

# Unlikely Transformations

## *Kids in Prison and the Clinical Psychotherapy Interns We Train to Work with Them*

Judith Saeks Gable, MSW, LCSW



When my psychotherapy interns call me to schedule their first interview before they meet for orientation as a group, they often ask, “What can I be reading to prepare myself for this practicum?” I always hesitate. I know that anything I could give them that tells the *real* story of what they are going to come up against would make them want to run.

If I were to suggest reading material that describes who these kids are and the devastating accounts of brutality and deprivation the interns are likely to hear, they would likely feel more nervous—not less.

If I were to briefly highlight what the interns are likely to encounter, and not set enough context for how this practicum will totally transform their thinking and responses...each graduate student would show up for orientation feeling frightened and completely unprepared.

More importantly, prior assumptions kill this work.

### **Going in Open**

Here’s what I do tell the interns once we get together: “Go in there and get to know who these kids are. Don’t attempt to “do” therapy. The therapy comes later.” I tell them, “Go in with an open heart, an open mind, and full curiosity. Put your ego aside. Put your need to be a “good therapist” aside, and find out who this child-in-a-young-man’s-body-defiantly-slumped-in-the-chair-in-front-of-you really is.”

This, of course, does not help them feel more comfortable or equipped for beginning their young career as therapists. But I know it is precisely the act of not knowing ahead of time, and being willing to be open to whatever emerges, that allows the deep therapeutic transformations to happen—for the clients *and* the therapists.

## Our Clients

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Children between 11 and 18 who 1) have been placed in community expulsion schools, or 2) have had run-ins with the police and are incarcerated as a result, or 3) are returning to district high schools from juvenile hall and community schools.

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Most have been the victims of violence. This includes shootings, stabbings, and extreme physical trauma. Many have parents who are involved in gangs or drugs. Many have not had regular meals or consistent parenting.

## Unpredictability is the name of the game for this client population.



How does one prepare for work with clients who are deeply traumatized, but deal with their trauma by being ultra tough, unreachable, and protectively unattached?

Unpredictability is the name of the game for this client population, so the interns experience a parallel process in working with these kids.

The kids we work with are “juvenile delinquents.” An overwhelming majority of people thinks this term means that these children are dangerous or out of control, and must be incarcerated or isolated from the rest of society.

They have labels such as “gangster”, “criminal” or “addict.” They are said to be lazy, unmotivated, or oppositional-defiant. They are villainized and dehumanized.

And this is not just name-calling. The truth is that these kids *can indeed* be dangerous and disruptive in our communities. They are often involved in drugs, turf wars, and extreme violent behaviors.

But this is not the whole story. These kids are in survival mode. They’ve witnessed and been victim to the most heinous violent acts imaginable. Some of the stories are so outrageous people think we are making them up.

It is common for kids to tell us they have watched a family member or friend “bleed out” in front of them. At 7 or 8 years old, they have already seen people shot, stabbed, beaten or burned to death.

They sleep on the floor to avoid bullets coming through the window. They have parents or grandparents or aunts and uncles who have taken them along in the car for drive-by shootings.

Their parents may or may not be providing them consistent food or reliable shelter. Their parents may not be home when they are home. These kids watch their parents get arrested. They watch their parents get high.

They watch their mothers get repeatedly beaten by an abusive boyfriend and try to step in.

They are told they will be in the gang—they have no choice, and they are dressed in gang colors when they are in diapers. They are often hungry, and their needs *never* come first.

John Bowlby, the acclaimed guru of attachment theory, describes the dilemma these kids face: “Unattached children typically develop internal models of themselves as unworthy and unlovable. “

“The result is depression often mixed with rage and aggression. They target their anger at adults who fail to meet their need for love, and at themselves for not deserving it.”

“Angry and distrustful, they are society’s unclaimed kids; and they are forever biting the hands that didn’t feed them.”

## Building Blocks

So how does one prepare psychology interns for work with clients who are deeply traumatized, but deal with their trauma by being ultra tough, unreachable, and protectively unattached? The answer is to gradually create building blocks for the therapeutic process.

## Curiosity

The first block is setting context. In our first days of orientation, we prepare the interns to put aside their egos and fortify their own desires to learn. We reassure them that they have something important to offer these kids, but it doesn't start with theory or technique; it starts with human connection.

We also explain why going in with an initial goal of behavior change will not work.

The behaviors of these kids are borne out of deep wounds and voids in their developmental needs. Their behaviors match their life experiences, and were developed as necessary, adaptive, coping mechanisms. As such, any real and lasting change in behavior must come from each kid's internally-generated needs and desires.

But this transformation can't happen in a vacuum; it requires a significant relationship, steeped in trust, with an adult who is willing to go on a roller-coaster ride of bearing witness to trauma, and can stay open enough to see and reflect the positive human desires buried deep inside each kid.

## Being Tested

We walk the interns through the essential stages of child develop-

ment and what happens to a child when basic physical and emotional needs are not met...or violently disrupted.

We discuss the reasons why kids may initially challenge the interns, or reject their attempts to show care. We talk to them about why kids might not initially look them in the eye or answer their questions.

What is most important is that interns stay steady and consistent in their messages of caring and curiosity, but this is often not easy.

Kids may try to shock them or repulse them with details of a violent act (like beating a neighbor to a bloody pulp) as a way to test whether their caring is real, or just something contingent on what the therapist needs to hear to be comfortable.

If the intern takes the approach of either trying to minimize the act or trying to find out whether the kid has a conscience and "feels bad," the intern runs the risk of losing the kid forever.

The danger here is that the intern's fear becomes more proof for the kid's belief system—that he or she is unlovable and invaluable as a human being, and that no adult is going to be able to truly care in a real way. The "child" will retreat back into his protective armor and fail to thrive.

## Trust

Next, we talk about how trust is built. The beginnings of trust are initiated in a pre-verbal stage of child development, so interns' actions must match their words.



## Trust Requires Human Connection

*"Unattached children typically develop internal models of themselves as unworthy and unlovable. The result is depression often mixed with rage and aggression. They target their anger at adults who fail to meet their need for love, and at themselves for not deserving it. Angry and distrustful, they are society's unclaimed kids; and they are forever biting the hands that didn't feed them."*

*-John Bowlby*

We talk about concrete behaviors that interns can do to establish themselves as predictable. We tell the interns that they must set a regular time and place to meet, and they *must* show up weekly and on-time.

These kids have living, constant proof that adults will not do what they say, and so they will look for any sign that indicates that this new adult cannot be trusted.

### **Confidentiality**

We outline the rules for confidentiality (what is covered and what is not), and we stress that interns must be explicit with the kids about what is kept private and what must be reported by law.

This can be complicated, however, given the pervasive violence in these kids' lives. Throughout the internship, we talk regularly about the issues that come up and how confidentiality can be tested.

If there is a reportable event, we instruct the interns to involve the kids in that process, and whenever possible, never to go behind their backs to make a report. We tell the interns not to expect the kids to believe that they will maintain their confidence; the interns should expect to have to prove it over time.

With these kids, more consistency is always better. But what underlies this consistency is a way to demonstrate that the kids' needs come first.

This happens in nuanced ways. For example, when a vacation is coming up, we instruct the interns to give their clients a couple of

weeks' notice along with a physical calendar that shows the time off and when the next meeting will be.

Even if the kids have been reassured with ample notice and a calendar with a circled date for the next session, they are often surprised when the therapist returns after the break.

We also instruct the interns *not* to change the appointment times based on what is convenient for them as therapists. All of these actions show in a non-verbal way that the interns care about the client, and will remain steady and predictable adults.

### **You Are Important**

Here is a brief example of how one intern communicated to her client, "You are more important than anything else."

Two months into the therapy sessions, the intern's client was committed to lock-down. Lock-down means that the kid is locked in a cell, and cannot do regularly scheduled activities like group meals, school, or programs on the unit.

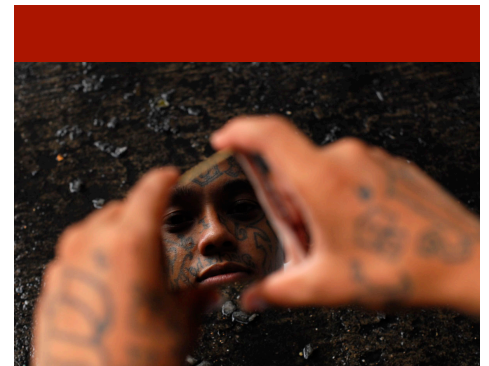
The intern asked the unit supervisors to release her client for the therapy session. The supervisors refused, and told her to come back next week.

Instead of coming back next week, the intern chose to stand in front of the door of the cell at their appointment time, and talk with her client through the door, while another kid in an adjacent cell yelled obscenities as she stood there.

She did this for 3 consecutive

weeks (with relentless verbal assaults from the kid in the adjacent cell). After 3 weeks, the probation staff finally agreed to let her see her client in a classroom.

The therapy sessions were not private as they would have been had the two been able to meet in their own room, but the therapist's actions demonstrated very clearly to her client (and everyone watching) that he was important, and significantly more important than her personal comfort.



### **Mirroring**

While prior assumptions kill the delicate nature of this work, we do ask the interns to hold the following truths of the human condition:

- 1) Every child and every human being wants to be cared about.
- 2) Every child and every human being wants to be good at something.
- 3) Every child and every human being has the innate capacity to love and grow.

- 4) There's a reason for everything that human beings do.
- 5) There are skills inherent in all human behaviors, even maladaptive ones, and
- 6) It's the therapist's job to tap into these.

Unfortunately, it's easy to get triggered by these kids and sucked into mirroring their defensive attitudes and behaviors.

These kids can engage in destructive, violent, and unhealthy behaviors, and they often walk through the world repelling people (including peers, family, and teachers) and inciting violence and attack.

### Breaking Old Mirrors

What these kids desperately need is to have a relationship with an adult who is able to see who they are and what they are capable of *beyond* their behaviors. This means the interns need to be able to explore the kids' real life experience, and not only tolerate, but *welcome* the provocative and disturbing things they hear.

The only viable starting point lives in the acceptance of the truth of what these kids have endured, and how they have reacted to what they've endured.

But this can be tricky. I counsel the interns to explore each individual's cultural norms, and to not make assumptions about what a kid may be thinking or feeling. Something that might be really scary to an intern, for

example, might be part of a kid's expected everyday experience. What's important is that the *client's* experience is held as the central focus, and it met by the intern with an attitude of openness and curiosity.

It is the act of "coming over to their side" first, that allows kids to feel seen, and to begin to entertain that there might be something to gain in the therapeutic process. And it's mandatory that the therapist understand and validate the kids' reality first.

### Reflection

In addition to exploring what it's really like for each client, we ask the interns to identify and speak to each client's qualities and strengths.

If you poll these kids about what they like about themselves and what they are good at, most of them won't be able to tell you. These kids have never had their positive character traits reflected back to them.

So, for instance, when a young man is talking about his gang involvement, and how he has risen in the ranks---the intern might engage him in a discussion

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about the ways he has shown leadership.

The intern might also reflect back to his client aspects of his character, like his deep commitment to protecting the people he cares about, his ability to be loyal to others, and his determination to follow through on promises he makes.

The kids are often surprised to hear that the interns do not negatively judge their behavior but instead, see the capable, resourceful, caring human being underneath.

Throughout the therapy, the kids get to see themselves in a more complex and complete way. They come to understand that their prior behaviors and choices are deeply rooted in what they've been taught, and in the ways they've had to protect themselves to survive.

They begin to notice their own emerging qualities and strengths and feel proud of themselves. This is the power of a new mirror, and an adult who can attune.





*"The safe and supportive environment my supervisor created allowed me to feel comfortable being entirely vulnerable which led to very deep learning and growth."*

*-Intern*

We have to help the interns deal with their feelings.  
We can't just ask them to push these aside.

### **I Have Feelings Too**

But this new attuned adult has feelings too. As supervisors, we must attend to what happens when interns react to what they are hearing and experiencing as they sit with these kids.

This therapy is not just about listening; it's about being in relationship. And if the interns allow themselves to be in relationship with these kids, they are going to be affected by them.

Some of this reactive experience is directly related to what goes on between the intern and the client, the testing that clients do, and the horrific stories the interns hear. Some of it is related to the interns' own personal history, and how the interns themselves get triggered by what the kids bring into the room.

We have to address these feelings—feelings of fear, repulsion, anger, outrage, anguish, helplessness and overwhelming sadness, and help the interns process what to do with them. We can't just ask them to push those feelings aside. These feelings are important because they inform the therapist's theoretical understanding of what is actually taking place for the client.

Everything we do is in service to our clients, so we identify and work with the interns' feelings to help the interns respond in ways that facilitate client insight and change.

### **The Meaning of Stories**

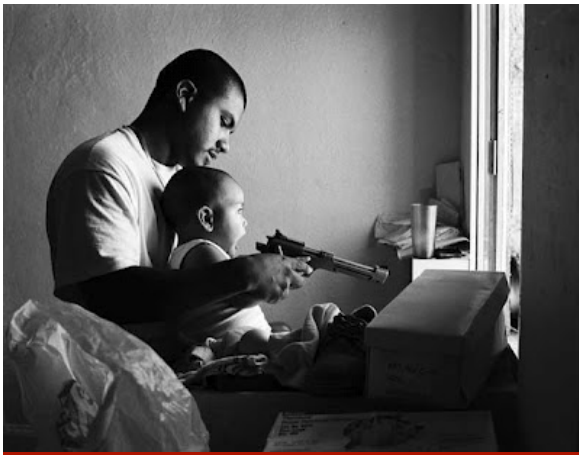
As an example, one intern found himself listening to a story where his client recounted how he and his homies ordered up a pizza. When the delivery boy arrived, they grabbed him, dragged him up the stairs and hung him by his arms out a three-story window.

The intern immediately thought, "That pizza delivery boy could have been one of my own children." He found himself scared, angry, appalled and outraged.

He knew he had to find a way to respond to his client that was authentic yet not rejecting. He had no idea what that might look like, so he sat there, stunned, and continued to listen. He called me immediately after the session.

In supervision, I validated the intern's experience as an assault (a vicarious one), and we talked about how difficult it is to feel compassionate towards someone who has the capacity to hurt you or someone you love.

As a supervisor, it is important that I make room for the interns' feelings, while also helping them develop a therapeutic stance. In this case, I talked with him about the notion of "identification with the aggressor", which is a way that a trauma victim unconsciously avoids further feelings of victimization and powerlessness by *becoming* the aggressor.



He could suddenly see that his client was illuminating themes of power and powerlessness, fear and aggression, empathy and protection--that were pervasive in this kid's life.

I met the intern where he was and gave him an expanded context.

### A Wider Lens

Together, we reviewed this client's childhood history of sustained abuse by various adults in his life. This history included a story of coming home in tears after having been beaten up by a kid at school, to be met by an uncle who called him a "sissy." The uncle then took the child outside and beat him further to teach him that he needed to "fight back."

After taking time to see the client in the larger context of his history, the intern began to see his client's humanness. His client was no longer just a sadistic monster in a pizza delivery story; he was a kid who had endured incredible violence and adversity, and had adopted some unseemly behaviors in response.

The intern began to soften and feel reconnected to his client. This allowed him to remember that it was his client who convinced the other kids to pull the delivery boy back in the house and let him go. He then recalled times that his client had talked about making efforts to protect his younger siblings from beatings at home.

Through this more complete way of looking at his client, the intern was ready to consider the nuances of what his client was trying to convey when he told him this brutal story.

He could suddenly see that his client was illuminating themes of power and powerlessness, fear and aggression, empathy and protection that were pervasive in

this kid's life. The intern's deepened understanding provided a new direction for the therapy. It also offered a forum for talking about how to proceed in a way that honored the delicate nature of this work.

### The Parallel Process

What I've described here is a parallel process—for the intern therapist and the client. I needed to let the intern express the full range of his feelings and validate them. I saw his humanness (his revulsion, his anger, his outrage).

I met the intern where he was (afraid, repulsed, angry, wanting to distance from the vileness of what he saw), and gave him an expanded context that helped him tap into a larger version of himself (which included his empathy and compassion).

I took him through a process that allowed him to see himself in a multi-faceted way, and showed him how this very process of exploration would be exactly what he needed to do with his client.

It's normal for human beings to respond to dangerous or frightening stimuli by either fleeing, fighting or freezing. These three reactions are natural human responses. They happen to our clients, and they happen to us as therapists when our clients present disturbing and scary content.

These responses are certainly protective in nature, but they often prevent real growth.

As a supervisor, it's my job to help the interns transcend those responses and move toward the client (and the content). My goal is to open up a different way of listening and a different way of processing the information, so they are no longer limited to their primitive, instinctual responses of fight, flight or freeze.

### **Safety First**

In order to do this, I have to create a safe environment for my interns, just as they have to do for their clients. This means that even though I am their supervisor (who will be evaluating them), they need to sense that my main objective is to support their growth as young professionals.

They need to know that they can talk to me honestly without fear of judgment. They need to have an authentic sense that I have their best interests in mind, and that I believe they have something valuable to offer their clients, even this early in the game.

The lesson here is that in order to be good therapists, the "negative" feelings they might have at any given time about a client or a client's story, are equally important as the positive feelings they are having. I encourage them to talk about not just what upsets them about their clients, but what upsets them about themselves as new therapists.

We talk about "mistakes" they think they've made, and the opportunities for transformation that mistakes actually provide. We discuss how difficult it is to "not know", and to not feel "good enough," and how this job and their role as therapy interns requires

them to be so vulnerable with me in supervision.

And of course, we talk about the positive feelings they are having towards their clients as well. I need to show the interns that important work happens when we explore, understand, and embrace "the muck" of being human.

This is not therapy for the intern, however. We are only talking about these things as they relate to the work the interns are doing with their clients. Although there is a personal element, it is personal within the professional realm of training the interns to become competent therapists.

The interns must ultimately grasp that the most significant learning and growth happens through safe and trusting relationships, where one has the opportunity to explore and integrate the various parts of themselves while being seen as a whole human being.

### **Do I Have to Say No?**

One of the common challenges of intern supervision is also helping the interns manage the desire to do more than their role allows.

When the interns dare to connect to these kids and open their hearts to them, they may be overwhelmed by the deep well of unmet needs that these kids present.

The kids we work with are living in significant deprivation. This emotional and physical deprivation exists alongside daily violence and chaos.

The interns cannot help but be incredibly moved by their clients'



Most of these kids accept that they will be continually attacked.



## Maintaining boundaries is therapeutically important when working with kids who have been consistently let down by adults.



*"Counseling was very helpful to me because I don't really trust people. So having a counselor helped me talk out my problems so I wouldn't have to hold everything in."*

*-Client*

childhood loss, which further stimulates an already existing impulse to help. Still, it's always better to go in with tighter boundaries than looser boundaries.

If interns offer too much and can't sustain what they offer, they are effectively taking something away from their clients, and repeating the experience that adults don't follow through and can't be trusted.

For instance, an intern might be tempted to give out her cell phone number and say, "You can call me if there's a crisis." This might work wonderfully the first couple of times the client calls.

But when the intern doesn't answer (she left her phone in the car, she is putting her kid to bed, she is having a fight with her partner), the client suddenly wonders what happened. Does the intern no longer like him? Is he no longer important? Did he do something wrong?

This rupture in reliability will become a painful event that replicates the client's lifelong experience that adults don't care, and adults don't show up when they say they will.

It is very tempting to want to jump in and try to fill all of these kids' needs. This impulse is a beautiful human response, but it's something that interns need to watch out for in order to serve the *actual* well-being of their clients.

Appropriate boundaries are important to establish (and then maintain), so that the clients can have a consistent experience of a trustworthy adult who says, "I care enough about you to not make promises that I can't fulfill."

### **Compassionate Witness**

In the face of such deprivation, it may be hard to believe that the most essential component for being a change agent begins with being a compassionate witness.

When kids can start to make the connection between their life experiences, their feelings, and their behaviors, they are on the road to being able to make choices that help them get more of what they need in the world. And when they are getting more of what they need in the world, everybody wins.

Being a compassionate witness offers a rare gift for these kids. Without any adult to help them see the paradoxes of their situations, express their struggles, understand their feelings, identify their strengths, or become aware of their choices, there's never been an opportunity for these kids to get to know themselves.

For any person, it's impossible to make conscious choices about your relationships and your future when you don't know who you are, why you do what you do, what you're thinking, and how you're feeling.

Furthermore, as a young adult (or a kid), having people simply tell you what to do doesn't offer the underlying self-knowledge that we know is the real driver of lasting behavior and change. Growth has to come from the inside out.

### The Formation of Change

The work here, however, represents a dichotomy. Therapists have to go way back to early childhood where a basic trust and sense of safety in the world are formed, to attempt to fill in some of the holes in the foundation of their clients' development.

At the same time, these kids are teenagers, who are actively embroiled in the developmental tasks of adolescence (including identity formation, separation & individuation, and development of values).

It is a two-pronged job. And it means that these kids need the opportunity to unpack their material and explore who they are (and what they feel) in an environment of safety, curiosity and acceptance.

Interns provide an essential container for this delicate work, and a relationship with the necessary breadth of compassion-compassion that none of these kids can generate themselves because: 1) they have never had their soft, human sides reflected back to them, and 2) they often don't behave in ways that elicit this from the outside world.

### Subtleties of Change

In this work, growth and change show up in subtle ways.

Results often show up as a growing positive sense of self, which eventually manifests itself in behavior. This takes time and patience, and it happens in small increments.

Results are evident in small shifts like eye-contact with the therapist, the ability to receive correction in class without feeling attacked, or budding expectations to be met with kindness and respect.

Clients may still be doing things that are "bad" (fighting, smoking weed, not doing their school work), so to the outside world, it looks as though they haven't changed. But the internal shifts happening under the surface may be dramatic.

It's crucial for the therapist to identify, reflect back, and celebrate these underground changes. These kids need to be assured that something is happening, that they are appreciated for the work that they are doing, and that it matters. Often, the therapists see these shifts before anyone else does-- even the client.

Through exploring with clients how their experience in the world is changing, and what it feels like

at an *experiential* level, the intern therapists reinforce the growth. But it's important not to lead the client to a pre-determined outcome.

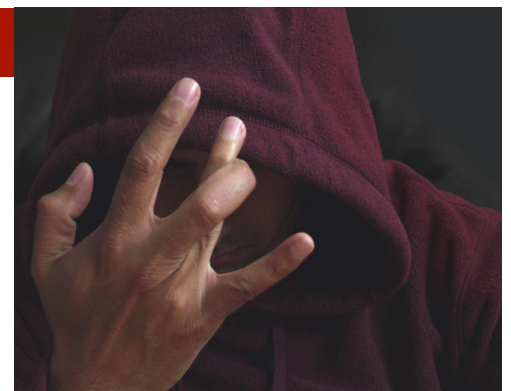
The intern might say, for example, "Wow, it sounds like this time you asked your teacher for help, whereas before, you might've shut your book and walked out of class because you were so frustrated. What was that like for you? Did it feel better? Worse? What was it like?"

By exploring the experience, we help clients connect to themselves and come to their own conclusions about what works for them and what doesn't, and how they want to proceed. It doesn't matter what it looks like to us, the experience has to feel better to them. Each little shift builds the necessary foundation.

### A Final Example

Theresa's mom had recently overdosed on heroin. Her dad had a second family in Texas, so she was living in her fifth foster home when she was arrested and taken to juvenile hall after she pulled a knife on a teacher at school. In juvenile hall, Theresa continually provoked teachers and peers with "f-you" and "I'll kick your ass."

It's impossible to make conscious choices about your future when you don't know who you are, why you do what you do, what you're thinking, and how you're feeling.





It's crucial for the therapist to identify, reflect back and celebrate these underground changes. These kids need to be assured that something is happening. They need to hear that they are appreciated for the work they are doing, and that it matters.

## In therapy, the intern never judged Theresa or this relationship.

In therapy, Theresa only wanted to talk about her boyfriend. She was terrified that he would leave her while she was in juvenile hall. At the same time, she cavalierly talked about the ways the boyfriend kept her from her family and friends, and punched her when she tried to assert herself.

The intern never judged Theresa or this relationship. Instead, this therapist helped her explore her feelings and her experiences in this and other relationships.

Theresa pushed and pulled the therapist, continually testing whether the intern actually cared about her. She refused appointments, told stories of her fights on the unit, and defiantly showed the therapist tattoos she'd scratched into her arms in her cell. She told the therapist to "f-off" more than once.

The intern honored Theresa's struggles, and continued to come back week after week, curious and compassionate. Eventually, Theresa was able to talk about the pain of a lifetime of feeling unworthy and unlovable.

With her body shifting in her chair, and her foot tapping anxiously, she shared her growing wish to have a boyfriend who would treat her well. She shared her fears that her little sister was making the same mistakes she had, and how she wished she could do something to stop it.

She talked about wanting to do better in school, and maybe even become a nurse. She cried.

The therapist helped Theresa bring forth the softer parts of herself she kept hidden, pointing out the ways in which Theresa cared deeply for other people.

In the safety of their relationship, Theresa began to blossom. She started trusting a teacher she said was "cool", and shared the poetry she'd written with that teacher. She smiled when she talked about working in the school garden with the volunteer who came each week.

With a growing sense that people could actually care about her, and a budding ability to see herself as someone valuable, she began to question her relationship with her boyfriend and made moves to disengage from him.

Significant growth rarely moves in straight lines, so Theresa broke up and got back together with the boyfriend 3 times during her time of being incarcerated.

But, by April, she was done with him, and made a promise to herself to stay away from guys for awhile, build her self confidence, earn more school credits, and show her sister a different path.

Theresa's story is not a story of radical behavioral change. She still occasionally picked fights with girls who disrespected her, and dropped the f-bomb with teachers she didn't like.



Each of these therapists has found a way to have a profound impact on the lives of these kids. And in so doing, each therapist has been forever touched.

However, the shifts that Theresa was able to make in the short time she was in therapy, had a deep impact on the foundation of her sense of self. Her experience in therapy showed her a glimpse of the positive experiences she could start to expect from the world.

### **Just Walk Away If**

Theresa's story illustrates how working with incarcerated youth takes more than just a simple desire to help. It requires a context for understanding what has happened in these kids' lives and why they do the things they do.

It requires a solid sense of curiosity, a willingness to be tested again and again, an ability to put the ego aside, and a specific set of therapeutic skills that can be modeled and taught.

For this reason, I offer the following advice to anyone who says they are interested in "helping" incarcerated youth:

- If you believe these kids are monsters...
- If you think you can take a kid who has never felt loved, who has had to fend for himself since he was tiny, and expect him to trust you just because you want to help...
- If you think that you can demand that he listen to your agenda about what's good for him, and go on faith that what you're saying has any relevance to his life...

- If you think you can bribe or punish him to pay attention in class when all he's thinking about is avoiding bullets...  
Please just walk away.

These kids need adults who can rise above their own needs.

They need adults who can meet them where they are, honor their open wounds, and consistently shine a light on the beauty and innocence that lies beneath their protective armor.

In my 18 years as Clinical Supervisor at Acknowledge Alliance (formerly the Cleo Eulau Center), I've had the pleasure of training nearly 170 psychotherapy interns who have provided therapy to approximately 2000 incarcerated and high risk teens.

Each of these budding therapists has found a way to have a profound impact on the lives of these kids. And in so doing, each therapist has been forever touched.



#### *About the Author:*

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