The Push for Change

We are in the change business. So when a child comes to us because of difficult behaviors our first thought is what can we do to change him or her? Jeffrey assaults people when he doesn’t get his way. Latasha cuts herself so badly she sometimes needs to go to the ER. How can we stop these things? That’s why people pay programs the big bucks after all.

There is plenty of external pressure for change: at every review someone is asking why that child hasn’t changed yet. Her parents, too, have suffered enough and want to see something different soon.

Then there is the internal pressure. Our lives would be a lot easier if these kids would stop doing these crazy things. And we judge ourselves: do we really know what we are doing? When Jeffrey hit his teacher yesterday is it because I am not a good enough therapist? I feel guilty about the pain the teacher suffered. We can start to blame each other: isn’t it the therapists’ job to take an angry child to her office and bring her back calm and happy?

When we feel compassion for the child, we start to feel even more urgent about change. Jeffrey’s life would be so much easier if he could control his anger. He is in danger of being kicked out of this place, as he has been out of his last six places. It is so painful to see the blood stream down Latasha’s arm.

In this urgency for change we ourselves feel powerless, vulnerable and incompetent. We feel much like the kids we serve. So like them, we turn to something that we think will give us more power and control. We often think first about punishment. Surely if we restrict Jeffrey long enough he will learn that his life goes better if he does not hit people. Or, being more enlightened, we think about rewards. Maybe if we promise Latasha that we will take her out to lunch if she can go a week without cutting…

It would be actually astonishing if Jeffrey didn’t already know that his life would go better if he controls his anger. Look at all the bad things that have happened to him already: he is on probation, he has been kicked out of six placements, and he is in residential, just to name a few.

When Latasha is calm she fervently wants to stop cutting, and she hates her scars. She does not need more motivation. She needs more skills.

I would suggest that this very urgency we feel to change the kids gets in the way of effective treatment. It makes it harder for us to stop and think about what is going on. How do we understand this behavior? What is actually happening when Jeffrey hits someone? What leads up to Latasha’s cutting? What problem are they trying to solve? How does this behavior help them in the moment?
We need to take time to explore, observe, think and consider. We need time to help the child feel safe enough to share their experience with us. They will be able to do this when they form strong relationships. In collaboration with the child we will discover the meaning and function of the behavior.

Then, we must consider what skills the child would need in order to choose a different behavior, a new way to meet his needs. It will take time for the child to learn these skills.

Jeffrey formed a close relationship with his teammate (primary child care worker). After a while Jeffrey shared how scared he was that he is such a bad kid, that no one will ever take care of him or meet his needs. He said he has learned that force is the only way you get anything you want. Staff started looking for the first signs that Jeffrey was agitated and asking if he needed anything. In small steps Jeffrey learned to trust them enough to ask for help. It was important that, at the same time, Jeffrey discovered a skill in cooking, and became the star chef of the school café. He got a lot of praise and recognition for this and was generally feeling better and calmer.

Latasha connected with her therapist slowly. They began looking at the patterns that led up to cutting. After a while, several factors were identified: not getting enough sleep, fighting among the girls on the unit, and not hearing from her mother. They worked out many strategies, including a crisis kit. Medication helped with her disturbed sleep.

Latasha found soothing music, a piece of fur to rub, and a honey candy soothing. This did not always work and she continued to cut for a long time, but the self harm decreased in frequency and severity. She started telling staff when she felt vulnerable.

Note that these children did not change quickly. They did not change because of punishment. But with time, safety and relationships they DID change.

And then the staff felt the true satisfaction of changing the life of a child.