

# Attachment: the school counsellor's role

The knowledge and understanding of the school's therapist is vital to the emotional survival of pupils with significant attachment difficulties stemming from trauma and loss. Louise Bombèr believes we should use our professional voice confidently

**C**ameron regularly attends his therapy sessions in school. As he leaves my room and I release him into the wider world of school, my heart sinks. Who knows what will happen in between our sessions? Cameron has experienced severe neglect and witnessed domestic violence. He presents with significant insecure attachment difficulties. He doesn't value or respect himself, is mistrustful of others and does not feel at peace in the different environments he finds himself in. He is developmentally vulnerable and this can so easily be misunderstood by the school staff, who find him irritating or, worse, a threat to their teaching. His peers continue to find him amusing, as he gets wound up so easily, with break times turning into battle scenes.

*Checking my pigeonhole in the staffroom, I nervously pick up my internal memos, dreading to see his name as the header. Another warning, detention or exclusion? Staff pass me on the corridor raising their eyebrows and sighing – as if it is my sole responsibility to transform Cameron into a securely attached, calm, well-behaved pupil! Does any of this ring a bell with you?*

## The contribution we can make

In reality, Cameron needs all of us to work together, and while the part we can play as school counsellors and therapists is different to that of school staff, our roles are of equal importance. I learnt very early in my work as a school therapist that it was not appropriate for me to work in isolation within a school setting, especially when working with children at risk, in need, looked after and adopted. Nowadays, many of these children have experienced trauma and loss in their early years, and have significant attachment difficulties as a result of these experiences. The pupils we work with are part of a wider system that needs our care and attention too, in order to facilitate optimal growth.

It is my experience that schools are crying out for more information. They know only too well that they do not have sufficient resources or training in this area. School staff can often feel out of their depth when relating to the few who have significant attachment difficulties, as they

endeavour to teach large classes of 30-plus pupils. If teachers only focus on presenting behaviours, they quickly find that they feel deskilled and disempowered. This can then mean that negative attitudes set in and reflective capacity becomes impaired. As a result, unhelpful dynamics develop. Children in our care then become more at risk of exclusion and/or of developing mental health difficulties. Teachers can end up off sick with secondary stress symptoms.

As school counsellors, we have so much that we can contribute in this important area. We can help contain the anxiety that inevitably arises when relating to children such as these. We can also support school staff to reflect on what lies behind behaviour. If we can support school staff to start viewing behaviour as a means of communication of unmet needs, this can have the impact of freeing up education staff to think through helpful ways of communicating and relating to these children. Empathy needs to be our starting point.

## Advocacy and translation

School counsellors can be very significant advocates. I feel concerned when I hear that some counsellors don't always feel confident to use their 'professional' voice in the school environment – believing that they are less significant to school staff in some way. This really is not the case. We offer a different perspective and are facilitators for growth and learning – a fundamental aim in schools. We need to see ourselves as having significant roles within the school community. Therapy shouldn't be seen as an add-on, but as facilitative in supporting staff to find constructive ways of responding to this child. As therapists we become 'experts' on the child. We need to be seen as key members of planning meetings, in which we can offer the essential translation that is needed for interpreting behaviour. We can translate what atmospheres, contexts, sounds, feelings, touch and relationships might mean through an insecure lens to those interpreting the world through a secure lens and vice versa. We can also represent the voice of the insecurely attached child in a culture predominantly set up for those who have experienced 'good enough' care and parenting.

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### Case study 1: Integrative (Play therapy, TA)

#### Work with Chloe, by Deborah Forte

Chloe was born addicted to heroin. Fostered at four, when her mother overdosed and died, Chloe was malnourished and extremely quiet for someone her age. Her first foster placement lasted only eight months until her foster mother was diagnosed with a terminal illness. Chloe then moved in with Bridget, her husband and their seven-year-old son.

After two years, Bridget asked for help for Chloe, now seven. She described Chloe as clever and excelling at school, but her behaviour at home was provocative, unaffectionate, demanding and aggressive. She seemed increasingly angry, screaming at others and biting/hitting herself, and others, when ignored. Sending Chloe to her room to isolate her from family had little impact because she coloured and played with dolls. When Bridget tried talking, Chloe avoided eye contact and fiddled with anything she could, ignoring her. She also had severe eczema.

I agreed to work with Chloe but felt it beneficial to work with Bridget also. I explained that I believed Chloe had an avoidant attachment disorder. I also empathised with Bridget and shared that when children experienced attachment issues, it was difficult to find ways to reprimand behaviour without widening the gap between them. Bridget arranged to communicate with me weekly and agreed to try out some different strategies at home, including giving Chloe attention when she requested it, and not sending her to her room. Instead, when inappropriate behaviour happened, a joint activity would be done, such as laying the table for tea or washing the car.

Chloe arrived hugging a doll tightly to her chest. She

ignored Bridget when she said goodbye and shook her hand away from hers. She explored the play room visually and I explained that Bridget had said she thought Chloe might be unhappy and angry, and that she wondered if it might help to have a special place to visit. 'To play?' she asked. I explained she could play with anything she could see. She went to the drawing table and sat down with her doll still securely attached to her chest. I asked if she would like me to find a seat for her doll. She told me firmly that she was called ow-ee and was not naughty so did not need to sit by herself. Chloe drew colourful fish in minute detail grouped together; then she drew two small fish away from all the others. She coloured them with great patience and rarely went outside the lines. I told her she only had 10 minutes left and asked if she would like to tell me about her picture. 'No' was her unquestionable response – but before she left, she asked if she could come back.

Over the next few months, Chloe explored the sand tray and the dolls house, acting out family scenes of the mother who was far too busy, the mother who needed silence and the mother who grabbed her from under the sand and was trying to bury her. I simply watched with ow-ee on my knee as instructed!

One week, I asked if I could read her a story about a place where happy people were becoming really sad. She sat on the floor and patted it for me to sit beside her. I read her *The original warm fuzzy tale* by Claude Steiner and JoAnn Dick. Afterwards, she asked if Bridget was waiting for her, as she wanted to go. I asked if she'd like Bridget to stay and play next week. After whispering to ow-ee, she said that she would.

Bridget and Chloe arrived, and I said that I needed their help to make a game. Chloe drew a winding pathway that we divided into sections. Two counters were made, shaped like Chloe and Bridget and were placed at the beginning of the path. I said there needed to be something nice at the end of the path and Chloe said, 'A warm fuzzy.' I explained that this meant a really meaningful cuddle. Bridget was happy. Obstacles were drawn and written onto some of the sections. They included a 'too busy' and a 'cold prickly' (opposite to a warm fuzzy). The dice were thrown, and the two counters moved accordingly. When meeting an obstacle, a six needed to be thrown before it could be passed. Chloe reached the end first and waited for Bridget, who then asked Chloe if she would show her exactly how you gave a proper warm fuzzy.

Chloe came back for one more session. We got out her folder and looked at her original fish drawing, among others. Chloe then painted a field full of flowers and told me that flowers get their warm fuzzies from the sun. When Bridget arrived, Chloe greeted her enthusiastically and gave her the picture.

Bridget needed support to understand Chloe's behaviour but I feel sure that her persistence and patience in participation was invaluable for Chloe's movement towards a calm, eczema-free and affection-full world.

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## The power of rejection and the use of commentaries

We need to help staff prepare themselves for the possibility of rejection from pupils who have experienced trauma and loss in their early years. This may come into play in unconscious or conscious ways within their relationships with others. Rejection can be communicated in a number of ways, through both 'shut-down' and 'acting-out' behaviours. It is my experience that if staff are pre-warned, they will be more empowered to stand their ground, and not collude with the vicious circle that can so easily be set up. Many of these children have an innate sense of being on the periphery. Their interactions with us have the potential for either confirming their existing feelings about themselves or of giving them a fresh possibility of feeling valued and included. This is why our relationships with them in school are so powerful.

I have encouraged school staff to actually verbalise what seems to be going on, to disempower the effects of this possible cycle. For example: 'It's as if you are trying to push me away right now but I'm going to stick in there with you.' I have found in my experience that the use of statements such as these are incredibly powerful. They take these children by surprise and seem to have the effect of allowing there to be a possibility for inclusion in their minds. I'm not proposing that this is an easy option, but it is a dynamic we need to be so mindful of. Our relationships provide the opportunities for a new understanding to be acquired of both self and others. We are in fact giving these children the opportunity for 'second-chance learning'<sup>1</sup>.

## Promoting the role of additional attachment figures in school

As counsellors and therapists working in schools, we can sometimes forget how much we know. We are a valuable resource in the schools in which we work. Some of the principles of the theoretical framework we work from can be very helpful for school staff to underpin strategies that might be used in class. Our relationships with pupils who have experienced trauma and loss can adapt and constructively reshape these children's existing 'attachment templates' (of insecurity).

Therefore, as well as therapists, these pupils need key adults in school to be allocated to them to become what I have termed an 'additional attachment figure'<sup>2</sup>. They can then start to test out with others in the real-world context of the school what they are learning in the therapy room. These children have additional needs in terms of attachment difficulties and so need additional support – as do other children on the special needs register.

Key adults need to be teaching/learning assistants or mentors – ie someone additional to the support that most pupils receive. These key

adults need to be released to check in with and spend quality time with these children at different points throughout the day and week. The quantity of time allocated needs to be determined by the level of need. However, the rule of thumb should be that more time needs to be invested early on – reducing over a long period of time.

Insecurely attached children need opportunities to practise relative dependency as a pre-requisite to independence, whatever their age. Our emotional and social expectations of these children need to be differentiated, that is, matched up to their emotional age. Some schools are hesitant to allow staff to become close to the children in their care, being overtly anxious about creating dependencies. Our role as counsellors and therapists is to support school staff to see the significance of this.

## Integrating support

We need to be aware that many children who have experienced trauma and loss often have other additional needs apart from attachment difficulties. I have known of many cases where children are being sent off for many different types of discrete support provisions, meaning that they spend more time out of class than in it. For children with an already fragmented sense of self, this is counter-productive. As school counsellors, we need to be advocates of integrated support. A helpful rule is to expose these children to fewer adults and fewer moves around the school. They need to experience integrated support through a key adult and a secure base – both through their key adult relationship and through the provision of a consistent physical space.

## Regulating arousal levels

Most school staff are not aware that many of these children need support in learning how to regulate (manage) their arousal levels, having become dysregulated by the trauma and loss they have experienced. Unless teachers grasp this developmental vulnerability, numerous conflicts can be set up that are not productive. For example, many of these children have targets on their individual education plans such as 'to sit still during carpet time'. School staff need to know that this is not physiologically possible for long periods of time! School staff frequently tell these children to 'calm down', but many of them have never experienced calm and do not know how to soothe themselves or have access to the tools they need to become calm.

Our first priority in school must, therefore, be to support the child to get in touch with their body so that they can be self-aware. Then our next job is to give them tools to use to regulate their arousal levels so that they can be in a position to take control over their body-states and feelings. These two jobs are best worked on by the child's key worker, who can provide integrated support throughout the week. The counsellor can support



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## Case study 2: Equine-assisted therapy

### Work with Georgie, by Di Gammage

Georgie came to Sirona, an equine-assisted therapeutic centre, set in the hills of South Devon at the beginning of spring. She had been living in a small therapeutic children's home and I had been her play therapist for only a month.

Georgie was so named by her mother because she wanted a son, not a daughter. The relationship between mother and daughter was fraught with conflict. Georgie had periods of time in residential care for respite. Sometimes she settled, and became less angry with the world. She would be returned to her family home and for a time there would be calm. Then the arguing and fighting would begin again. Georgie was nine years old when she came into care this time, still on a voluntary care order. Her baby brother was just over a year old and Georgie's mother had been diagnosed with post-natal depression (although mum had suffered from depression intermittently for many years). The baby, Charlie, stayed at home with Mum and everything seemed to settle down. Georgie's mother was a single parent and neither child's father was regularly involved in their lives. Georgie's father had been a heroin addict.

Georgie's capacity and willingness to attach to anyone or anything was profoundly limited. I saw this not so much as an obstacle but as a deeply developed survival mechanism; why should she trust *anyone*? I did not know how much time we would have to work together, yet I knew this young child could not be hurried. I needed to honour her timing, even if that meant 'nothing' apparently happened in the eyes of other professionals.

In essence, before Georgie could trust me I needed to trust her. As a child-centred play therapist, trusting the child's capacity to develop is the only way to be. Heidegger said: 'An organism will naturally unconceal itself when it is safe to do so.' The need to trust other human beings is essential to our being in relationships that support our growth in every way. Georgie would 'unconceal' herself in relationship with me if and when it was safe for her to do this. I felt sure that any pressure from me for her to be any other way would be met by resistance. I needed to give this child space to be, and to see what unfolded.

The value of horses in therapy has only fairly recently begun to be acknowledged in mainstream circles. Horses are by nature herd animals; their survival is dependent upon being part of the group. They are entirely prey animals, and so, instinctively, they are always on the lookout for the next wolf. Children with insecure attachment patterns, and particularly those children who have experienced trauma, seem to know intuitively the horse's predicament – fear of external danger and the need to be in relationship. Yet for the traumatised child, therein lies a dilemma – what if the danger *prevents* you from being in relationship?

At Sirona, therapist and horse handler working in harmony allow the child and horse to find each other. The horses are a perfect medium for the child's projections – 'this is the lead mare, she takes care of all the others', 'he's the baby', 'she's like my mum, one minute she's calm, then she kicks out at that one there', 'he looks very sad/angry/calm'. Winnicott's

potential space, transitional objects, projection, embodiment (smells, sensations) and role play are all incorporated into the therapeutic approach we adopt at Sirona.

It took several weeks for Georgie to step into the round pen with 'her' pony. She clearly felt an affinity to this mare, as Ruby had experienced abandonment and cruelty in her life. Georgie's evident delight when Ruby 'joined up' with her (where the horse follows the person quite willingly, just as a devoted dog might do) gave the child confidence finally to sit upon Ruby's soft, warm, bare back. Georgie was bursting with pleasure and so were we! She practised 'invisible riding', where with eyes closed she used her thoughts and breath to will the pony to stop walking. Georgie discovered many new things about herself through her relationship with Ruby and the other ponies. She learnt that she could affect others in a very positive, caring way; she learnt that there was real mutual joy to be found in these relationships; she learnt that she could be loving. Above all, she learnt that she was lovable. She knew she could believe this, because horses do not, cannot, lie.

#### Reference

1 Cited in Sills F. (unpublished work) Primal Sympathy. c/o Karuna Institute, Devon.

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the key worker to acquire and teach these skills. The key worker can then use explicit non-verbal communication and verbal commentaries through the medium of the relationship to address this. We tend to forget that we learn sensory/emotional literacy and state regulation through the context of relationship. We do not just pick this up alone.

### Being consistent and working with change

The term 'fresh start' seems to be bandied around a lot in our schools. Fresh starts are not helpful for these children. A better word that needs to be reflected upon in school is 'consistency', or even 'constancy.' Relationships are key in adaption and recovery from trauma and loss. We need to therefore honour relationships. It's extraordinary to me that the Children's Plan<sup>3</sup> concept, of key workers moving up through the school years with their assigned pupils, should be seen as revolutionary, rather than essential. For some children, this relationship will be their first experience of any kind of constancy in their lives. It therefore needs to be fought for and protected within our schools.

We do not pay as much attention as we should to the daily and more significant transitions that are very much part of school life. For children with a secure attachment style, transitions can be difficult enough. For those with significant attachment difficulties who have experienced trauma and loss, transitions can become the breeding ground for increased anxiety. Let's support staff to realise the significance of consistency and routine. If significant changes come along, let's invest time in respecting this difficulty by encouraging staff to get alongside these children in making memory books and preparatory visits. As school counsellors, we can provide crucial advocacy work in this area.

### Shame and the importance of thinking about 'parts' of the self

School staff are not usually aware of the overwhelming toxic shame that is inherent for those who have experienced trauma and loss. These children can come into school with high levels of shame and can then be taken over the edge if we are not aware of this significant vulnerability in our naive responses and reactions to them. We need to be supporting staff to think through strategies that can be used to help children keep thinking, rather than retreating into familiar fight, flight, freeze responses. If they can be helped to continue thinking, then we will see change in their responses. If they end up using their defences against shame time and time again, then they will just become stuck. Many of these children can quickly feel 'all bad'. Many of their behaviours are fuelled by fear and panic related to this belief, and the overwhelming dread of experiencing disconnection once again.

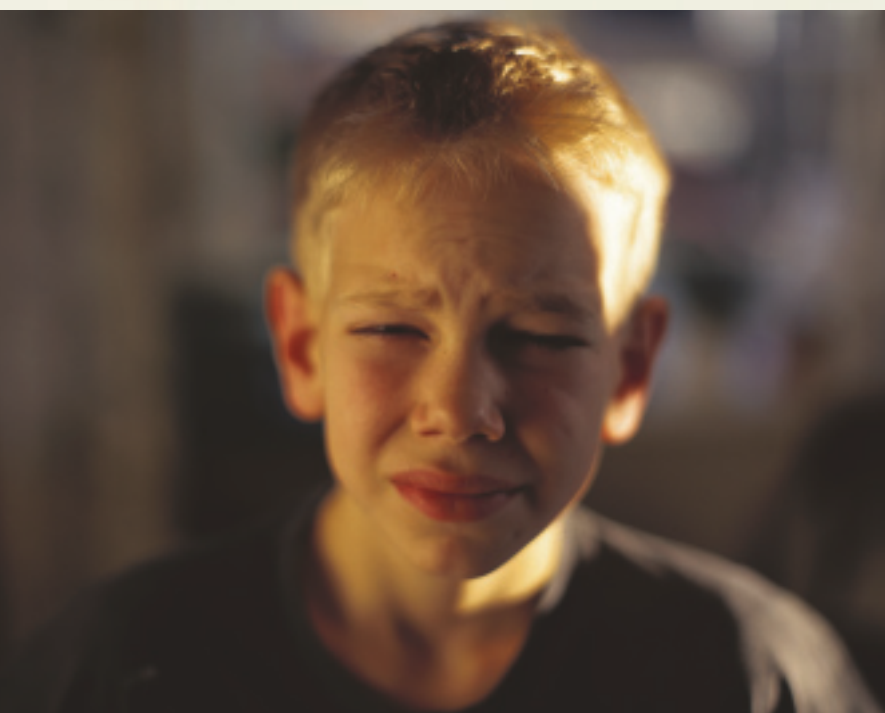
School staff need to be helped to understand this. It is difficult, if you are working day in and day out with children with attachment difficulties, to hold onto your own thinking in all of this. The introduction of 'parts' language into the classroom has proved to be very helpful. If a child who has experienced trauma and loss can be supported to be aware of all the parts that make them who they are – in effect, their strengths and difficulties – they can then be helped to own all their parts – even those that are not so healthy or appropriate. Then we can support them to be empowered to make choices over how they maximise or minimise their different parts. School staff assume, too early on, that these children can make choices concerning their behaviours. So many of these children feel as if they are being taken over by something, as they have no handle on what they are dealing with, internally or externally. They just feel extremely out of control and are scared by this. This sense of feeling disempowered can make the situation much, much worse, and behaviours can become even more frenetic as a result.

### Normalising the reality of secondary stress

Secondary stress is a reality – not only for therapists but for school staff. Unfortunately, at present, schools do not usually have a reflective capacity integrated into their existing systems. Schools are generally very good at identifying problems and coming up with action plans, but are not so good at reflecting upon and managing the powerful feelings that come up for staff as a direct result of relating to these children. Schools hold meetings at times of crisis, for example if a child is at risk of exclusion. School staff tend to be judged if there are difficulties with any of their pupils, as if their teaching style possibly isn't up to scratch.

This really concerns me. I want to see school

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JOHNIER/GETTY

### Case study 3: Transactional Analysis

#### Work with Sally, by Anthea Harding

In my work, parents contact me requesting tuition for their child, but sometimes, what unfolds is an issue far removed from the need for academic support.

I first met Jean and her two daughters seven years ago when Sally, the youngest, was three. As I got to know Mum, she talked to me about her daughters always being 'her babies', and as this was a frequently recurring theme, I grew concerned that she discussed it in front of the children. I wondered which one of them would live this script!

I started work with Sally when she was five because she was giving great cause for concern. Mum complained about Sally's lack of interest in anything academic and her refusal to take any responsibility for herself.

I worked with Sally on academic tasks but also spent a considerable amount of time with Mum explaining strategies she could use with Sally for learning and behaviour management. Each week, when I asked how things had gone, Mum said that Sally wouldn't listen to her and that encouraging her to achieve a task took such a long time! I soon realised that there was something more complex occurring between Mum and Sally so asked Mum if she would agree to some evening sessions with me.

She did and this was the story she told. During the later stages of her pregnancy with Sally, Jean's grandmother died. The two had been very close, but as there were some concerns about the safety of the baby, Jean didn't go to the funeral. She realised that because she had not said goodbye to her grandmother she had never allowed herself to grieve.

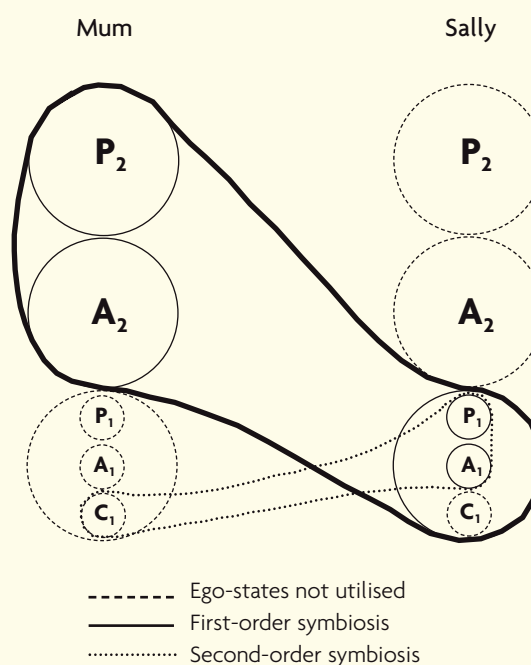
We talked about Sally's birth and the symbiosis between a mother and baby<sup>1</sup>. It is important to note that while I find this theory helpful, some TA practitioners would disagree with the concept of a healthy symbiosis. Symbiosis means 'living together' in the sense of two people being emotionally dependent on each other. Between them, the mother and baby have a full set of ego states, as the mother temporarily excludes her Child ego state. However the mother needs to remain aware of her own Child needs and find some way of getting them met. The new baby is only able to feel (Child ego state) so the mother uses her Parent and Adult ego states to think and do for both of them. In a healthy symbiosis, as the young child develops her own Adult and Parent ego states she no longer needs her mother to do her thinking for her or to care for and control her. The bond between the mother and child breaks down and the symbiosis is resolved.

What emerged in my sessions with Mum was that, after Sally's birth, she had not remained aware of her own Child needs and had shut down her Child ego

state. In order for Mum to exist, Sally needed to remain a 'baby' so that they had three ego states between them. In this situation, Sally was unable to develop her Adult and Parent ego states. There we had the answer to the dilemma: Sally couldn't learn or take responsibility for herself because she just didn't have the capacity to do so, and Mum couldn't sustain any support for Sally because she needed her to remain a baby.

I continued to work with Sally for a while but finally withdrew when I realised a *second order symbiosis* was developing and there needed to be a therapeutic intervention for Mum. By second order symbiosis, I mean that Sally realised at a psychological level that her mother's somatic child within the Child ego state was needy for physical strokes and comfort, and took up the complementary role in the second order symbiosis.

#### Second order symbiosis



The message between mother and daughter is 'I will look after you if you will look after my somatic child'. Unfortunately, Sally will remain a small dependent child if Mum can't address her own issues.

#### Reference

1 Schiff J et al. The cathexis reader: transactional analysis treatment of psychosis. New York: Harper and Row; 1975.

*Anthea Harding is a primary teacher with more than 25 years' classroom experience. She left teaching in 1996 to study full time for a degree in psychology. On gaining her degree, she started training as a Certified Transactional Analyst in the field of education and is now preparing for her qualifying exam.*