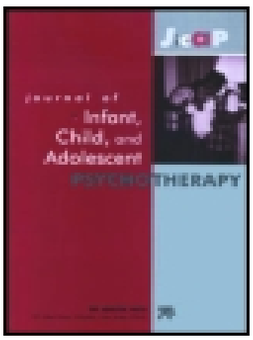

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In the Nest: Case Studies from the School-Based Mental Health Collaboration

Nancy Eppler-Wolff, PhD, Jessica Albertson, PhD, Siân Martin, MSEd, and Lily Infante, MA

ABSTRACT

This paper illustrates the workings of a novel school-based mental health intervention through two case studies. The School-Based Mental Health Collaboration (SBMHC) is a partnership between Teachers College, Columbia University and underserved public schools. The program places graduate students in classrooms one half-day per week for the school year. Graduate students work clinically with children and teachers toward improving children's classroom behaviors, addressing the teacher's style in behavioral management, and developing a cohesive school-wide social and emotional framework. These multiple goals are addressed through the lens of psychodynamic theory, attachment, and mentalization theories. This is a multi-level intervention in which SBMHC clinicians work with all stakeholders as they are integrated into the school community. Key to the success of the program, the SBMHC model makes use of "nested mentalization" in which supervisory staff create a supportive and reflective environment for the graduate students that promotes their growth as clinicians and their abilities for self-reflection. As graduate students grow in these capacities, they learn to engender a similar environment for all key players in the school, leaving them better equipped to work with teachers, students, and families within complex and demanding settings.

Introduction

The School-Based Mental Health Collaboration (SBMHC) is one of several recent initiatives that merges theory, research, and practice on attachment and mentalization into a novel model of school and community mental health service. Programs such as *Minding the Baby® (2016)* and *Building Blocks* (2016) have been described elsewhere in this Journal. Drawing from these models, SBMHC addresses the social and emotional learning (SEL) and mental health needs of students and school stakeholders using the concept of nested mentalization (Jurist, 2005; Silber, 2015; Slade et al., 2017) to intervene on many different levels (individual, classroom, school, community) simultaneously. By operating in this way, SBMHC is able to focus on children universally to provide preventative as well as treatment services.

As a school-based intervention program, SBMHC also offers a unique training program for psychology graduate students, who serve as *mental health guides and partners* (called clinical classroom consultants, or CCs). As CCs, graduate students work closely with the teacher to help shift the classroom culture through the implementation of an integrated social-emotional curriculum that promotes prosocial and self-regulatory behaviors. The CC also works with children individually (classroom push-in) to decrease students' off-task behavior, externalizing behaviors, or other issues

CONTACT Nancy Eppler-Wolff nje12@tc.columbia.edu 107 West 86th Street Suite 1A, New York, NY 10024.

Dr. Nancy Eppler-Wolff is the Director of SBMHC and adjunct associate professor in Clinical Psychology at Teachers College, Columbia University, where she teaches child/adolescent psychotherapy. She is also a licensed clinical psychologist and psychoanalyst in private practice in New York City.

Dr. Jessica Albertson is the supervising psychologist at SBMHC, and a licensed clinical psychologist in private practice in New York City. Siân Martin is a mental health counselor at Association to Benefit Children, a community mental health center in New York City. Lily Infante is a middle school counselor at the International School of Brooklyn.

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that arise in the classroom. When push-in interventions prove insufficient, the CC helps to identify those students with pronounced mental health needs that require off-site intervention. For these students, the CC conducts a developmental assessment with the family in order to set a treatment plan in place, which is continually monitored and evaluated by the family, outside therapist, and teacher. In addition, as a program, SBMHC provides a variety of resources for the school community; on-going workshops for teachers, parents, and paraprofessionals, in addition to a range of therapeutic interventions (at the classroom and whole-school levels). These services are intended to shift the social and emotional climate in high-need schools (Eppler-Wolff et al., 2018).

This paper will describe how SBMHC applies mentalization theory – focusing on the process of nested mentalization – through two case study reports. The first case study will describe Marie,[1] a second-grade girl, and the second will describe Ms. Henry, a fourth-grade teacher. Both of these individuals have experienced much deprivation and loss, with reverberating effects on their relationships and overall functioning. In the case of seven-year-old Marie, early attachment ruptures have resulted in academic and self-regulation difficulties that have impeded her ability to trust and form healthy relationships with new people. Ms. Henry, following a traumatic and impoverished upbringing, has experienced difficulty being a consistent attachment figure for her students, often finding it hard to "hear her students' points of view."

Theoretical underpinnings

While SBMHC's program is grounded in attachment theory (Bowlby, 1988), it is important to note that like other programs, such as *Building Blocks* (Cohen et al., 2016), we do not formally measure teachers' or students' attachment styles. As such, we infer insecure attachment style through careful analyses of multi-generational histories of trauma and neglect that are consistent with what we know to be precursors to insecure attachment (Bailey et al., 2007; Cole & Putnam, 1992; Kennedy & Kennedy, 2004). Careful clinical observation of teachers and children corroborate evidence of such insecure attachment.

Insecure attachment styles (disorganized attachment, in particular), are typically associated with high-risk home environments such as poverty and high stress (Main & Solomon, 1990), and have been found to be relatively stable over development (Waters et al., 2000). Furthermore, as development proceeds, children with insecure attachment styles (when combined with other risk factors) are at greater risk of behavioral issues (Jacobsen & Hofmann, 1997), as well as poor school achievement (Kennedy & Kennedy, 2004). Pianta and Steinberg (1992) have suggested that a secure relationship with the classroom teacher that is comprised of a positive, safe, and nurturing teacher-child relationship, is related to better school outcomes. Geddes (2006) identifies a "learning triangle" (p. 4), a pattern based on specific attachment characteristics, that defines the relationship among the teacher, student, and learning task, and from which classroom interventions can be based.

Kennedy and Kennedy (2004) also suggest that teacher-student attachment quality may be the single most important predictor for school success, especially for at-risk children, as a secure attachment between teacher and student may create an opportunity for the student to experience a sense of safety that facilitates taking positive risks, promotes engagement in the classroom, and ultimately leads to higher achievement.

Such an understanding of the importance of student-teacher relationships paves the way for interventions focused on increasing mentalization. Fonagy and Target (1997, 2006) emphasize the link between attachment and mentalization, as the ability to mentalize is developmentally rooted in attachment relationships where children experience their mental states and intentions reflected upon by a caregiver, allowing for the development of a growing understanding of their own and others' internal experiences. Allen (2013) and others have expanded this idea beyond the earliest caregiver relationships with the notion that mentalization begets mentalization. That is, only by first experiencing one's mind reflected by an other (whether the caregiver or not) can a person begin to make sense of his own and others' minds (i.e., to mentalize). This premise is central to theory of nested

mentalization and guides SBMHC's approach of prioritizing relationships (with children, teachers, and school leaders) as a key focus of the work.

The program model

SBMHC services are designed to improve the teacher-child relationship through strengthening mentalization skills. It is well known that school counseling interventions often focus on changing a specific behavior (i.e., off-task behavior, "externalizing," etc.). While CCs are trained to intervene with individual students on a behavioral level when necessary, these interventions are made within a theoretical framework intended to promote exploration and understanding about the behavior with an open, curious attitude (i.e., with a mentalizing stance). Notably, clinicians have developed strategies for using a mentalizing stance in clinical work with parents and children (Busch, 2008; Verheugt-Pleiter et al., 2008) that can be applied to a classroom setting. For example, Malberg (2015) lists eight essential components of a therapeutic mentalizing stance appropriate for a classroom context: (1) Keep a developmental focus, (2) pay attention to nonverbal cues, (3) lower arousal levels, (4) identify impasses, (5) stay in the here-and-now, (6) use authentic curiosity, (7) be honest about one's mistakes, and (8) use a stance of active wondering – not all-knowing. Using these principles, CCs are taught that interventions need not be exclusively "behavioral" or otherwise, but that nearly all interventions can promote mentalization development if applied from a mentalizing stance.

The CC's role in the classroom is multifaceted and focused on strengthening teacher and student mentalizing capacity in several ways.[2] First, the CC meets in weekly sessions with the classroom teacher to improve his/her reflective functioning capacity as it pertains to the students in the class. In these meetings,[3] CCs use authentic curiosity and a stance of active wondering about not only the students' experiences in the classroom, but importantly, the teachers' experiences as well.[4] Second, the CC works with the teacher and the students while co-teaching the weekly SEL curriculum to integrate key CASEL[5] (https://casel.org) concepts into the classroom culture, and to promote self-reflection for the teacher and the children. That is, SEL curriculum is not only taught (specific curriculum choice is left to the school), but CCs work with teachers to apply the SEL lessons throughout the day and to integrate SEL topics into academic subjects (i.e., a CC might model for a teacher that during a tough math lesson, the class could return to what they had discussed during SEL about managing frustration). Finally, the CC intervenes directly with the children in the classroom to decrease behavioral (externalizing or internalizing) issues.[6] These interventions are aimed at increasing both self-regulation and self-reflection for the child, while also serving as a model for the teacher. Though, at times, the interventions are behavioral (i.e., practicing deep breathing), they are reflected upon in the here-and-now with the goal of better understanding the child and his/her mind within the context of the classroom and school. Whether teaching a skill, or using a countdown to calm, the lens of mentalization theory shifts the focus from *exclusively* stopping a particular behavior toward also understanding *why* it occurred in the first place (Slade, 2018). Thus, with such a stance, CCs work to strengthen child and adult mentalization skills, even as they may employ other types of interventions.

In addition to weekly meetings with the CCs, teachers and administrators are also given the opportunity to reflect on their experiences in teacher workshops, and over time they learn to effectively integrate social and emotional learning concepts into the classroom culture. School staff is also encouraged to co-create school-wide initiatives and projects that span grades (i.e., peer mentoring groups, "kindness walls," etc.),[7] with the idea that a reflective community can be built and reinforced on every level.

Our ultimate aim is to help children better understand their own minds, increasing their self-awareness and becoming more thoughtful about self-control, thereby allowing them to better allocate their internal resources toward successful school functioning. We do this, in part, by helping the teachers, school leaders and other school staff to understand their own minds as well as better mentalize their students. This process works simultaneously because as noted by Fonagy et al. (1998), mentalization encompasses both self-reflective and interpersonal aspects. That is, when one

becomes more reflective, he/she becomes more open to his/her own emotional experience and can make sense of that experience in a non-defensive way. At the same time, the more reflective person begins to make an effort to see that the other's behavior is motivated by internal mental states and related to development. Thus, Fonagy and colleagues suggest that with higher reflective functioning we become able to better regulate both our own affect and to function more effectively in the social world. SBMHC thus does not focus exclusively on increasing reflective functioning in either students or teachers, but rather on increasing these skills at every level.

At SBMHC, the teachers learn to better hold their students' "minds in mind" as their CC holds theirs. Likewise, the CC is held by the supervisory team. That is to say, these mentalizing interventions within the classroom are embedded within an overall frame of nested mentalization (Jurist, 2005; Silber, 2015; Slade et al., 2017). Lynn Silber (2015) poignantly describes her personal reactions about this concept as it was discussed during a 2014 Conference. She writes:

> The concept of nested mentalization privileges relationships both internal and external. It involves a valuing and holding of the attachment system that surrounds the child … Mentalization provided an umbrella concept to hold the multiple aspects affecting children from the consulting room, clinic [and] school … As Arietta Slade said at the start of the day to be mentalized is to "feel accompanied", to feel that someone is getting us, is attuned. (pp. 340–342)

As Silber, Slade and others have described, nested mentalization is an exceptionally powerful clinical process as it has been applied to various interventions, including psychotherapy. Slade's model acknowledges the inherent challenges in working with underserved populations, and appreciates that multiple levels of support are needed to facilitate effective treatment with the most disadvantaged individuals. The Building Blocks program (Cohen et al., 2016) expands Slade's framework, and uses attachment-based interventions with high-risk families who are either in the foster care system or at risk of becoming part of this system. To address the trauma and multiple hardships of these families, Cohen creates a "nest" in which the clinician holds the parent, who in turn is held by the Building Blocks supervisory team. In their model, the Building Blocks team also aims to collaborate closely with the clinic setting and the larger systems of Administration for Children's Services (ACS), foster care, and the family court. Crucially, these programs situate the nest within the frame of reflective supervision. In such a supervision, the supervisory team imparts not only knowledge of "how to" (teach, intervene, conceptualize), but also an emotional holding environment for the trainees as intense, and often primitive, feelings come up when working with troubled children and families in high-needs systems (Tomlin et al., 2014).

Following these principles, we have adapted and extended Slade et al. (2017) and Cohen et al.'s (2016) nested mentalization concepts to apply to the public school system. We use a mentalizing framework to better understand the attachment context for the child (student) by working toward increasing the reflective functioning capacity of teachers and parents alike so that they can move "flexibly and coherently [to] access the emotions and memories relevant to their own early attachment experiences [in order] to provide a secure base for their child [or student]" (Slade et al., 2005, p. 286). That is, within the safety of the nest, we are able to step in and out of enactments, work through conflict, and often come to terms with difficult transferential and countertransferential feelings. Through these experiences, we can ultimately expand our abilities to mentalize – to keep the other's mind in mind while helping teachers and school stakeholders to do the same.

Figure 1 depicts the SBMHC nested mentalization framework. SBMHC programming specifically focuses on creating a school nest consisting of supervisors, CCs, school stakeholders, and the child, with the child ultimately sitting at the center of the SBMHC nest. As described above, the SBMHC model begins with careful selection and training of graduate students in psychology. CC training begins with a hybrid (on-line and in-person) course entitled, "*The Application of Attachment and Mentalization Theories to Work with Children in Schools.*" Then using the *Clinical Consultant Guidebook (*Eppler-Wolff et al., 2020), trainees participate in a full-day training seminar during the summer preceding their placement in the school. Weekly group reflective supervision commences one

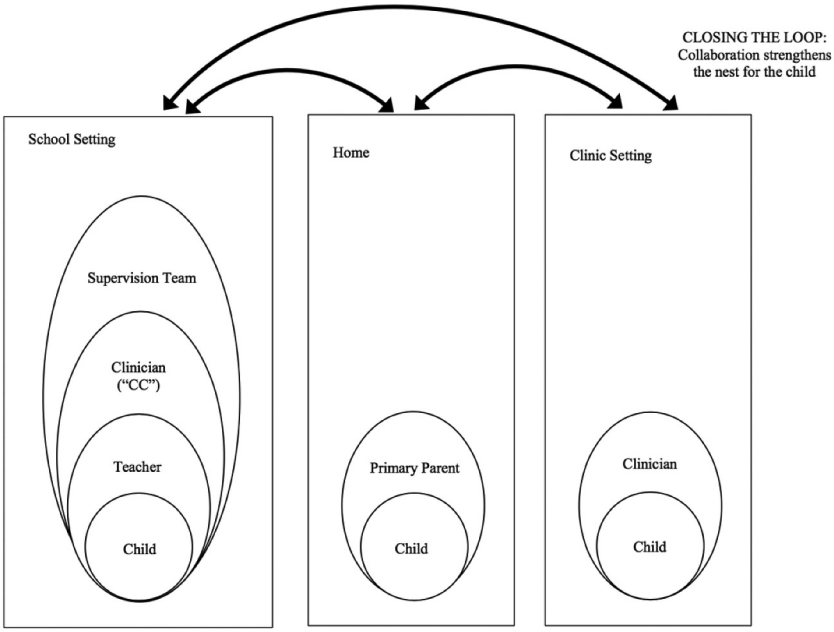

Figure 1. SBMHC nested mentalization.

week before school placement, and continues throughout the school year. This supervisory group becomes the space for the training cohort in which thoughts, feelings, successes, and failures can be safely explored. Within supervision, painful or uncomfortable affects, thoughts, and experiences become more manageable as supervisors help CCs to understand them as mental states contextualized within relationships/developmental phases and subject to change over time. For example, in the case of Ms. Henry below, the graduate student CC reveals her initial hurt and embarrassment in supervision after her first interaction with the classroom teacher. Once named, these feelings are able to be understood, normalized, and tolerated because of the holding nest of the group supervision. Moreover, weekly individual supervision also adds to the holding experience, and there are frequent in-vivo visits in which supervisors work alongside the trainee in the classroom, sharing their reactions and observations and modeling techniques for the trainee. For example, a supervisor might join a weekly meeting to model these techniques by gently discussing the lesson, and wondering with the CC and the teacher – in a curious and nonjudgmental way – about the contribution and meanings of specific students' behaviors. Through these supervisions, CCs are given the tools to work individually with teachers in their weekly meetings, and CCs can apply the SBMHC interventions in a way that promotes self-understanding for the children and the teachers. In the individual supervision session these concepts and techniques are further expanded. For example, the supervisor might explore with the CC what it was like to have the supervisor in the classroom, or how he/she understood a statement made by the teacher. Such training and supervision form the foundation of the holding environment for the clinician-in-training. Thus, an important part of the SBMHC model, is that the nest serves not only the students and teachers, but crucially, also the graduate student CCs. We know that psychology graduate students who are interested in working with underserved populations benefit from being immersed in the system while being sustained by experienced mentors and supervisors who can help them to mentalize their experiences. In their discussion of parental reflective functioning, Grienenberger et al. (2005) suggest that parental reflective functioning serves as a buffer to breakdowns in affect regulation in times of child distress. The parent's capacity to mentalize leads to the child's felt security in the relationship, which allows the dysregulation to be tolerated, and to become more predictable and understandable over time. Likewise, as graduate student CCs are

immersed in what often feels like a chaotic or overwhelming environment, the supervisory staff helps the CCs mentalize their experience, which allows them to begin to use their feelings and experiences to inform their work with teachers and students and in turn mentalize for those in the school. Thus, the nest gives graduate students the opportunity to fall into the inevitable enactments played out by, and among, school leaders, teachers, parents, and children and to emerge with greater self-awareness and the ability to handle difficult clinical situations. Both clinicians-in-training as well as school stakeholders develop as they can better tolerate the strong emotions that are inevitably tapped by these difficult clinical experiences.

In addition to depicting the SBMHC nest with the supervisory team, teachers, and students, our model also illustrates that the child is at the center of *multiple nests*. At SBMHC, we recognize that the child is part of several concurrent and intersecting nests – including the child's family and, when needed, the child's relationship with the outside (community) clinician. We work to foster strong connections among all of these systems to begin to address the endemic and multi-generational mental health issues affecting our schoolchildren. Of note, Figure 1 depicts a double-sided arrow connecting the *SBMHC* and *outside clinician* systems in order to illustrate SBMHC's relationship with community clinicians. SBMHC clinicians and outside clinicians coordinate closely to support the child in the classroom and at home, maximizing each of our perspectives with the child and family. Ultimately, the communication represented by the double-sided arrow strengthens each nest's ability to hold the child and family. We refer to this function of SBMHC as "closing the loop" between home and school.

This paper will focus on two cases reported by two talented SBMHC CCs in an attempt to illuminate how the intervention works on multiple levels. In particular, the cases illustrate how the SBMHC supervisory staff work to hold and mentalize for the CC in a way that allows the CC to then work to increase the mentalizing capacities of the teachers and students.

Marie

I worked closely with Marie, a seven-year-old girl, raised by her father and paternal grandparents. I first met her at the beginning of her second-grade year and spent time in her classroom once a week where I was a CC and member of the SBMHC team. I noticed Marie immediately during my first day in the classroom. She was sitting on the lap of her teacher, Ms. Rogers, who was teaching a math lesson. I watched her grip geometric shapes tightly in her hands as she rested her head on Ms. Rogers' shoulder. Later, I learned she had a tantrum before I had arrived, and this was how she calmed herself down. I watched her as she desperately clung to the paper circles, squares and triangles in her hand while her teacher quietly rubbed her back. The noise of her classmates seemed to be bothering her, as she had her fingers in her ears, trying to plug out the chatter. In contrast, her classmates sat in their rug spots, shifting restlessly. At one point, Ms. Rogers yelled at the students to keep their bodies still and their hands to themselves. Eventually, Ms. Rogers put Marie down, and for the remainder of the math lesson Marie paced around the classroom, murmuring under her breath that someone was looking at her.

Marie was reactive. As I observed her move about the day, she appeared to function from a point of defense, constantly distracted by what others around her were doing. She lacked focus and interest in learning and was unpredictable. In some instances, she would resist confrontation with her peers by running to Ms. Rogers to crawl onto her lap or by hiding under desks or behind bookshelves, seemingly desperate to soothe herself in whatever way was available in the moment. Other times, she would impulsively push or hit classmates. I observed students wince whenever Marie walked near them in response. For her part, Ms. Rogers appeared stressed, continually trying to create a productive learning environment while trying to keep Marie calm.

During those moments in which Marie was calm, she would sit at her desk and repeatedly trace geometric shapes. She was completely focused and quiet in these moments, almost in a trance. I continued to observe her carefully for the next several weeks and noticed that she had yet to complete any classroom work. Instead, she would draw her shapes, pace around the classroom, follow Ms.

Rogers, or erupt into a tantrum. She was unable to engage in the assigned classroom work, and would try to torment her peers, seeming to seek validation wherever and however she could.

As a CC, I met with Ms. Rogers weekly. She told me that Marie was her greatest concern. Keeping the mentalizing stance in mind, I focused in those early meetings on understanding her experience of being Marie's teacher. She shared her frustration that despite repeatedly asking Marie to join the class on the rug throughout the day, it was a battle every time. She described that Marie disrupted the classroom multiple times daily, and the only feasible solutions were either removing her from the classroom or allowing her to sit on her lap. Similarly, during her quiet moments she allowed her to trace geometric shapes instead of completing class work. Ms. Rogers knew that Marie's behaviors were deeply concerning, but she allowed them, knowing that asking her to follow classroom norms could dysregulate her for the rest of the day. To observe this was unsettling. I tried to think about what it must be like for Ms. Rogers and I also imagined how I would feel in Marie's shoes; what it would be like to begin my own day dysregulated, and how difficult it would be to get myself back on track with little energy to learn, after such an exhausting start. Wanting to make meaning of what Ms. Rogers had described and what I had observed, I wondered why tracing these shapes was a calming activity for Marie; an escape for her in the challenging school environment.

After several more weeks, I began to focus on Marie's frequent and intense tantrums and how they would unfold in an attempt to understand what was motivating this extreme behavior. I noticed that she had a markedly difficult time settling down once a tantrum began and showed little control of her body during these episodes. She would flail and yell. One day, the school security guard called me to the girls' bathroom because Marie had locked herself in a stall and was screaming uncontrollably in the corner on the floor of the bathroom, rocking her body back and forth. The guard could not remove her. She seemed terrified and untrusting of anyone who tried to remove her from the stall. When I had arrived that day, the security guard and school aide were yelling at her – threatening to send her to the principal's office. This tactic clearly wasn't working for Marie.

I wondered what was going on inside of Marie's mind. She appeared confused, scared and lonely, and could only express these strong feelings in an angry and regressive manner. I also knew that any changes in her behavior would take time, and that a successful intervention would be predicated on slowly establishing an alliance with her. I, too, was anxious and scared. Could I help this little girl? I recalled from training that before I could gain Marie's trust and hope to better understand her experience, I needed to help her in the here-and-now to lower her arousal level. I walked into the bathroom, sat on the floor, and spoke to Marie in a calm voice. I said, "Marie, you must be feeling really scared right now. I can tell how upset you feel from the sounds you are making. It's okay to feel upset. I might be able to help you feel better if you come out." After no response, I put my hand under the stall and said, "Marie, will you squeeze my hand when you are ready to come out?" After a few minutes, her small hand squeezed mine and after opening the door, Marie collapsed into my arms trembling and sweating, still highly agitated. In that moment, I shared her fear – and we sat on the bathroom floor trembling together. Finally, after what felt to be several hours, we both began to calm down. I continued to hold her tightly, like an infant in my arms. I spoke calmly and slowly to her, modeling deep breathing exercises for her (and for myself). Finally, we walked to the drinking fountain, and then returned to the bathroom where she splashed her face with water. We then walked quietly back to the classroom. I had her rest her head on her desk for several minutes before reengaging with class. As she began to calm down, I reflected on my own feelings of overwhelm during this episode. Noting how difficult it was for me to stay calm, I wondered how I could establish a more effective way for Marie to self-soothe; a calming routine that she and Ms. Rogers could rely on. I had lots of doubts as to whether I could make an impact, but I knew I needed to try to better understand what was happening in Marie's mind.

Though Marie was as yet unable to verbalize what had triggered her outburst, I later discovered from asking others that this particular tantrum occurred after Ms. Rogers paid a surprise visit to the lunchroom and sat with some of Marie's classmates at another table. I realized that Marie was intensely connected to Ms. Rogers and sought her attention and affection throughout the day. Many of Marie's

physical outbursts toward other students came as a result of Ms. Rogers tending to them, instead of to her. It was easy to see that Marie seemed to feel jealous. In my attempt to mentalize, I wondered about the seeming lack of Marie's felt security in relationships. Perhaps she felt that Ms. Rogers and other adults would disappear from her at any moment.

I also wondered about Ms. Rogers' experience of Marie's neediness. In meeting with Ms. Rogers, it was clear that she felt guilty and overwhelmed with how she was managing Marie's behavior. In speaking with her, I realized that with the best of intentions, Ms. Rogers seemed unable to see that the ways in which she tried to soothe Marie were not necessarily in her best interest; she didn't understand that Marie also needed boundaries from her. I also understood how Ms. Rogers was feeling because I experienced a similar pull to nurture her as if she were an infant. It became clear that we needed to find better ways to help her to manage her behavior. To do this, we would need to increase our understanding of Marie by learning more of her history in hopes of developing more insight into what had brought Marie to this point in her development.

Ms. Rogers and I set up a meeting with John, Marie's father, in order to discuss our concerns and gather a full history. Given how difficult school had been for Marie, we also hoped to encourage John to consider outside referrals for psychotherapy for Marie.

John was a slight man, and he spoke in a soft, slow manner that reminded me of his daughter. He clearly loved Marie and shared his own concerns about his daughter. He told us that he was overwhelmed, working two jobs, and often went days without seeing Marie. During the meeting, I learned that Marie had lived with her mother and half-brother until three years prior, when they perished in an accident. John said that Marie had lived with him since, and that his mother (Marie's paternal grandmother) had assumed primary care for Marie. John shared that his mother was a "tough cookie" – and did not provide Marie the "hugs and kisses like Marie's mama did." Additionally, he shared that he had spoken only minimally to Marie about the accident, and added that, "it was only this past summer that her grandma told her that her mother and brother were gone forever." Up until that point, Marie had only been told "they went away for now." I also learned that Marie had had behavioral and academic issues since Pre-K, and John disclosed that Marie was "kicked out" of her Pre-K class, which I noted would have occurred the same year her mother passed. John further shared that Marie had no social interaction outside of school other than with her 20-year-old half-brother.

This meeting helped me to conceptualize a lot about the etiology of Marie's current behavior, and I began to try to fit the pieces together to understand what Marie's experience in school must be like for her. Marie's unremarkable infanthood suggested that the sudden loss of her mother attributed to her current developmental and behavioral state. I better understood that as an infant and a toddler, Marie was showered with love and affection by her mother. From John's description, Marie had had a healthy attachment to her mother, and there were no early behavioral or developmental problems. Marie's life changed abruptly upon her mother's passing. John made it clear that while Marie's grandmother provided reliable and safe care, affection was now lacking. Speaking with John gave me insight into the tormented affection Marie sought from Ms. Rogers as an attempt to regain that which had been lost. I also began to form an understanding of her lack of felt security in relationships.

Not surprisingly, as Marie and I worked together (and therefore became closer), she began to pull desperately for my affection and nurturing just as she did Ms. Rogers'. She would try to crawl into my lap when I was teaching SEL lessons and would often cry and beg me to stay when I left for the day. I left work feeling sad, stressed and guilty. I felt pulled to indulge her whims. My supervisor gave me space to share these feelings and allowed me to try to reflect on what they were telling me about Marie's needs. At the same time, she encouraged me to think about how differential treatment might be experienced by Marie and to remember that it might actually be in Marie's best interest to face the same standards and consequences as her classmates, much as she pulled for something else. Keeping the developmental perspective in mind, she reminded me that children crave structure and reliability, and Marie in particular needed the experience of a healthy, trusting relationship with an adult. To do this, I needed to provide clear and consistent routines that would hopefully help minimize disruptive behaviors, but most importantly would help Marie to feel safe and more secure with adults in school.

Within the overall framework of thinking about Marie's experience, as well as my own and Ms. Rogers' experiences, I realized I had to make a deliberate shift in my response to Marie. Attempting to understand what was going on in Marie's mind helped me to see that it was my responsibility to model social boundaries because Marie was not able to recognize or work within them. My supervisor explained that I could be a supportive presence for Marie, while at the same time, I could teach her about consequences of her behaviors, so that she could become more aware of cause and effect, all while using a mentalizing stance. She also reminded me to be specific when giving compliments or reprimands. I knew it would be challenging but rather than following my emotional, guttural response blindly, I knew I had to start consciously using what I had learned about Marie's past and my understanding of her current experience to help create a healthy relationship and predictable school day for Marie.

My supervisor also reminded me that focusing on both Marie and myself with a stance of gentle curiosity could help both of us. She encouraged me to see that those emotional, guttural feelings toward Marie were valid, and to reflect on where they came from in myself and what they could tell me, both about Marie and about myself as a clinician. I also found that the more I understood how things were – from Marie's perspective – the easier it was for me to hold onto the necessary boundaries while giving her room to experience her own feelings in the way my supervisor encouraged me to experience mine. She was in a constant state of feeling out of control with no consistent source of regulation that she could turn to for assurance and validation. I learned that I, like Ms. Rogers and Marie, needed to be gentle with myself. Further conversations with all of the players indicated the meaning behind her obsessive tracing of shapes. In particular, I learned that Marie and her mom used to draw shapes together. I understood then that this action likely represented a frantic connection to her mother; something that was internalized in toddlerhood before her mother's death. I also understood that this obsessive connection to her mother was largely unconscious for Marie, and that this obsession was a sort of transitional object that connected them.

During this time, as I became more in touch with Marie's perspective, I also felt frustrated in my role as a CC, and the associated limits of the role in helping Marie to process all that I was beginning to understand. Still, I wanted to communicate to her that I understood how important her connection to shapes was, and, at the same time, begin to find strategies that would help her to function better in school, and minimize her status as an outsider in the classroom. Ms. Rogers and I discussed this at length, sharing the feelings that Marie brought up in each of us. I was able to help her better understand the function of Marie's obsessiveness, and together, we decided to use tracing shapes as a reward for normative participation in the classroom. This was a simple solution and I wondered if it would work.

I began by giving Marie much praise and positive reinforcement for her tracing. I said, "Wow, Marie, I see how calm your body is while you draw shapes, I am so impressed with how you fit them so nicely on one piece of paper." She responded, "It's easy! I'll teach you." I recalled my supervisor's advice about being specific with compliments as I provided her detailed, calm responses to her good behavior. Taking what I had learned from my supervisor and putting it into action was helpful both for me and for Ms. Rogers, who was able to observe my interaction with Marie and begin practicing the same types of responses.

After about a week, I said to Marie, "I'd like to try something new. I've noticed you often miss the morning meetings because you are so busy tracing your shapes. While I understand that this is fun, and makes you feel calm, it is important that you also learn with your classmates. So, how about today, we sit together in chairs by the rug and we can be part of the morning meeting together? Afterward, if you are able to keep your body safe and still, you can draw one set of shapes and give them to Ms. Rogers. Don't you think she'd like that?" I reasoned that with this intervention, Marie's attachment to Ms. Rogers could be used in a productive way. Marie would be motivated to practice a healthy behavior and experience a healthy consequence of good behavior: the excitement Ms. Rogers would show her after receiving her gift. I was able to have this composed conversation with Marie before the day began and utilize a reward system embedded within her relationship with Ms. Rogers. It also

allowed me the opportunity to hold her to the same expectations as her classmates. Slowly, this reward system began to motivate Marie in the mornings, and this was something Ms. Rogers could continue to do when I was not there. Though this was a behavioral approach, it was one very much grounded in my understanding of the internal factors that motivated Marie's behavior, including her relationships with others.

After implementing our new meeting plan, we saw improvement in Marie's self-regulation in the morning, yet this strategy didn't appear to generalize for her throughout the day. Marie continued to experience tantrums and had much difficulty calming down. I asked myself again, *what could be triggering these tantrums? What is going on for her during these outbursts?* In one instance, she would unravel when Ms. Rogers called on another classmate, but at other times, she would refuse to come out from behind a bookshelf because a classmate "looked at her." After a draining day, I would sit with my supervisor and share these puzzling outbursts. I was so caught up in the individual triggers and tantrums that I was not looking at the big picture. My supervisor was able to listen and pull me out of the details to process her experiences cumulatively; to better mentalize for Marie. Keeping her perspective in mind, we theorized that in the various situations I had described, Marie was likely reacting to what she felt was a breach in her trust. No matter how inconsequential the moment may have felt to me, it became evident that the smallest of breaks in her perception of a relationship would trigger a meltdown. Marie reexperienced a small loss every time a minute "break" occurred.

As I had done earlier with the shapes, I used my burgeoning relationship with Marie and my deepening understanding of her internal process to develop strategies to help her function better in the classroom. For example, we practiced self-regulatory breathing in quiet moments, before the tantrums would start, until she could do it independently.

Additionally, through the SEL curriculum, Marie began to develop the language needed to begin labeling emotions. Initially, using a mentalizing stance, I would attempt to verbalize Marie's feelings for her. For example, one day, when Marie hid under the lunch table, I crawled under with her and said, "Marie, you seem really upset and sad right now. Can you nod if this is how you are feeling?" Marie nodded through her screams. I put my hand in hers and asked her to squeeze my hand when she was ready to come out, a strategy that had come to work for us in these moments, reminding her that we could also do breathing together. As she continued to tantrum, I would validate her saying, "I know, I know, I know this is hard right now, but it will pass. It's okay to feel upset right now." Eventually, she squeezed my hand and instead of crawling into my arms, we would kneel together and breathe out the color red and then breathe in the color yellow, letting the "angry" color push out and the "calm" color pull in. These were colors we had previously identified together. Colored breathing was a technique I had observed my supervisor use with other students as a way to connect meditative breathing with emotion labeling. The more I encouraged Marie to tune into how her body felt (i.e., racing heart, hot cheeks, sweaty palms, tight chest), the more she was able to relate these sensations to emotions and de-escalate. As Marie became more trusting of me and as my responses to her outbursts became more consistent, I could use our alliance to help her to develop these strategies. Practicing these strategies with Marie allowed her to see that I understood her and could hold her feelings when she could not.

While we developed these strategies in the classroom, Ms. Rogers and I also continued conversations with Marie's father, and a formal evaluation with the Department of Education commenced. In this process it had become clear that Marie would greatly benefit from a smaller classroom setting with more supports in place. She also needed formal counseling services to further help her process the loss of her mother and brother. An Individualized Education Program (IEP) recommended a 12:1:1 classroom, a setting for students with academic and behavioral management needs who require additional adult support and specialized instruction. This smaller class size and additional paraprofessional would best support her needs, and she would have access to psychological and academic services within the school setting. I soon learned Marie would be leaving our school.

Learning to manage my own emotions and process my reaction to Marie's trauma took the entire Fall semester and was largely done within the context of being able to talk about my intense and

complicated feelings in supervision. I had finally learned the importance of healthy boundaries, accepting Marie's reality and loss, and focusing on the "little wins" as I called them. Marie's behavior was so erratic and there would be days when no matter how hard I tried, neither she nor I could contain her emotions or behaviors. She needed more than the "little wins," and I understood that a therapeutic school setting would be the best for her.

Coming to accept Marie's need for a different setting was difficult. I felt many mixed emotions. First and foremost, I was relieved that she would be joining a classroom environment much better suited to her needs, but underneath this relief was a layer of sadness. I was a novice clinician in training, and she was the first student I had deeply connected with. We had established mutual and deep trust and I did not want to suddenly become another loss for her. Would that be fair to her? Would it be harmful?

In preparation for Marie's departure, and in discussing the situation in supervision, I realized that it was so important that she and her classmates process her leave-taking as fully as possible – both for her and for the other students. Thinking about what goodbyes had previously been like for Marie, I hoped to help establish a healthier template for separation than she had experienced earlier in life. Likewise, I hoped that the other students, who had been so annoyed and frightened by Marie's earlier tantruming behaviors in class, could embrace the changes she had made over recent months. During her last day in class, I organized a "goodbye circle" where I read the story *How Full is Your Bucket? For Kids* (Rath & Reckmeyer, 2009). I used the plot to exemplify how to use kind words to boost our friends' self-esteem. The class passed around a stuffed bear, and each student had an opportunity to say something kind to Marie to help "fill up her bucket" before her first day at the new school. Marie was able to share her own sentiments as well, and the principal, Ms. Rogers, and other teachers and administrators also shared their words. Marie's classmates made goodbye cards for her to take home and we finished the day with her favorite dancing game. It was remarkable to see Marie process how much everyone cared about her. At the end of card making, Marie noticed a few of her classmates crying. She came over to me and asked, "Can you put on my favorite GoNoodle[8] (https://www.gonoodle.com) dance? I think it will help everyone stop crying!" I was shocked. I had yet to see Marie practice perspective-taking and empathy and, in this moment, she was *mentalizing* – thinking of her classmates' emotions along with her own. This felt like enormous growth and also reminded me that it is not until we experience someone mentalizing for us that we become able to do it for others. We finished the class with the entire group dancing together and Marie went home with a stack of cards from her friends to keep forever.

Marie experienced extreme and early loss and trauma that will likely interfere with her functioning over time. Yet, while her initial experience of her mother's disappearance was incomprehensible (and no one explained it to her for quite some time), I am encouraged by the fact that in our work, Marie experienced something quite different- that is, her experience was mentalized. She was recognized by someone who made an attempt to understand what it was like to be Marie, and what it was like to feel that relationships could disappear and explanations could not be trusted. By using my growing understanding of my own and Marie's internal experiences, I hope that our work established the genesis of some novel templates for her future relationships and transitions, and that with time, this trust, emotional expression, and predictability will become her internal model. Working with Marie left a lasting impact on me that continues to reverberate in how I frame my work today. To witness firsthand the detrimental impact of early unprocessed loss on the functioning of a child was upsetting. Yet it taught me that everyone, student, teacher, clinician alike, has a story that brings meaning to their behavior, and that as a clinician, my job is not to "fix" a behavior, but to actively try to make meaning of my own and others' behaviors.

Treating Marie took a 360-degree approach and constant communication with all stakeholders involved. Within the nest, I leaned on my supervisor when I was drained, which allowed me to be there for Ms. Rogers, and together we would be there for Marie. This exemplifies the process of nested mentalization.

Ms. Henry

Ms. Henry and I began our work together on a humid day in September. A woman of color in her late 50s who had been teaching at the elementary level for over 25 years, Ms. Henry was considered a veteran teacher. She could be an intimidating presence, as she dominated professional development workshops with her thoughts, challenged administrators on their responses to student and faculty issues, and assumed responsibility for lesson planning (and often instruction) for the entire fourth grade. She was highly vocal about her strong opinions.

Initial hostility

I, a 30-year-old White graduate student, was assigned to work with Ms. Henry as her CC, and met her along with the other teachers on a steamy September day. The purpose of the meeting was to introduce SBMHC to the participating public school's staff. Ms. Henry arrived late to the meeting and chose to sit in a corner of the cavernous classroom, despite being invited to sit in the circle of chairs with the group. She spent the brief meeting slumped in her chair, scrolling through her phone, and sighing heavily. It appeared that her coworkers were wary of and perhaps intimidated by her, casting apprehensive glances her way with each sigh she released or comment she made under her breath (just loud enough to be heard by everyone). Ms. Henry also voiced ambivalence toward the SBMHC staff when she was asked, along with the other teachers, to share her contact information. "What do you need that for? I don't like sharing my personal information," she protested, folding her hands over her phone and holding it to her body as a colleague attempted to pass her the pen and paper. Reluctantly, she took the sheet, exhaling sharply as she did. She then further voiced her wariness when she inadvertently transferred her fingerprint onto the paper with residue from the leaky pen that she had been using: "Oh, and now you got my fingerprint too," she said. She also shared her anger to the group at being obligated by her principal to participate in the Program, and expressed her desire to be given more time to prepare her classroom for the students.

When I attempted to meet with Ms. Henry after the meeting to schedule our initial session, she said, "Look, I don't have time to do this," and abruptly walked out the door. I left that meeting feeling dejected and anxious, and thought there was no chance at developing a relationship with her.

I was given the opportunity to process what had happened between Ms. Henry and me during group supervision later that day. I struggled to regulate my breathing and increased heart rate as I relayed my experience to my fellow CCs, disclosing that I felt daunted by her and unprepared for what was to come over the next ten months. I also acknowledged how hard it was for me to disclose such a strong personal reaction within my new cohort (this was only our second group supervision together). I was feeling incompetent and vulnerable and was certainly not feeling optimistic about Ms. Henry's receptiveness to me, our program, and its goals.

During supervision, my peers and supervisors listened to me carefully, and with much interest and concern. They shared with me that some of their assigned teachers had been similarly dismissive. With prompting from my supervisors, I explored how Ms. Henry's behavior was likely an indication of her own fear – and a reaction to SBMHC's new presence. As I considered the situation from Ms. Henry's perspective, I wondered if perhaps she felt overwhelmed meeting the new consultants and learning about the program for the first time. I also realized that Ms. Henry was not in her own classroom when understandably, her priority was to prepare her space for the children who were arriving the next day, a real pressing need. Identifying these factors that likely led to Ms. Henry's reaction was an illuminating lesson for me as I was encouraged to understand this situation through the lens of projective identification. In retrospect, the course of reflective supervision was set in place that day. Although it was difficult to speak honestly about my reactions to Ms. Henry, I left feeling heard and validated in my reactions, which helped me to feel more comfortable going back to Ms. Henry the following week. At the same time, the group had helped me to try to hear and make sense of Ms. Henry's behavior,

which also increased my confidence and willingness to "hang in there" with Ms. Henry. Shakily, I was able to take steps that day toward holding the teacher in mind as I was being held by my supervisors.

Background

Though I knew little about Ms. Henry that first day, over the course of our work together I would come to find out more about her. For example, I learned that Ms. Henry had grown up, and still lived, only a few blocks from the school. From early on in our work together, she shared that having grown up in the neighborhood in which she was working was a source of pride for her.

Ms. Henry had an informal style that was similar to her students'. She often dressed in the same sneakers, leggings and oversize t-shirts that they wore and while she could be keenly attuned to the issues facing her students, I also noticed that she often lacked self-insight as to how her own experiences had impacted her. For example, I noticed early on that she would often respond to others in ways that seemed conditioned by her own experience of repeated trauma. I could see this in that despite Ms. Henry's empathy for her students and feelings of connection to them, she could also be volatile and unpredictable toward both children and fellow staff. Some days she would be able to access considerable patience and empathy, and to demonstrate the ability to understand her students' perspectives. For example, she would say softly, "AJ, why don't you take your book to the quiet corner?" to a child who came in angry because his dad had not walked him to school as he had promised. Or, "Reyna, what's wrong? Because I see that something's wrong. You're not acting like yourself," to a girl who refused to take off her hood because she didn't like how her mom did her hair that morning and was worried that the other children would tease her about it.

On other days, Ms. Henry would react in an outsized way to perceived personal slights or actions she interpreted as disrespectful. "Little girl, stop kicking that desk!" she yelled. "You do not want to start my day off like this!" She once bellowed at a boy who got up to use the electric pencil sharpener as she was giving a math lesson. Or, as students came in from recess and tried to tell her about being pushed on the blacktop outside: "I don't want to hear any complaints for the next ten minutes. I don't want to hear it, it's not my problem." Ms. Henry also frequently ignored or was combative toward another fourth grade teacher, Ms. Baker, who was coping with a family member's severe illness and was frequently absent for treatment and doctor's appointments.

An outsider

I felt as if I had stepped into a chaotic and confusing reality. Ms. Henry and I seemed to be out of sync. I was unable to conduct strong SEL lessons with the children; everything I knew about classroom management and instruction from prior teaching experience seemed not to apply in this space, where inconsistency seemed to be the only constant. Attempts to redirect attention and reinforce positive behavior were met with blank stares or open defiance. Refusing to raise my voice or be punitive seemed to categorize me as someone who was not to be taken seriously. In the words of one 9-year-old who was taking pity on my obvious lack of control, I was "too soft." In fact, my otherness was apparent in almost every interaction, from the way I dressed and spoke to my points of reference. Issues of race, class and privilege filled the unspoken spaces between me, the students, and staff. I often wondered before even stepping foot in the school how my appearance (White, blond hair, blue eyes) and its associations and connotations with systems of power would impact my work. All of my previous work of self-reflection and academic coursework did not prepare me for this aspect of the experience. Ms. Henry seemed as if she could barely tolerate me, and I was at a loss as to how to help her manage her own reactions and the volatile behaviors of her students while keeping my own strong feelings at bay.

There was one early interaction between Ms. Henry and me which allowed me to reflect more deeply on my understanding of, and my assumptions about, my role and relationship with her. During class, when Ms. Henry noted that many of the kids did not have necessary school supplies for the year, I responded with sensitivity: "Yes, it's hard," to which she immediately disagreed. She raised her voice

at me, and said it was not *hard* for a parent to buy school supplies for a child if the same parent *could* find money to buy cigarettes or alcohol. I was intimidated by her in that moment as she responded to a comment that I had meant empathically; it felt as though she was communicating that I did not know anything about her or the community. I was at square one and I felt like a useless and uninformed outsider, my empathy not only ignorant but potentially harmful to the development of our alliance.

Through processing these feelings with my supervisors, I learned that it was crucial for me to not only try to understand Ms. Henry's comment from her point of view, and to show empathy, but also for me to tolerate the uncomfortable feelings that resonated within me with these comments. They reminded me that my job wasn't to say the "right thing," but to mentalize for Ms. Henry. Somehow, I had a hunch that this would be the process through which I could strengthen the alliance with her – to give her space to voice her frustration in a safe and non-judgmental place, while doing my best to keep myself calm and open to understanding the multiple meanings of her words. I realized that this was how I could hold Ms. Henry's mind in mind, as I had experienced feeling held during that first group supervision. My supervisors also suggested that eventually I would be able to share my internal reactions with her and they reminded me that it was important to leave space for the way my comments were heard and interpreted, regardless of how I intended them. I began to see that I would have to do a lot of personal work to do this job well.

A better understanding of Ms. Henry's point of view came during a teacher meeting in which she discussed what had gotten her into teaching. I learned about Ms. Henry's time working for the juvenile prison system and the secondary trauma she had experienced in that role. After experiencing the horrors of juvenile crime, she decided that she would train as a teacher to help others avoid this outcome. As Ms. Henry discussed her prior experience with me, I came to see that she was attuned to the struggles of her students, being intimately acquainted with the red flags of violence, discrimination and abuse. She also knew how much was at stake in their schooling, and how important it was for them to have someone in their lives who understood what was going on at home. Her response to my comment about children not having their school supplies took on new meaning, and my appreciation for her perspective and insight grew.

A turning point

Following the peek into Ms. Henry's past as a prison worker, I began to let down my guard – and let go my assumptions. I was better able to really "be" with Ms. Henry and the children. I noticed that as my own curiosity grew, I was driven less by my internal expectations about what a training clinician should do and think and I became more open and flexible.

As a result, Ms. Henry's trust in me grew as she saw my authentic interactions with students, many of which were not what I had considered to be "traditionally therapeutic." I integrated myself into many aspects of the classroom community (passing out food at a class poetry celebration, helping to zip coats, spending time with students during lunch and recess) all while holding my own strong emotions and helping students regulate their emotions. As the students came to see me as a source of understanding and support, Ms. Henry saw them do so and came to believe in my commitment to showing up and being sincere. By late October, I felt myself becoming less of an outsider, and more of a member of the class community. My growing comfort in supervision and with my cohort also made me feel more comfortable in the classroom and this effect cascaded to the children and reverberated in my relationship with Ms. Henry. The more I could reflect and tolerate, the more available I could be to Ms. Henry, which my supervisors explained would ultimately impact her relationships with the students as well. This, they told me, is how nested mentalization works.

A turning point in the relationship with Ms. Henry came in November following a classroom incident with a student who had thrown a chair. After dismissal, Ms. Henry saw my supervisor and me on the school's playground. Ms. Henry made eye contact with me from twenty yards away and said forcefully, "No – don't go anywhere!" Not knowing how to respond, I froze on the spot and glanced sideways at my supervisor, who nodded and took a few steps toward Ms. Henry. I followed her lead

and the three of us stood on the asphalt, my supervisor in between Ms. Henry and me. During these moments I was highly aware of my supervisor's stance, her tone of voice and word selection. I noticed the way in which she looked deeply into Ms. Henry's eyes without expectation. In fact, she was modeling a very important therapeutic intervention for me. Later, I realized how much was going on among the three of us – on so many levels.

Ms. Henry expressed that she was upset and angry about the lack of consequences in the school, and how the absence of appropriate accountability for inappropriate behavior sets up all children, but especially boys of color, for failure in the form of incarceration or violent death when they get older. Ms. Henry's voice shook as she blinked away tears. Seeing her express such emotions and speak so honestly about the reality of being a poor child of color was a raw experience. In that moment, I realized that Ms. Henry turned to us for support and help during a time when she felt vulnerable and overwhelmed. This interaction was the first time Ms. Henry began to use us as supports. My supervisor and I didn't "do much" in those moments. We listened. We slowed our breathing. We stood close enough to help her to feel safe, but not too close as to frighten her away. We nodded. And we carefully and slowly reflected her emotions back to her. We let her know, with and without words, that we were taking her very, very seriously, and that we genuinely cared about her and her story.

Later, my supervisor and I processed what had happened on the playground. She had picked up on my hesitation, and expressed her own as well. "I wasn't sure if she was going to start yelling or crying," she shared. But, seeing my supervisor face those strong emotions and be able to handle and hold them in that moment of vulnerability, and how it mirrored the holding experienced in supervision, gave me a blueprint for subsequent interactions. I would continue to use this poignant experience as I learned more about Ms. Henry and her life.

Several weeks after this incident, Ms. Henry disclosed that she herself was a smart kid, but that she also suffered from ADHD. This, she explained is why she identified with similar kids now. "I was the kid who finished my work before everyone else and bothered everyone else, because my brain was moving so fast. But teachers didn't like that and I would get punished frequently." It appeared that Ms. Henry still carried the mixed emotions of pride (about her intelligence) and anger (about the frequent punishments) in her present role as a teacher. Also, Ms. Henry carried the weight of others from the school, and from home as well. Over time I learned that she was the primary caregiver for her pre-adolescent nephew, who had a severe neurological disorder. She also fielded calls and read handwritten letters from her brother, who was incarcerated in a state prison several hours away. She had a tumultuous relationship with her father, who was in her life infrequently and struggled with substance abuse. Holding this all, however, came at a steep price for Ms. Henry.

Addressing the elephants in the room

With each new interaction, Ms. Henry's trust seemed to grow, and subsequently, I felt more secure and confident in my role in the classroom with the children, and my ability to bring up tough subjects with Ms. Henry. From the outset, I expected that my status as an outsider of privilege would sharply influence my work. In this school, 60% of the families were homeless, and many of the children lived in domestic violence shelters. More than once I observed children come to school without appropriate outerwear or shoes, uniform dress shirts stained from wear the previous day. I was aware of my strong desire to help and ambivalence and anger at the system that is failing these families, the same system that disproportionately benefits me and those who look like me. We spent a lot of time in supervision discussing these issues, and yet I was hesitant to address the "elephant" directly with Ms. Henry.

Finally, in December, as we sat down for our weekly teacher meeting, I was able to give voice to the myriad of feelings and thoughts I had about being the "other" and how this impacted upon my work in the school, and with Ms. Henry. This conversation took place while Ms. Henry and I were discussing parental discipline. I spoke honestly about my doubts about corporal punishment and discomfort hearing it threatened so openly and discussed so cavalierly by students' primary caregivers. I thought of the times over the last few months I had winced hearing students express what consequences

awaited them at home. "My mom is gonna whoop me if Ms. Henry calls her," whispered one student to her friend after Ms. Henry said she would contact her if she did not begin listening in class.

I acknowledged how my identity as a White woman from outside the community required me to hone my own cultural understanding of discipline tactics, as well as consider points of views and beliefs different from my own. I was honest and open in my comments and acknowledgment of the history of White-run programs entering schools and implementing change without input from community stakeholders (particularly in a school like Ms. Henry's, in which all the children, and almost all of the staff, were of color). "I know it's a lot to expect an outside program to come in and change things when they've never been here before, especially an outside program like ours that isn't run by people who know or look like the community they're trying to connect with. I know as a program we still have a lot to learn, and a lot of doubts to overcome and trust to gain."

As soon as I finished speaking, Ms. Henry responded with a quip that reverberated throughout my body. "You look like the ACS worker coming to take their kids away," Ms. Henry said with a shrug. She continued,

> You look like the social worker coming in and telling people how to raise their kids and pointing out what they're doing wrong. You look like someone that doesn't stay, and that's something you have to work against with these kids.

I knew she was right. Everything she had said was what I knew at my core to be true about the challenge of this work. It felt as though all the small truths we had been tiptoeing around had been laid bare, and it was freeing for both of us to have them out in the open. Later in supervision, I reported this conversation and my reactions to it. My supervisors and fellow CCs helped me reflect on what it was like for me to hear this from Ms. Henry and responded to me in a way that made me appreciate how authentic Ms. Henry and I had been with each other in that moment.

I was able to discuss these issues with Ms. Henry because by that point, we had built rapport and Ms. Henry had come to believe SBMHC was there to help. She had also witnessed the students gain trust in me, and felt more comfortable in turning to me for help. She acknowledged the changes in her classroom, and appreciated the interventions I made with children, and with her. Additionally, I was frank about my own limits as a clinician in training, something that I had been encouraged to do in supervision and had seen my supervisors do as well. Ms. Henry also sensed the deep value and regard I was developing for her. This, in turn, encouraged her to be a true collaborator with me. She suggested strategies to encourage parents and guardians to come in for consultations, and expressed willingness to use her own relationships and rapport with caretakers to extend and create alliances between them and the SBMHC team. While it seemed as if it were decades in coming, I realized that during the previous three months, Ms. Henry and I had built a relationship in which we both felt safe to reveal vulnerability and honesty. These were crucial elements toward the development of authentic trust between us.

Attachment and nested mentalization

We hit another milestone in January when Ms. Henry turned to me spontaneously as a source of support. Seeing her in the hall after school she called out, "Ms. M, don't go anywhere, I need you." The tone of her voice, her vulnerability and her honest outcry for support was in stark contrast to her usual air of self-sufficiency and impertinence. I understood that it took some very strong feelings, along with our burgeoning alliance, for her to request help. Over the next hour, Ms. Henry shared a terrible story about one of our students who had that day disclosed horrific parental abuse and neglect. At one point she openly cried, which she had never done before. I also noticed that Ms. Henry's demeanor was different, her tone softer and body language more relaxed. She said she would need me to "tag in," a phrase she had used before only to describe her relationship to other teachers who asked her to help out in their classes or with their students. I understood "tagging in" to mean Ms. Henry felt as though she could trust me, and that my presence alone gave her a sense of relief that comes from sharing an

onerous load. The phrase sparked the visual of two teammates working together, one coming in to relieve the other when it became clear she had given all she could and needed time to rest and take care of herself. Before leaving, I asked Ms. Henry what she did to take care of herself, and what she would be doing in terms of self-care when she left school that day. She said she would be taking the next day off to spend at home, by herself. (In the months to come, it would become clear that this was her way of coping, to remove herself from a situation and cut herself off from others when feeling overwhelmed.) In that moment, I felt such empathy toward Ms. Henry, and finally grasped the extent to which she felt the pain and suffering of the students she served and the degree to which she cared for them.

That day, I also recognized my connection within the SBMHC nests. By serving as someone to reflect with, and help Ms. Henry process her feelings in relation to the children, I had begun to help her address the moments she could not regulate herself with them because she was overwhelmed. With increased empathy and a keener sensitivity to Ms. Henry's triggers, she trusted me to "tag in" with her. Thinking back on my early observations of Ms. Henry and the ways she seemed triggered by her own traumas, I realized that perhaps she needed to be held – mentalized – by me, before she could begin to regulate herself more consistently and provide that same holding environment for the children.

Moreover, I was able to use our teacher meetings to make observations about moments in which Ms. Henry had become dysregulated with students and gently explore those responses with her. Over time, we considered strategies to use when she felt herself approaching a breaking point or emotional flooding, such as taking deep breaths or a moment to herself outside of the classroom. Ms. Henry asked me to tag in during moments of dysregulation often without using the phrase itself. Sometimes, eye contact with me was all it took for me to pick up on her need for help. Helping Ms. Henry to notice when she was becoming dysregulated helped her to better identify her feelings and meet her own needs. Although she may not have used the words "tag in" explicitly all of the time, we built a routine in which I held her and the students through tough moments, much like my supervisor had held Ms. Henry and me during that moment on the playground earlier on in the year. While there were certainly still moments she yelled at students and became dysregulated, we were able to talk about them and increase her awareness, which was not possible before.

Likewise, Ms. Henry became more comfortable in expressing what was going on with her personally and recognizing how it in turn impacted the children. She disclosed that she often felt the school building possessed a living, breathing feeling of "insanity" in her words. "I walk in here and it feels like chaos. Like the building itself is alive and just makes everyone crazy. I don't want to get out of bed some mornings." Ms. Henry also discussed her sense of professional burnout, her experience growing up with a parent struggling with addiction, and her growing realization that she may be depressed. In our weekly meetings, I processed Ms. Henry's personal disclosures to help her make better sense of her vacillating responses to students. On one occasion, I shared my observations of the psychosomatic symptoms some students were exhibiting during preparation for a state test. I wondered out loud if they might be related to Ms. Henry's expression of stress about their performance. Ms. Henry acknowledged the symptoms and agreed that they might reflect the anxiety the students felt to perform from "the pressure [Ms. Henry] appl[ied] to them." On another occasion, Ms. Henry expressed frustration with other members of the grade four team, saying that she felt all of the planning and work was falling on her. I shared that I had noticed her frustration in class, and Ms. Henry acknowledged that it came out in the way she treated the students, such as when she lacked patience or raised her voice. It was thus through our developing relationship, in which I could hear and acknowledge Ms. Henry's complicated feelings, that she was better able to consider the ways that her feelings and experiences impacted her students. Over time, this ability to reflect served as the first step toward Ms. Henry becoming more consistent and regulated in her interactions with students and more available to them.

Ms. Henry's appreciation for and understanding of the SEL curriculum also pointed to the attachment-focused and nested mentalization model at work. Pointedly, it was not until Ms. Henry felt held in mind in the way I felt held by my supervisors, that she could feel secure and open enough to take in and make sense of what SBMHC might have to offer through the SEL lessons. When Ms. Henry

sat down with me to discuss a class-wide end of year SEL project, she immediately began to sketch her idea for an e-book incorporating several strategies and themes from the curriculum. I was surprised to see that she so readily remembered the language and concepts, as she often engaged in other work during the lessons. That same week, Ms. Henry also expressed to the SBMHC research coordinator that she felt the SEL lessons had not only given the students "tools for their toolbox," but skills she herself would continue to use for the rest of her life.

Termination

My last day at the school brought up such a wealth of feelings, prominent among them sadness that my partnership with Ms. Henry was coming to an end. I knew that our paths would likely not cross again, and I was grieving the approaching termination. Ms. Henry had been making her feelings about my departure known for the previous few weeks, expressing anger, sadness, and disappointment. Ms. Henry was my final good-bye of the day – I told her as much when I entered her classroom, where she was sealing boxes and packing up for the summer. She made small talk, something that had never characterized our relationship earlier in the year. I felt her delaying the inevitable. As I thanked her for everything over the past ten months, and reflected on how far we had come in that time, she walked toward me. To my surprise, she initiated an embrace, the first time we had had any sort of physical contact. When I got home later that day, I noticed something on my white blouse: a smudge of ink from a leaky pen when she embraced me during our farewell hug. I laughed to myself as I thought of that first day we met, and her absolute disdain as she accidentally left another ink fingerprint on the teacher contact sheet. There was no more fitting way this challenging, singular alliance could have ended than with Ms. Henry literally leaving her mark on me.

I believe that the SEL curriculum, when expanded upon and discussed within the context of the teacher-trainee relationship, gave Ms. Henry the language and a framework to be able to mentalize more consistently. While she had personal trauma to address (and of course this could not be done solely in the context of the trainee-teacher relationship), having my clinical presence there was beneficial for her, and in turn for the students and parents. As she increasingly trusted me to hold and support her at her toughest and most vulnerable, she had space to reflect and regulate herself, as well as to learn that she could, when she needed to, ask for more help. In turn, these opportunities allowed Ms. Henry to begin to see how she might provide the same space and support for her students in a more consistent manner.

Discussion

In our creation and development of SBMHC we have asked ourselves repeatedly, why do so many school-based mental health initiatives have limited or short-term effects? Why are teachers' well-meaning efforts to teach social and emotional curricula disregarded, or only given lip service by children and parents? How can we create a school-based mental health initiative that helps stakeholders to "walk the walk"?

There are no easy answers, and effects of multi-generational trauma and deprivation are not going to change quickly, or solely due to a school-based mental health initiative. But we must start somewhere, and creating psychoanalytically-oriented programing in the schools is promising. As early as 1913, Freud argued that "There is a great difference between hearing or learning something and really living it: to enter into the heart of the matter, the unconscious, one should have experienced it personally i.e., have been psychoanalyzed. This can only be achieved by way of transference" (Freud in Buelens, n.d., p. 64). That is, the teacher must experience transference through psychoanalysis to effectively empathize with the child. While we are not promoting individual analyses for every teacher, we concur that the educational process should be accompanied by an underlying theory of the human mind, and that contemporary psychoanalytic

theories and techniques can facilitate the teacher's ability to understand and empathize with the whole child. We appreciate that long-lasting and *real* change happens from the inside out, and requires time, constancy and fortitude. We also recognize that this perspective can be unfamiliar – or sometimes, even in opposition to – prevailing attitudes toward social and emotional learning and mental health in schools. Therefore, the application of psychoanalytic theory and practice in the schools can require a long and nuanced working-through process. To gain stakeholders' trust, relationships must be carefully nurtured, school programming straightforward, precise and genuine, and an assessment of stakeholders' needs must be continually monitored and evaluated with stakeholder input.

But creating attachment-based programming is only a part of the equation. We also recognize that clinicians who work in underserved schools and other high-needs environments tend to "burn out" quickly, and can be unprepared to withstand the vicissitudes experienced in these settings. To create meaningful change, school-based mental health programs must acknowledge that this work is inevitably draining, and that an effective network of support must hold the clinician on the front lines in the school, as in other high-needs communities. This is where SBMHC has utilized and adapted the teachings of *Minding the Baby*® and *Building Blocks* with the model of nested mentalization.

At its core, mentalizing is about slowing down and paying attention in an attempt to understand the meaning of varied and often confusing actions and words. In discussing the implications of mentalization for adult psychotherapy, Fonagy (2000) contends that the ultimate goal of treatment is to help the patient find meaning in his own and other people's behavior. This understanding can be broadened to apply to the goals of a program such as SBMHC as well. That is, as each group within the nest attempts to make meaning of their own and others' behavior, they facilitate those deeper in the nest in doing the same. The end result, one hopes, is a community that is continually reflecting and attempting to make meaning within the chaos that a public school system can embody.

Indeed, we have quickly learned that the creation of the nest serves many functions in holding and supporting the key players involved in children's educations. As our case studies illustrate, this model also serves the purpose of facilitating supportive, rich and growth-promoting experiences for our most novice clinicians. The intervention thus operates on many levels simultaneously and functions as a community of support, embodying for CCs, administration, and staff that which it hopes to engender in the greater school community.

A note about evaluation/limitations

The case studies presented here are anecdotal reports of what we view to be some of our program's successes. We recognize that success can be conceptualized and measured in various ways. For example, Marie did not ultimately succeed in the mainstream environment of her public school, but through SBMHC interventions she experienced more trusting and predictable relationships that allowed her to begin to mentalize herself, a skill that we know will serve her well in any setting.

What is missing from this paper is an explanation of a more systematic evaluation plan, demonstrating objectively the effectiveness of our program. Since its inception, SBMHC has collected data on program effectiveness using both quantitative and qualitative methodologies. However, space limitations do not permit a thorough review of our data collection strategy and analysis. In brief however, initial results (comparing SMBHC to control classrooms) have revealed high teacher acceptance of the program, which is significant within a system that places incredible demands on teachers and asks them to "dig deeper" in the service of their students. Overall, teachers also report good relationships with their CCs [Data collected from the Working Alliance Inventory (Horvath, 1992)]. Teachers in the intervention (SBMHC) group (as compared to controls who did not participate in the program) also reported improved self-efficacy with respect

to promoting SEL competence, knowing effective strategies for dealing with behavioral challenges, and communicating with mental health providers.

While these results are promising, we have not yet developed a way to measure whether SBMHC systematically raises reflective functioning skills of various school stakeholders. It is notably difficult to measure these changes as existing methodologies require extensive interviewing (unrealistic for over-burdened public school teachers) and highly trained and experienced coders (also not currently feasible for our program). Changes in mentalization are nuanced and complex, and we believe that we can better capture these changes through case study, rather than through questionnaires. Nonetheless, SBMHC is currently pursuing new methods still in development in hope of finding a way to more objectively measure changes in reflective functioning.

In sum, our case studies aim to illustrate that the creation of the nest is a powerful tool to begin to address the endemic and multi-generational mental health issues affecting our schoolchildren. Attachment theory and subsequent research has shown that human relationships operate according to specific patterns that are first established in infancy within the early foundational dyad of the baby and caregiver. The templates created in these elemental relationships reverberate throughout life, and create ripples that impact upon individuals and their surrounding systems. While the earliest attachment informs the capacity to mentalize, reflective functioning skills have the potential to be learned and practiced with each new relationship. As a result, an intervention such as SBMHC, grounded in attachment and mentalization theory, is poised to promote resiliency throughout a complex system. Historically, the system targeted has been the multiple generations within a family unit (as in *Building Blocks* and *Minding the Baby*). However, we have learned that these relational templates may also apply to teachers and classrooms, situated in grade-levels with department heads, and within a wider school led by administration. Only by attending to these systems, with the layers of support and intervention that the nested mentalization model provides, can we hope to begin to address the substantial mental health needs of our most at-risk students and schools.

Notes

1. The individuals described in these case studies had given their consent to participate in our IRB study. To further protect their privacy, and to assure anonymity, all identifying information has been changed, and some details from other case studies have been incorporated into their stories. These details were added judiciously to the cases, and have not changed their substance or validity.
2. For a more thorough explanation of the different components of SBMHC's program model, please see Eppler-Wolff et al. (2018).
3. There is suggested content for the weekly teacher meetings, but they are not fully scripted. Please see Eppler-Wolff, et al. The School Based Mental Health Collaboration: Clinical consultant guidebook, (Eppler-Wolff et al., 2020).
4. SBMHC CCs do not serve as individual therapists for teachers. Rather, they engender a mentalizing stance and focus on teachers' experiences as they relate to specific students, to the school, or to teaching overall.
5. CASEL is an acronym for The Collaborative for Academic, Social and Emotional Learning, and its mission is to make evidence-based social and emotional learning a key part of the educational process from Kindergarten through high school.
6. SBMHC uses evidence-based push-in interventions, including mindfulness techniques and emotional labeling. As the CC administers these interventions, a self-reflective component is added (Eppler-Wolff et al., 2020).
7. Just as CCs meet regularly with teachers, supervisors are also in regular contact with school administrators to discuss specific policies, programs, teachers or students/families through the same reflective lens; working to help school leaders to slow down and pay attention, and to make space for wondering and curiosity as much as is possible within their demanding schedules. For a fuller description of the program model and its various components, see Eppler-Wolff et al. (2018).
8. GoNoodle is a collection of interactive online videos, games, and activities. Educators can use the site to incorporate short, five- to 10-minute physical activity breaks into the school day.

Disclosure statement

No potential conflict of interest was reported by the authors.

References

Allen, J. G. (2013). *Mentalization in the development and treatment of attachment trauma*. Karnac Books.

Bailey, H. N., Moran, G., & Pederson, D. R. (2007). Childhood maltreatment, complex trauma symptoms, and unresolved attachment in an at-risk sample of adolescent mothers. *Attachment & Human Development*, *9*(2), 139–161. https://doi.org/10.1080/14616730701349721

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.

Buelens, J. (n.d.). *Freud and education*. Department of Philosophy and Moral Science, Ghent University. Retrieved May 26, 2020, from http://www.philosophica.ugent.be/fulltexts/4-2.pdf

Busch, F. N. (2008). *Mentalization: Theoretical considerations, research findings, and clinical implications*. Analytic Press.

Cohen, P., Remez, A., Edelman, R. C., Golub, A., Pacifici, A., Santillan, Y., & Wolfe, L. (2016). Promoting attachment and mentalization for parents and young children in the foster care system: Implementing a new training and treatment approach in an agency. *Journal of Infant, Child, and Adolescent Psychotherapy*, *15*(2), 124–134. https://doi.org/10.1080/15289168.2016.1163992

Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*, *60*(2), 174–184. https://doi.org/10.1037/0022-006X.60.2.174

Eppler-Wolff, N., Homayoonfar, S., Albertson, J., Semel, R., & Jean-Pierre, A. (2020). *School based mental health collaboration clinical consultant guidebook* (Unpublished manuscript).

Eppler-Wolff, N., Martin, A., & Homayoonfar, S. (2018). The school-based mental health collaboration (SBMHC): A multi-level university-school partnership. *Journal of Infant, Child, and Adolescent Psychotherapy*, *18*(1), 13–28. https://doi.org/10.1080/15289168.2019.1573095

Fonagy, P. (2000). Attachment and borderline personality disorder. *Journal of the American Psychoanalytic Association*, *48*(4), 1129–1146. https://doi.org/10.1177/00030651000480040701

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, *9*(4), 679–700. https://doi.org/10.1017/S0954579497001399

Fonagy, P., & Target, M. (2006). The mentalization-focused approach to self pathology. *Journal of Personality Disorders*, *20*(6), 544–576. https://doi.org/10.1521/pedi.2006.20.6.544

Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). *Reflective-functioning manual, version 5, for application to adult attachment interviews*. University College London.

Geddes, H. (2006). *Attachment in the classroom: The links between children's early experience, emotional well-being and performance in school*. Worth Publishing.

Grienenberger, J., Kelly, K., & Slade, A. (2005). Maternal reflective functioning, mother- infant affective communication, and infant attachment: Exploring the link between mental states and observed caregiving behavior in the intergenerational transmission of attachment. *Attachment & Human Development*, *7*(3), 299–311. https://doi.org/10.1080/14616730500245963

Horvath, A. O. (1992). *Working alliance inventory* [Measurement instrument]. Society for Psychotherapy Research. http://wai.profhorvath.com/downloads

Jacobsen, T., & Hofmann, V. (1997). Children's attachment representations: Longitudinal relations to school behavior and academic competency in middle childhood and adolescence. *Developmental Psychology*, *33*(4), 703–710. https://doi.org/10.1037/0012-1649.33.4.703

Jurist, E. L. (2005). Mentalized affectivity. *Psychoanalytic Psychology*, *22*(3), 426–444. https://doi.org/10.1037/0736-9735.22.3.426

Kennedy, J. H., & Kennedy, C. E. (2004). Attachment theory: Implications for school psychology. *Psychology in the Schools*, *41*(2), 247–259. https://doi.org/10.1002/pits.10153

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *The John D. and Catherine T. MacArthur foundation series on mental health and development. Attachment in the preschool years: Theory, research, and intervention* (pp. 121–160). University of Chicago Press.

Malberg, N. T. (2015). Activating mentalization in parents: An integrative framework. *Journal of Infant, Child, and Adolescent Psychotherapy*, *14*(3), 232–245. https://doi.org/10.1080/15289168.2015.1068002

Pianta, R. C., & Steinberg, M. (1992). Teacher–child relationships and the process of adjusting to school. In R. C. Pianta (Ed.), *New directions for child development, No. 57. Beyond the parent: The role of other adults in children's lives* (pp. 61–80). Jossey-Bass.

Rath, T., & Reckmeyer, M. (2009). *How full is your bucket? For kids*. Gallup Press.

Silber, L. M. (2015). Why does nested mentalization make me want to cry? *Journal of Infant, Child, and Adolescent Psychotherapy*, *14*(3), 341–344. https://doi.org/10.1080/15289168.2015.1084829

Slade, A. (2018, May 2). *Relationships and reflection: From fear to openness*. Simms-Mann Institute Think Tank. https://www.simmsmanninstitute.org/projects/videos/#!

Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment & Human Development*, *7*(3), 283–298. https://doi.org/10.1080/14616730500245880

Slade, A., Sadler, L., Close, N., Fitzpatrick, S., Simpson, T., & Webb, D. (2017). Minding the baby: The impact of threat on the mother-baby and mother-clinician relationship. In S. Gojman-de-Millan, C. Herreman, & L. A. Sroufe (Eds.), *Attachment across cultural and clinical contexts* (pp. 182–205). Routledge.

Tomlin, A. M., Weatherston, D. J., & Pavkov, T. (2014). Critical components of reflective supervision: Responses from expert supervisors in the field. *Infant Mental Health Journal*, *35*(1), 70–80. https://doi.org/10.1002/imhj.21420

Verheugt-Pleiter, A. J. E., Zevalkink, J., & Schmeets, M. G. J. (Eds.). (2008). *Mentalizing in child therapy: Guidelines for clinical practitioners*. Karnac Books.

Waters, E., Merrick., S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child Development*, *71*(3), 684–689. https://doi.org/10.1111/1467-8624.00176