

The White Whale: A Case Study

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Towards the end of counselling with Steven, a 13-year-old Aboriginal adolescent, he dreamed of being lost at sea and then found by a white whale. The whale carried him to safety; specifically, into the care of his current foster family. This ending is full of symbolism and seems to promise positive and uncomplicated outcomes. However, counselling is rarely straightforward, and this case study is no exception. It explores a complex journey through therapy, full of challenges and discomfort, not only for Steven and myself, but also for the variety of other supportive players in his life. The outcome, although nowhere near as dramatic as his dream, I believe reflects meaningful change for this young man.

There are times in the counselling process when little goes to plan and when counselling feels professionally and personally 'uncomfortable'. In these instances positive outcomes, although present, are less tangible. These features characterised my work with Steven, a 13-year-old Aboriginal adolescent in out-of-home care. My role was to provide counselling for Steven. Steven was referred to me, in my position as child-protection psychologist, primarily with the aim of working to modify some of his 'challenging behaviours' and with the hope of sustaining the most recent of his school and foster placements. Our work together — 15 individual counselling sessions spanning six months — was not exclusive. A united and functional interagency approach involving key school staff, support staff of an out-of-home-care agency, DoCS, various mental health staff, as well as his foster carers, was one of the unique features of my work with Steven. Although counselling did not always proceed, and certainly did not end, as I planned, I think that Steven made many gains. He achieved a level of stability and a connectedness to others that he had not achieved previously. He also articulated something that I believe reflected internal change. Relayed through a dream about a white whale, Steven ultimately conveyed a message of safety. Through short conversations he began to express feelings of anger and betrayal which up to that time appeared to be expressed only through his explosive and challenging behaviours.

The Approach

I prefer an eclectic approach with most clients and with Steven I used a variety of approaches. In this instance, I borrowed

from strengths-based and solution-focused approaches, but also used exercises modified from other therapies (such as art therapy). I was also informed by the trauma literature of Bruce Perry, John Briere and others (Briere, 1996, 2002; Perry, 2001; Perry & Pollard, 1997). At other times I made educated guesses or simply made things up in an endeavour to find meaningful ways of engaging and working with Steven. At all times I attempted to demonstrate empathetic listening, warmth, trustworthiness, and genuineness, and consider this the key to engaging and working with all my clients (Rogers, 1951, 1957).

Background

Steven's referral to our service was accompanied by a long and detailed list of his difficulties. At 13 years old, he had experienced chronic, ongoing abuse including physical abuse, exposure to domestic violence (DV), sexual abuse, multiple foster placements and severe rejection and scapegoating from his mother. Most recently he had discovered that the man he believed to be his father was not his birth father. His birth father was currently serving a custodial sentence. His responses to his experiences were equally well documented. He had been diagnosed with conduct disorder at six years and violence towards school staff and other students was noted, as were suicidality and self-harm. As various foster placements broke down and placement options were reduced, the decision was made that he be relocated to a regional area of New South Wales. Despite a further placement breakdown, Steven was finally placed with another family, where he had been for a short while when I first met him.

When I began meeting with him, he was continuing to have angry outbursts at his current school, but the school were being supportive, applying for and receiving funding for a teaching aide to accompany Steven for 80% of his school week. They had also linked him with the school counsellor and other teachers with whom he felt comfortable and provided him with the opportunity to



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excuse himself from classes should he feel overwhelmed. Although *they* also felt overwhelmed at times by his background and some of his challenging behaviours, they were working hard to avoid suspensions.

As a white, middle-class female psychologist I felt self-conscious, and at times struggled with how to engage with a disenfranchised, 'acting-out', Aboriginal adolescent. Not knowing how he or his carers identified regarding their Aboriginality, I asked several questions about the meaning and experience of this for them in the context of counselling. Their answers helped me to better understand how their Aboriginality contributed to their identity. For Steven it also gave me some indication of how his Aboriginality impacted on his experiences within the school setting. Both Steven and his carers had few connections to the local Aboriginal community. However, for Steven this did not detract from his strongly identifying as Aboriginal.

My reading of his history, my conversations with the school and my later clinical assessments, all led me to believe that Steven was living with the effects of trauma, most likely at a clinically significant level, and certainly at a level that was preventing him from achieving some of the things he wished for in his life. I had a number of thoughts that guided my early work with Steven:

- Initially counselling would be time limited and further counselling dependent on the issues that arose and his desire to engage in the process
- Counselling would attempt to focus on issues at a more practical level rather than being too emotionally challenging
- Counselling would retain a focus on responsibility for actions, consequences and choices while placing these in the context of life where there is little 'lived reality' of consequences being applied appropriately
- I would remain transparent in the interagency context of this referral while maintaining appropriate client confidentiality
- The stability of Steven's current foster and school placement would be paramount, even if this meant terminating counselling
- I would be available as a support for, or consultation with, school personnel as required (and visa versa), even after my individual work with Steven had ceased.

Counselling

I initially met with Steven in the company of his foster mother. After the formality of introductions, I asked his carer about the things she thought were important for me to know about Steven. She identified many of his good qualities as well as the things he liked, but she also raised the things that she thought were getting in the way of him doing the things he really wanted to. She was particularly concerned about his fear of crowds and his 'story-telling'. When Steven was asked what he thought about what he had heard, he agreed with the difficulties, as well as emphasising

the importance of cars and friends and family to him. We discussed the challenges of counselling, but Steven agreed to give it a try for eight to ten sessions.

In consultation with Steven we decided that counselling would take place in the school counsellor's office. School staff were happy to extend membership to 'Team Steven' and provided me counselling space as well as important information about his functioning at school. They reported that not only did Steven act out or shut down when upset, but he was hypervigilant much of the time, unable to cope with crowds, paranoid, and had a tendency to blow events out of proportion. School staff and his foster carers were comfortable to view these behaviours in the context of trauma and trauma-related responses and Steven was rarely viewed as being wilfully aggressive or bad. However, his capacity to manipulate situations for his own benefit was acknowledged.

In my first individual session with Steven he was talkative and unguarded. In fact, he appeared to engage *too* easily. He was happy to discuss his previous counselling experiences (both positive and negative), a recent access visit he had had with his mother, his recent discovery that his father was not actually his father and his coping strategies for dealing with this, his recent achievements at the school, and what it was like to be an Aboriginal kid at his school. He seemed genuinely excited about the prospect of receiving a letter, as we were entering a school holiday break. The letter, which I sent two weeks later, thanked him for coming to the first session and for sharing things about himself and his experiences. I told him that I looked forward to meeting with him again to talk more about the things he had identified as important.

Our second session raised a number of important issues, including what I believe was a reaction to traumatic memories. I attempted to bear witness to some of Steven's troubling experiences and memories while demonstrating that I was not overwhelmed by them. I also suspect that some of the issues raised, such as suicidal thoughts, had been raised by Steven many times in the past and possibly served the purpose of assessing my reaction to such material.

Opting for a hands-on experience with fewer verbal demands, I decided to try some symbol work with Steven. He enthusiastically selected small toys or animal figures to represent himself and his family. His selections for his biological family lacked meaning beyond the superficial, as he said they represented the kinds of animals that they liked. At my prompting he selected symbols for his current foster family. These were all magical or strong figures — wizards and fairies, army men, and a parachutist with no parachute. He moved himself, represented by a number of big cats (a lion, tiger, leopard, and so on) between the groups of figures and talked about his desire to be with both at different times, before merging them together. We took a photo for him to keep and one for his folder.

He also completed the Trauma Symptom Checklist for Children in the later part of this session. Although this assessment is general rather than specific regarding the questions it asks (such as the young person's experiences of

'remembering scary things' or 'having bad dreams or nightmares'), this resulted in Steven volunteering several incidents from his past. Steven relayed these with little or no emotion and I was not able to interrupt him in his telling of these disturbing stories. Any questions or comments were met with a blank expression and he continued with his recollection until the story was completed. I interpreted this as dissociation.

In the context of this assessment he also revealed that he always felt like killing himself, and using a quickly constructed verbal scale he revealed that today he felt 101% like killing himself. To my relief, further discussion of our scaling system revealed that he would not kill himself until he reached 2000 to 3000%! I told Steven that I believed most people had very good reasons for feeling this way and I expected that he also had very good reasons and I wondered what they might be. Although he provided only vague replies to my prompts and could not explain what would move him further up and down the scale, we agreed to discuss this further in later sessions. Cautious of sending him back into the school after our session, I talked to him about taking time out as required and, with his permission, I passed on a message to the school counsellor and aide that this might be required. This was a pattern I repeated after many sessions.

Concerns

In the following session Steven reported no further thoughts about our previous session. The percentage of how much he wished to kill himself had dropped, although he could not say why. I decided to use some further scaling and mapping with him as a way of finding out more about the path of his life so far, where he currently was, where he wanted to be at the end of counselling and where he would like to be in the future. Steven volunteered some of the events that had contributed to his highs and lows. His long-term goals revolved around cars, a job and eventually, getting a house. He thought that counselling might be useful for him in working towards his goals, especially getting a part-time job in a couple of months.

Another issue arose in this session that would appear in almost all subsequent sessions. While Steven was easily able to identify goals and even his strengths, he often denied areas of weakness or barriers to him achieving his goals. At times he could concede that others might view him as having some difficulties, or he would acknowledge that he had difficulties, but only for a short time, and he would quickly claim to have resolved the issue, but could not explain how this had occurred. Related to this, in this session Steven started to talk about himself as a 'new person'. This was a theme that continued throughout counselling, a concept strongly encouraged by his foster mother. However, I was cautious about engaging too strongly with this concept as it appeared to be a magical solution without any integration of the old and the new. I was interested in exploring his view of this transformation. Although he was unable to identify any internal changes, he thought his new school, and new carers 'buying him stuff', was all a part of these changes.

In the week following this session Steven ran away from his carers, eventually presenting himself at the police station, begging them not to send him back to his 'abusive carers'. He did return, accompanied by his foster mother, but only after lying in the foetal position and then physically lashing out at her. In her account he finally left the police station 'as if nothing had happened'. She believes the incident arose after she raised an issue with school personnel. A meeting was later arranged by the out-of-home care agency with Steven, his carers and myself.

With obvious concerns about how Steven was going in his placement, in our next individual session I asked about this. When he replied that things were going well I let him know that I was aware that he had told the police that he was very unhappy and suggested that his carers had hurt him in some way. I framed my enquiries in the context of concern for his physical and emotional safety. I wanted Steven to be aware that the things he said and did would be taken seriously, but might also have consequences not only for him but for others. He denied that there were any problems, maintained that he was safe, and did not elaborate further.

As our verbal discussions were proving to be stilted at times, I decided to revert to the more indirect, hands-on approach that had worked well initially. We used this to discuss Steven's strengths as well as what happens when things go wrong in his life. I constructed the Jenga tower for Steven, leaving many blocks out so that it was very unstable and in danger of crashing onto the table (Jenga is a game played by stacking wooden blocks in an alternating pattern on top of each other). In the game players begin with a complete tower and then take turns removing the blocks one by one until finally the tower falls over. I talked with him about what it is like to be a baby and how there are many things babies need to grow up feeling safe and happy. As Steven and I thought of those things that babies needed to grow up, we added bricks to the structure until it was eventually stable. I asked Steven if he had a tower for right now in his life, what it would look like. He indicated that he felt stable and intact. When I asked about the previous week, he removed several bricks from the tower but could not articulate their qualities. He spontaneously compared his tower to other past events in his life, such as leaving a past placement, and described leaving the placement as a bomb exploding and blowing his tower apart. We talked about the unpredictability of this experience and what had happened in more detail; and then about how he had re-constructed his tower. Again this was difficult for him to articulate but he thought it had happened one brick at a time. The use of physical objects appeared to assist him in clarifying his thoughts and in articulating what he felt about events.

Steven missed his next appointment and on his arrival at the subsequent session would neither speak nor look at me, pulling his hat down low over his eyes. He could not remember why he had demanded to see me the week before (on a noncounselling day). Since I felt he was unlikely to respond to my questions, I suggested that we do an activity that required strictly no talking. We engaged in a turn-taking drawing exercise (something I had heard discussed by

our local art therapist), each of us adding a line or aspect until we felt it was finished. Even when the page was filled, Steven said that he did not want the task to end and we continued for a time. Steven pushed his hat back from his face and started to explain what particular aspects of the drawing were.

From this I tried to discuss the pros and cons of changing, using a visual diagram (following on from our previous dialogue about the 'old' and 'new' Steven). However, Steven was not particularly interested in this activity so we instead discussed an issue he raised. As this was one of the few times that he acknowledged a difficulty, we talked for some time about the strategies that he was already using and what else he might try in order to bring about change.

In the next session I backtracked somewhat. Wanting to further explore issues raised previously, and again wanting to use more concrete materials, I used a small body outline to explore Steven's physiological and cognitive responses to the 'bomb exploding' that he had mentioned in a previous session. I also chose this method as Steven seemed to dissociate in stressful situations. I thought it important to help him recognise the physical messages his body gave him. He chose to look at his previous running-away as a good example of the bomb going off. He was able to articulate his thoughts and bodily sensations in relation to this experience. He externalised the 'bomb' and felt it was unstoppable once started, and said that it must simply be allowed to run its course. He described feelings of fear and anger. We talked about who or what this anger was directed at and he 'volunteered' himself. I asked if he was ever angry at his mum (as this related to the scenario he had selected) and he said that he did not wish to discuss it. I respected his decision and did not ask for further explanations.

More Concerns and Dilemmas

At the end of this session Steven also asked a series of questions about what would happen if he ran away but failed to give his name to the police. Although I thought this odd, I told him what I thought would happen and he offered no further explanations for his enquiries.

Subsequent to this session Steven ran away again, this time failing to provide any identifying information to the police. His identity was finally divulged in the early hours of the next morning; his foster carer was contacted and picked him up. He said little except to threaten his carer with, 'I could say anything to get you into trouble'. Among other things, he blamed the counselling session for his behaviour, stating that he did not wish to talk about his family.

In the next session I was faced with the dilemma that Steven did not want to discuss what had happened and with his silence he seemed to be inviting me to ignore it also. I offered him options for delaying our necessary discussion but not for avoiding it. Steven did not think that this was necessary and started to talk.

I explained to him the dilemma that I had faced following our previous session. I voiced concern that perhaps I

was not as able to recognise his concern as I had previously thought. I made it clear that I was not happy to proceed until we could find some way of him letting me know when he was feeling unhappy, unsafe or angry as he felt this had contributed to him making bad decisions. In the end he decided that he would not be able to explain to me his feelings using words, instead we decided to use a code word as a way of indicating that he did not wish to discuss a topic further. He chose 'murder' as an appropriate conversation killer. This word could be given without further explanation and would be signal for me to change the topic. I could presume that if he evoked this code word he might be upset by the content of the discussion. He did give me permission to come back and double check if topics were still 'off-limits' at a later date.

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We revisited this code word in most of our subsequent sessions. I often checked to see if the code word was still in action and also prewarned him if I thought our discussions for the day might contain topics that might require the code word. Although we often discussed its use, Steven never evoked it in a session, suggesting that either he still felt too uncomfortable to use it or that he was more willing to talk about difficult topics knowing that he had an easily accessible 'out'. He did not run away again.

I also returned to using scaling as a way of exploring his belief that he often made poor decisions when he was feeling angry. We talked about strategies for reducing his anger and agreed to talk more about this in the future. We revisited the anger scale in later sessions and better examined some of the points on it. We talked about his current experience of being low in angry feelings and how he had managed to achieve this. As in earlier sessions, it was difficult for Steven to be concrete about what had changed but he felt his attitude had changed. This was a pattern that was repeated many times with Steven. He would identify or raise an issue (such as anger or suicidality), we would discuss it, and then Steven would deny that it continued to affect him.

Other Agendas

Around this time I also started to talk with Steven about the request that had been made by DoCS that I review his access arrangements. Knowing that this was likely to be a difficult topic for Steven, I attempted to do this over several

sessions. Steven was supposed to be speaking and visiting with his mother monthly; however, she rarely followed through with these contacts. Although I could offer no assurances to Steven about the outcome, we talked about the type of access he would like, with whom, how often, as well as constructing a back-up plan should his mother fail to show. At the conclusion of the session I foreshadowed that this might be an unsettling topic and enquired about his current level of anger, but Steven reassured me that it had remained low.

In the next session Steven stated that during a recent access visit his mother had told him that his sister would be returning home. As Steven had raised this topic, I asked permission to ask him some further questions about it, reminding him of his code-word option. He denied having difficult feelings about this, stating that he would be glad to see his sister more often and that he himself did not wish to return home. Although Steven did not indicate ambivalence I talked about how normal this would be. Steven quietly listened to my thoughts but did not comment.

We also reviewed how counselling was going as we had now had eight sessions together. Steven thought that using the Jenga tower had been the best thing we had done. He identified that we should not talk about his mother's illness as that topic upset him. He agreed to do another eight sessions before we reviewed counselling again. We also talked about his upcoming holidays and what these would entail for him.

Although I would not normally use the *St Luke's Bear Cards* for an adolescent male of Steven's age, I hoped that they would facilitate discussion about the difficult topic of access. (*The Bear Cards* are a pack of 52 cards each displaying bears of different genders, ages and with different feelings or emotions conveyed on their faces and through their body posture. They can be used in a variety of ways to explore feelings, emotions and relationships). I introduced these to Steven with the option of him understandably rejecting them as they might be too young for him. He engaged with them well, articulating a wide range of feelings associated with different aspects of his visits. He also volunteered information about his ability to conceal his anger and disappointment and explained to me how he got these feelings to leave his body.

Rupture

Unfortunately, a number of people disrupted this session, entering the counselling room without permission, and despite a notice on the door. Steven became observably restless and at the end of the sessions some difficulties arose. We had moved a table to use the cards, and Steven now started to rock on the legs of the table and then turned the table upright, stood on it and placed his hands into the path of the ceiling fan. Although this did not seem to injure him, it was unsafe. It frustrated and concerned me and after an extended period of unsuccessful negotiation I told him that I was going to leave the room and inform the school counsellor about

what was going on as I did not believe that he was being safe. When I returned a short time later Steven had moved himself outside the room and refused to talk to me when I spoke to him. Instead I articulated my happiness that he was now safe and vocalised that perhaps he was angry and upset about our session and what had happened. I empathised with his feelings but restated the need for him to be safe. I also reminded him that I would return next week as scheduled and hopefully it would be a better week. I also let him know that I would be talking to others about my concerns about his safety after the session. Steven provided no verbal response but remained with head lowered, lingering outside the room briefly, before returning to the playground.

It was difficult to interpret Steven's behaviour definitively. Perhaps he had needed a longer re-engagement after our holiday break, perhaps the topic under discussion had been too difficult, or perhaps the disruptions had been 'too' disruptive. Regardless, we experienced a 'rupture' in the tentative therapeutic alliance that we had. Although I attempted to repair this in various ways over the coming weeks, in my opinion I had only limited success. In this particular session, once Steven started on his course of behaviour he seemed unable to stop, seemingly enjoying the defiance of his actions. I attempted to remain within a safety framework, communicate with him without undue emotion and provide him with options for backing down without losing face. In the end, I removed myself from the situation in order to remove his audience. I attempted to explain and provide real consequences for his actions without being punitive, although he may have experienced it this way. This was to set the scene for our next few sessions.

The following session followed a similar but foreshortened path. When all of my strategies and negotiations failed, I decided to terminate the session. I also articulated that perhaps Steven was finding it difficult to tell me that he did not want to attend counselling today. I speculated that perhaps next week might be different and that I looked forward to seeing him then. Steven expressed indignation that I would end the session and when I would not relent, he said he would like another counsellor. I informed him of his rights but also said we could talk about his desire for a new counsellor in our next session. I wanted Steven to engage in the process of examining the rupture in our relationship (even if this still resulted in him choosing another counsellor). I informed the school and his carer about our difficult session.

At our next scheduled appointment Steven came and stood outside the door, refusing to speak and refusing to enter. I had already been informed that he might not wish to attend the session by the school counsellor and I reported this information to Steven. I also told him that while I wished that he would attend, it was also okay if he did not want to attend. After a time I told him that I hoped that he would join me for the session and that I would wait inside for him just in case he changed his mind. Steven hung around outside the room for some time before disappearing into the playground. His aide approached me after his

departure and informed me that counselling was currently clashing with his favourite class and that perhaps we should change the time.

With school holidays upon us again I decided to write Steven a letter. In the letter I talked about counselling recently not going as either of us had planned. I asked for his suggestions about what we could do differently and suggested rescheduling around his computer classes. I revisited our counselling agreements, told him I hoped to see him at our next appointment, and provided a self addressed, stamped envelope in case he wanted to reply.

Re-engagement

While visiting his carer two weeks later, I unexpectedly saw Steven who was home, following behavioural problems at school. He asked to see me during this visit. He produced my letter and a previous letter I had sent him and read some segments from them. He responded to one of my questions and agreed to have appointments that did not clash with his computer lessons. He also spontaneously volunteered that he was feeling upset because his sister was returning home and was disappointed that he was not. He became teary when talking about his mother and his grandmother lying to him about his paternity. He talked about how he held his anger in and did not show it to anyone. I attempted to legitimise his feelings of anger but also the mix of other feelings he might have as well. Steven showed me many drawings of cars that he said he did when he was angry and talked enthusiastically about his love of cars. At the end of our short time together we agreed to meet again next week.

Steven did not attend the next two scheduled appointments. I finally met with him three weeks later. I asked Steven about a dream he had had recently (his carer had told me he had had a dream that he wanted to talk to me about). In his dream Steven said he had been lost at sea. A large white whale had found him and returned him to his carers. He told me that the whale was important to Aboriginal people. I asked him what he thought the dream meant (if anything) and he thought that it meant that he was now safe. We talked about the nice feelings the dream had left him with.

In the remainder of the session we caught up, using drawings to discuss recent events. We played Jenga and planned future sessions. He agreed to explore getting a job but did not commit to talking about his family. He decided that he would like to determine the topic week to week. He asked that we play Jenga every week.

Finishing

We were again coming into school holidays and I sent him a letter in the two-week break, articulating how pleased I was that we had been able to catch up recently. Unfortunately, the following week I received a call from his out-of-home care-service provider saying that Steven no longer wanted to attend counselling but would prefer to see the male psychia-

trist he had started to see for medication and mental health issues. I was disappointed to hear this and feared that this was an 'easy out' for Steven, who I suspected would engage only briefly with this new counsellor.

In the end I decided to send Steven a letter to finish up rather than push to see him in person. I thanked him for his hard work and articulated how difficult it could be to tell someone that you wanted to finish up — in case you hurt their feelings or upset them. I encouraged him to continue to be hopeful about his future and to work towards the goals he set for himself. I also provided a self-addressed stamped envelope should he want to reply or let me know anything. He did not reply.

Considerations

Although Steven and I had many individual sessions, my work with him was far from exclusive. In addition to my individual work with Steven I worked extensively with Steven's carers, DoCS, the out-of-home care service provider and consulted with a local specialist Adolescent Mental Health Service. In the process of counselling I also initiated a referral to a private psychiatrist to investigate the possibility of medication to help with what I perceived as continual hyperarousal. Although this did not happen immediately, Steven was eventually placed on a SSRI for depression and other symptoms. These have also been suggested as potentially useful in the treatment of adolescents with PTSD (for a review see Perrin, Smith & Yule, 2000). Although this referral ended up being mostly a one-way affair, I still think it was important in the overall work with Steven and by all reports, the medication had an important stabilising effect on him.

However, I believe that the collaborative work with the school was the most successful largely due to their strong commitment to Steven and their desire to retain him in mainstream schooling. They regularly scheduled meetings to review Steven's progress and revisit behaviour management plans. In doing this they pulled in key people and organisations in Steven's life, such his foster mother and the out-of-home care agency. They assumed a strong case management role that was not their primary responsibility but that would not have been as well coordinated if they had not done it. They maintained a nonpunitive approach through several difficult behavioural incidents, and school personnel were open to consultation, generous with their time and resources, freely provided information and requested additional support as required. They were also patient and thoughtful with Steven's foster carer who at times had unrealistic expectations of them.

I attempted to be as transparent as possible about all these interactions with Steven so that there would be few surprises within the counselling process. I also wanted Steven to be aware of the very real impact of his actions, putting this in an everyday context, not just a punitive one. I placed many of these interactions in the framework of

safety, highlighting Steven's need for safety but also the right to safety of those around him.

In retrospect there are things that I would have done differently in working with Steven. Many of the topics that I thought of as reasonably emotionally safe were often quite difficult for Steven, and I needed to bear in mind that even the most innocuous questions might trigger traumatic or just troubling memories. Additionally, many of the tasks I used to engage Steven, although hands-on, were still very cognitively orientated. Steven seemed to particularly enjoy the activities that used drawing and hands-on tasks (use of the Jenga blocks) even though he was not entirely able to articulate the meaning and experience of these (not unusual for many adolescents). I also believe that I used the psychometric tools too early in the counselling process. In this instance, I think that it made Steven feel too vulnerable in the counselling process, well before he had developed adequate emotional safety.

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School holiday periods were always problematic. At times, several weeks would elapse between sessions, meaning the rapport often had to be reestablished and ongoing reviews of recent events were necessary. Often these recent events required some kind response and follow-up. This seemed to disrupt the flow of the counselling; however, Steven did not wish to have counselling over the breaks (as do many of my other child and adolescent clients). Using the school as a counselling venue also proved problematic. Although it provided Steven with easy access to counselling even on days when he had 'forgotten', and also allowed good communication with school staff, it lacked privacy and safety at times. This occurred even though I explained the need for privacy during my sessions to other school staff and there was a note on the door asking for no interruptions.

I would also carefully reconsider my role in assessing his access arrangements. Although professionally capable of doing it, therapeutically this introduced an agenda not driven by either of us. It also resulted us in talking about one of the areas most sensitive to Steven. On the other hand, his input into this topic was necessary and I was well positioned to advocate for him regarding access.

I also would have liked to have seen his threats against his foster carers pursued more fully; however, this may reflect my own anxieties about the impact of allegations of abuse, especially those that appear to be unfounded. Working with Steven was not without its anxieties for me as a counsellor. Issues such as suicidality, harm to others, and

threats of abuse in care provoked a variety of emotions in me. As with the rest of the counselling, I attempted to respond in ways that reflected understanding of his emotional distress without appearing overwhelmed by them.

My work with Steven was personally and professionally challenging in many ways. I thought it likely that Steven was experiencing trauma-related symptoms in addition to, and incorporating, the effects of chronic abuse and neglect. Despite this, my knowledge of Steven's past was more general than specific and Steven actively resisted any discussion about his time living with his mother. Clearly this was not information that I would gain from Steven; however, it was not information that even key workers were clear about. Much trauma work relies upon individuals providing you with some of this information, as well as their desire to have symptoms relieved. Even Steven's wish for a better future was contradictory, and at times it involved concurrent denial of difficulties preventing him from achieving his goals. I found these contradictions difficult to work with and respond to effectively. In addition, I believe that many of Steven's current difficulties (and possible trauma) relate specifically to his relationships with his mother and other family members. Researchers such as John Briere (1996, 2002) would consider aspects of the therapeutic relationship itself (and indeed other more intimate relationships such as with his foster mother) as one of the possible triggers to a traumatic response in such individuals. This would appear to make ongoing work with an already reluctant teenager even more difficult. Although Steven sometimes acknowledged short-term difficulties in his life, he largely presented himself as being free from problems and generally voted with his feet when things got tough. The challenge of counselling was therefore multidimensional — to engage with him in a way that was seen as useful to him, to address important issues in a meaningful manner that was not too emotionally overwhelming (and potentially re-traumatising), to offer the chance for a meaningful relationship with a nonabusive adult, and to help him better identify his feelings and emotions and find alternative ways of dealing with them (even though he often denied having them in the first place). Another challenge for me was to help him to see himself in a realistic way, as a resourceful and resilient young man, capable of real change but also acknowledging areas needing improvement.

Conclusions

Although I was ultimately 'sacked' as Steven's counsellor, I do not think our termination was as 'dramatic' as many in Steven's recent and not-so-recent past. Although it appears that it was too difficult for Steven to participate in some kind of face-to-face ritual around saying goodbye and moving on, I hope that he experienced it as a means of ending a relationship in a nonchaotic, nonpunitive way that left the door open for future interactions. I also think that one of the major outcomes of this intervention, and this time in his life in general, was the experience of an extended

period of stability. Though not without hiccups and the odd drama, Steven was able to maintain his foster care and school placements for the longest time in his recent history. He was also able to be held accountable for some of his behaviours without his world crashing in.

From my perspective, I learned to think more quickly on my feet, to throw aside session plans and particular therapeutic approaches when my client indicated that they were not being helpful. I also learned to be more observant of nonverbal cues, to be slower and more deliberate in my questions, and at times to mask my growing anxiety about this young man's safety. I also learned about the limitations of a strengths-based approach when confronted by a young man with a range of seemingly obvious difficulties, who denied and minimised most of these, often compromising his safety.

Throughout counselling Steven made frequent references to the 'new' Steven that he had become. Often I interpreted this as Steven wishing for a better future, but trying to achieve this largely by ignoring and at times dissociating from the impact of his past. However, he did make some important changes in recognising and acknowledging his feelings and in his relationships with others. I can see both of these elements in Steven's dream about the white whale. To me, this dream conveyed his desire for, and emerging experience of, safety. He has to be rescued from the sea (his many difficulties) and journey to safety on this whale (a journey that he struggles to articulate and understand and perhaps would prefer just to arrive at the shore) but ultimately finds safety in a relationship with others. I hope that I, along with the other workers and carers, demonstrated that we were not overwhelmed by the difficulties of his life or his emotions. I hope he can be provided with a nonpunitive framework of safety until he is able to provide this framework for himself. This is only one part of

a long journey for Steven as he struggles to make sense of his past and integrate it into his present and future.

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'His marriage seemed based in part on a mutual need for emotional isolation.'

(Leonard Shengold (1989), *Soul Murder: The Effects of Childhood Abuse and Deprivation*, New Haven, Yale University, p. 294).

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