of the reason I am able to engage with them as much as I do is that I am the beneficiary of what I call the transfer of trust. Staff whom the kids trust introduce me to them and provide a bridge that helps me get started.)

Next, we must provide opportunities for young people to express their trauma without being re-traumatized. Before I finished explaining this second part to her, Angelique immediately began shaking her head expressing she did not feel like she could share about her past trauma. She was apparently not aware of the extent to which she was safely expressing her trauma even during our conversation. I said that we would return to that one soon.

Finally, to aid in the healing of trauma, it is necessary to have healthy experiences repeated frequently, over time. When I explained this to Angelique, she immediately acknowledged that she had found that to be true in this program as well. She was able to begin to trust adults, which was met with safe and appropriate responses from staff. Building on her sense of “felt safety,” these experiences formed a new foundation through which she could begin to see her life unfold. It allowed her to be more adventurous and willing to explore. Adventure is a key aspect of the Model of Leadership and Service. Adventure in this sense refers to curiosity, exploration, experience, risk, and opportunity. Heller and LaPierre note that, “Curiosity is the non-traumatized body’s natural movement outward as it is motivated by the desire to explore its surroundings when there is no threat or sense of threat” (Heller & LaPierre, 2012, p. 117).

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Establishing that Angelique was experiencing two of the three conditions for the healing of trauma, we returned to the part about expressing her trauma without being re-traumatized. I reminded her that in our conversation she talked with me specifically about the kinds of trauma she experienced. She was able to express what happened to her without her becoming too upset to continue. I told her that I would not ask her to say more about those experiences because we just met, and as a consultant, I was not going to be around to help her work through the difficulties of talking about those painful events. I then asked if there were others, besides Ms. G, with whom she could talk. Instead of responding to the question, Angelique shared that she was experiencing flashbacks about men who hurt her, especially during shower time. She communicated her fear and admitted that she usually experienced trouble

about that time in the evenings. Ms. G confirmed those problem times and immediately offered two suggestions. First, she suggested that maybe one of the female staff could be in the bathroom with her when she showered. Angelique rejected that idea. Second, Ms. G said that Angelique should talk with the psychiatrist about her flashbacks. Angelique responded to that by saying, “I don’t want to talk to the psychiatrist about this; he’ll just give me more meds.” Ms. G said she didn’t think that would happen. (In my experience observing and interacting with more than twenty young people in this agency, there had been no indication that medication was overused.)

Angelique clearly was very ready to share with us more about what she experienced and how it continued to trouble her.

As noted earlier, sometimes all a young person needs is someone to listen. Part of the healing comes from the telling. It is frustrating for anyone who has a need to share something with another person and gets a “here’s how to handle that” response. It becomes even more pronounced when the person who needs to share is a youth in care. In the process of Life Space Crisis Intervention there is a place for *Insight*, which is a time for reflection about responsibility, control, and power (Freado & Wille, 2007). It is common at this point of interaction that adults try to make suggestions about what young people should think, feel, or do instead of guiding the youth to their own insights. Adults should be aware that it is only through gaining their own insight that young people take risks and try new ways of doing things.

I asked Angelique what transpired during those times when the flashbacks happened. She said that when she experiences them in the shower, she freezes and cries. To avoid that she frequently refuses to take a shower, and that creates problems for her with the staff. Her refusal is not about defiance, but rather it is about fear. Typically the staff response is about the perceived defiance without recognizing the fear. When we talk about being able to express trauma without being re-traumatized, we are tempted to think of that as a young person sitting with us in therapeutic discussion. Although that was what Angelique was doing in this conversation, she was also saying that sometimes her trauma is expressed in other ways. In a 2013 report by the Search Institute, it is noted that in response to a

question about not giving up even when things are tough, more than half of the approximately 10,000 young people with the least number of assets reported that they do not give up (Benson, Scales, & Roehlkepartain, 2013). While not giving up, many of these young people are doing the best they can under the circumstances. They are expressing their trauma through emotional reactions and acting out. In those moments, in therapeutic settings, it is important that we avoid attributing intent to the actions of the young people and seek to understand what is also happening inside of them.

Angelique said, “I know the men aren’t there, but it still scares me.” I told her it was good that she understood that, but the fear she continued to experience was still a problem. She said she wished

that she had a stronger door—a way she could keep them out. Of course, there was a door in the bathroom, but that did not help. I asked, “Since you know the men are not really

there, where would you put the door?” She responded that she would put it between them and her. Then she asked me if I knew what a deadbolt was and said she would put one of those on it. I told her I thought it was a pretty good idea and that she was ready to build that door. These ideas came from inside Angelique, so I affirmed the strength of her thinking and how much power she was taking to deal with the fear.

We talked about how it might still take her some time to get that door built. Those things that hurt her and still affected her did not happen quickly, so they could not get healed quickly either. She had a good plan to create a door, and I told her that if I could be there to keep working with her, we would find a door we could practice slamming. She said that slamming doors was not allowed, but I said maybe for this there could be an exception to the rule. Angelique seemed very pleased with this conversation, so I affirmed again that her feeling safe and trusting people has allowed her to begin expressing her trauma, and now she seemed ready to work on some healing. It was good that Ms. G could hear all of this; now she and others could continue to talk with her and help build that door.

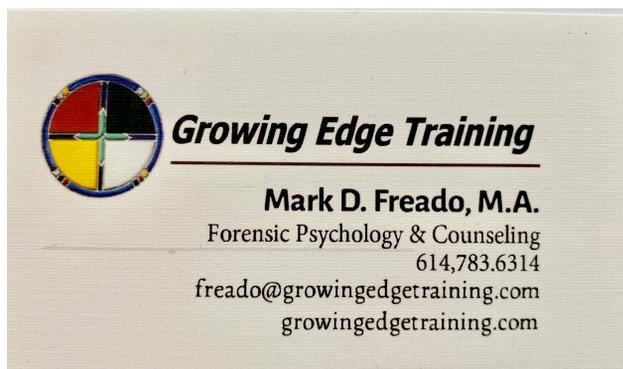
As I was leaving and Angelique and Ms. G walked me to the door, I told Angelique that when I walked out, I would not close the door. Instead, with Ms. G’s permission, I wanted her to slam it behind

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me and turn that deadbolt. I told her I thought it would be good practice. She looked to Ms. G, who smiled her approval. I stepped through the door and stopped. The door slammed shut and I heard the snap of the deadbolt. I laughed and yelled, "That's what I'm talking about!" From inside, I heard laughter and Angelique running upstairs to take her shower and get ready for bed.

The opportunity to have this therapeutic experience with a resilient young person affirms my belief in the power of safety and how it provides the foundation for adventures in growth and healing.

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