EMOTION REGULATION INTERVENTION FOR COMPLEX DEVELOPMENTAL TRAUMA: WORKING WITH HIGHLY TRAUMATIZED YOUTH

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ABSTRACT

EMOTION REGULATION INTERVENTION FOR COMPLEX DEVELOPMENTAL TRAUMA: WORKING WITH HIGHLY TRAUMATIZED YOUTH

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The first aim of this study was to explore the emotion regulation component of complex trauma in boys who live in residential care and have lived and/or worked on the street. The second aim of this study was to propose an "emotion regulation intervention model" for boys who have lived and/or worked on the street, and boys who are under risk of living and/or working on the street. As the issue is deeply sensitive, and there is lacking literature on this issue, grounded theory approach was taken for research. An emotion regulation group work was conducted with 12 boys living in residential care, aging between 14 and 19. The group, other than the boys, consisted of the therapist, the co-therapist, and two group facilitators who were psychology seniors. The inductive thematic analysis was performed on the in depth interviews prior to the study, observation reports, session transcripts, group supervision reports, and the products of exercises, utilizing a qualitative data analysis software, MAXQDA. Results showed that the boys experienced complex trauma as a

result of traumatic attachment with the primary caregiver in early childhood. The boys' inability to trust and triggered beliefs in terms of lack of worthiness in relationships; emotion regulation problems on the individual level; and uncertainty beliefs and hopelessness about the system were evaluated as complex trauma symptoms. In terms of emotion regulation problems, the boys used especially projective identification, regression, and dissociation defense mechanisms. In terms of behavior problems, substance abuse, hyperactivity and acting out behaviors are striking. The positive effects of the emotion regulation group work and its place in the current child protection system are discussed.

Keywords: Emotion Regulation, Complex Trauma, Intervention, Street Boys

ÖZ

DUYGU DÜZENLEME MÜDAHALESİ: İLERİ DERECEDE TRAVMATİZE OLMUŞ GENÇLERLE ÇALIŞMAK

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Çalışmanın ilk amacı, sokak ta yaşamış ve/veya çalışmış, şu anda devlet kurumu bakımında yaşayan gençlerin yaşadığı kompleks travmanın duygu düzenleme boyutunu araştırmaktır. İkinci amacı ise, Türkiye'de sokak geçmişi olan veya risk altında olan gençler için kurum çalışanları tarafından uygulanabilecek bir "duygu düzenleme müdahale modeli" önermektir. Çalışma, konu itibariyle hem çok hassas bir katılımcı grubu üzerine olduğundan hem de bu konuda literatürde benzer çalışma azlığından ötürü "temellendirilmiş kuram" yaklaşımı kullanılmıştır. Bu amaçlarla, 14-19 yaş aralığında 12 kurum bakımında yaşayan genç ile bir duygu düzenleme grup çalışması yürütülmüştür. Gruba gençler dışında, 1 terapist, 1 ortak terapist ve 2 grup kolaylaştırıcı olarak psikoloji son sınıf öğrencileri katılmıştır. Veri analizi, çalışma derinlemesine görüşmeler, grup kolaylaştırıcıların gözlem raporları, seans ses kayıt dökümleri, grup süpervizyonu raporları ve seanslarda ortaya çıkan ürünlere

tümevarımsal tematik analiz yöntemi uygulanmış, bir nitel analiz programı olan MAXQDA'den yararlanılmıştır. Bulgular, gençlerin ebeveynleri ile olan erken çocukluk yaşantılarındaki travmatik bağlanma sonucu kompleks travma yaşadıklarını göstermiştir. Gençlerin ilişkilerde yaşadıkları güven sorunu ve değersizlik inancı; bireysel düzeyde yaşadıkları duygu düzenleme sorunları; sistem düzeyinde yaşadıkları belirsizlik ve umutsuzluk duyguları kompleks travma belirtileri olarak değerlendirilmiştir. Gençlerin duygu düzenleme sorunu olarak özellikle yansıtmalı özdeşim, regresyon ve disosyasyon savunma mekanizmalarını kullandıkları bulunmuştur. Davranış sorunları düzeyinde ise madde kullanımı, hiperaktivite ve eyleme vuruk davranma örüntüleri dikkat çekicidir. Uygulanan duygu düzenleme müdahalesinin olumlu etkileri ve güncel çocuk koruma sistemi içinde verilmesi gereken yeri tartışılmıştır.

Anahtar Kelimeler: Duygu Düzenleme, Kompleks Travma, Müdahale, Sokak Çocukları

To My Containers

My Parents and Arif

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CHAPTER 1

INTRODUCTION

Emotions give our lives meaning, show us our needs, and areas that we need to change or areas that we are satisfied with. Therefore, emotions are our road signs on the way to the place that is good for us. We usually benefit from them if we have the necessary skills of regulation. However many people become overwhelmed with emotions as they lack the skills to turn them into useful road signs. Main aim of this study is exploring emotion regulation skills, their developmental pathways of boys who have lived and/or worked on the street in some part of their lives. In addition, possible means of change by adopting an attachment-based psychoanalytic and systemic perspective is an important aim of the study, in order to propose an intervention model for emotion regulation problems of street boys.

1.1 The Aims and Objectives of the Study

Complex developmental trauma occurs as a result of repeated patterns of neglectful or abusive parenting; lack of ability of the parents to provide a good enough caregiving as well as emotional resources for the child to learn self-regulation (Schore & Schore, 2008; Saxe, Ellis, & Kaplow, 2007; Blaustein & Kinniburgh, 2010). Emotion regulation is an important part of self-regulation and development of a cohesive self. However destructive caregiving patterns restrain the development of healthy emotion regulation skills. Children who experienced complex developmental trauma in infancy are commonly labeled as “problem” or “deviant” in their adolescence and early adulthood years (Blaustein & Kinniburgh, 2010).

Street children are a highly traumatized population. The prevalent characteristics of this population are self-harm, criminality and substance abuse problems, which lead to stigmatization in the society. As they are a marginalized population from the public, the research on this issue in Turkey has been marginalized too. Literature mainly focused on the medical treatment models for substance abuse or prevalence rates of psychological, sociological or demographic characteristics of street children.

There are efficiently working models for treatment of street children in other Western countries, however the government and nongovernmental organizations have lacking monetary and professional resources to deal with psychological treatment of complex trauma in street children in Turkey (Bademci, 2012).

Before giving a start to develop an emotion regulation intervention model adapted to Turkish culture, street children's voices should be heard. Their living conditions and demographics are statistically reported; however their developmental pathways that lead to leaving their homes and starting to live and work on the streets have been left untouched. This study aims to be a first step in this issue to raise the voices of street children in İstanbul, as well as their psychological needs that can be met by developing a systemic and attachment-based psychological treatment model in a group setting. Since this is a highly sensitive and novel issue in Turkey, qualitative research design is thought to be more appropriate. Grounded theory approach that gives way to exploring what the children bring and analyze the data so that the grounded theory in their words will appear. As mentioned previously, the study does not aim to test a grand theory; rather the objectives are exploring the conditions and the real experiences of street children in Turkey while keeping the emotion regulation theoretical background in mind. The study will follow an approach to explain the emergent themes in their sayings with the existing literature to put the first cornerstones of developing an intervention model for complex trauma in street children.

Therefore, the study had two main objectives. First objective was focused on the manifestation of complex trauma in boys who have worked and/or lived on the street in Istanbul. The second objective was proposing an emotion regulation intervention model for street boys by adopting an attachment-based framework while utilizing some of the cognitive-behavioral techniques as well.

1.2 Literature Review

1.2.1 Emotion Regulation

A recent attachment-based psychoanalytical approach defined emotion regulation as "being able to experience all emotions without being overwhelmed" (Saxe et. al, 2007, p. 230). When clinical psychologists, who had a cognitive behavioral approach to treatment, analyzed the "emotion" concept, it was compartmentalized to five crucial features (Werner & Gross, 2010). First of them is "trigger" of the emotion which can be internal or external. Second feature is "attention". Third feature is "appraisal" which is elaboration of a stimulus in terms of one's current goals. Fourth feature is "response" which includes various tendencies such as experiential, behavioral, and central or peripheral physiological systems. Fifth feature of emotion is "malleability" which means that emotions may interrupt our conscious state in unpredictable ways and force themselves to be recognized. Malleability is the feature that makes regulation of emotions necessary and possible (Werner & Gross, 2010).

Emotional states, on the other hand, consist of more stable, repeated patterns of personal experience based on specific activity, cognition, affect, and relatedness (Lichtenberg, Lachman, & Fosshage, 1992). When an emotion is compared with an emotional state, the duration, frequency and the relation with the self are different. As well as being more stable and recurrent, emotional states are also highly related with one's self and the way that self relates with others. Emotional states are proposed to be composed of three elements (Saxe et. al, 2007): *Awareness*, *affect*, and *action*. These elements may be explained as consciousness about the emotion, emotion itself, and behavior that the emotion creates. In order to be aware of an emotion; attention, orientation in place and time and sense of self are crucial. When affect component is analyzed, two important functions of affect should be mentioned: Producing a reaction and regulating internal state in order to react. Action or behavior is taken on the basis of learnt patterns of reacting to distressing stimuli.

Leahy, Tirch and Napolitano (2011) defined emotion dysregulation as "difficulty or inability in coping with experience or processing emotions" (p. 2). Dysregulation may present itself in both ways, either as *excessive intensification* or *excessive*

deactivation of emotion. Overwhelmingly intensified emotions may cause panic, terror, trauma, dread, or a sense of urgency. On the other hand, excessive deactivation of emotions may cause dissociative experiences, such as depersonalization and derealization, splitting, or emotional numbing in such contexts that intensified emotions would be expected to occur (Leahy et. al, 2011).

1.2.1.1 Effects of Complex Trauma on Emotion Regulation

When “trauma” is mentioned, there was the Diagnostic Statistical Manual of Mental Disorders (DSM IV-TR, 2000) definition of posttraumatic stress disorder (PTSD), which was under the general heading of “anxiety disorders”. In 2013, American Psychiatric Association revised the PTSD criteria as well as replacing it under a new heading of “trauma and stressor-related disorders” in (DSM-V). Two differences existed in the new diagnosis: Firstly, PTSD in preschool children (valid for under the age of six); secondly, PTSD with prominent dissociative (Depersonalization/ Derealization) symptoms were added. Still, there was not any mention on traumatic experiences which are chronic, repetitive, caused by multiple stressors and especially by the caregiving system of children. In addition, there was not any emphasis on the developmental pathways of preschool children to adulthood who are diagnosed with PTSD before 6 years old.

Saxe et. al (2007) mentioned that their most vital concern about the diagnostic criteria of PTSD was that it lacked developmental psychopathology of trauma and psychosocial aspects related to the trauma. In terms of lacking information on developmental psychopathology of trauma in children, the main obscured problem of the traumatized child was dysregulation of emotional states when faced with a stressor in the DSM. Luxenberg, Spinazzola, and Van der Kolk (2001) stated the diagnostic criteria for a new diagnosis called *complex trauma and disorders of extreme stress* (DESNOS). Next, van der Kolk (2015) recently revised the criteria, and stated the consensus proposed criteria for developmental trauma disorder (Bkz. Table 1).

Table 1. Consensus Proposed Criteria for Developmental Trauma Disorder (Van der Kolk, 2015, Appendix)

A. Exposure. The Child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including: A. 1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and A. 2. Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse
B. Affective and Physiological Dysregulation. The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following: B. 1. Inability to modulate, tolerate, or recover from extreme affect states (e.g., fear, anger, shame), including prolonged and extreme tantrums, or immobilization B. 2. Disturbances in regulation in bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions) B. 3. Diminished awareness/dissociation of sensations, emotions and bodily states B. 4. Impaired capacity to describe emotions or bodily states
C. Attentional and Behavioral Dysregulation. The Child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following: C. 1. Preoccupation with threat, or impaired capacity to perceive threat, including misreading of safety and danger cues C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking C. 3. Maladaptive attempts at self-soothing (e.g. rocking and other rhythmical movements, compulsive masturbation) C. 4. Habitual (intentional or automatic) or reactive self-harm C. 5. Inability to initiate or sustain goal-directed behavior
D. Self and Relational Dysregulation. The child exhibits impaired normative developmental competencies in their sense of personal identity involvement in relationships, including at least three of the following: D. 1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious caregiving) or difficulty tolerating reunion with them after separation D. 2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness D. 3. Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers D. 4. Reactive physical or verbal aggression toward peers, caregivers, or other adults D. 5. Inappropriate (excessive or promiscuous) attempts to get intimate contact (including but not limited to sexual or physical intimacy) or excessive reliance on peers or adults for safety and reassurance

Table 1. (continued) Consensus Proposed Criteria for Developmental Trauma Disorder (Van der Kolk, 2015, Appendix)

D. 6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others.
E. Postraumatic Spectrum Symptoms. The child exhibits at least one symptom in at least two of the three PTSD symptom clusters B, C, & D.
F. Duration of disturbance (symptoms in DTD Criteria B, C, D, and E) at least 6 months.
G. Functional Impairment. The disturbance causes clinically significant distress or impairment in at least two of the following areas of functioning: Scholastic; familial; peer group; legal; health; vocational (for youth involved in, seeking or referred for employment, volunteer work or job training)

Saxe et. al (2007) proposed a new category for PTSD as *stress-induced and fear circuitry disorders*. Another new diagnosis of *developmental trauma disorder* was proposed (van der Kolk, 2005). This definition expanded the trauma disorder definition to including childhood problems, especially the problems that the infant experiences in the relationship with the caregivers such as neglect, maltreatment or attachment separations. Blaustein and Kinniburgh (2010) suggested that "children who have experienced chronic, often multiple stressors within a caregiving system, that is, itself, stressed" have so called *complex developmental trauma* (p. 4). Such children generally have chaotic and unpredictable environments, and they do not have any caregiver as a buffer against stressors since the caregiver himself/herself is most of the time the source of stress. However, their propositions and research going on about complex trauma / complex developmental trauma / traumatic attachment until the beginning of 2000s were not taken into account by the American Psychiatric Association while revising PTSD in 2013.

When traumatic effects on individuals are examined, it was found that only 5-13 % of individuals, who have been exposed to a traumatic event, develop post-traumatic stress disorder (PTSD, Breslau, 2001). Perry, Pollard, Blakley, Baker and Vigilante (1995) argued that emotional states might turn into personality traits as the child adapts to traumatic stress in time as a defense of brain systems against being overwhelmed by emotions. In addition, as the child brain functions as *use-dependent* referring to the process that the more used functions such as dissociation or

hyperarousal are perceived to be useful and the brain utilizes them more as a coping mechanism in stressful situations no matter whether the level of stress is small or immense. Therefore, the child may not be diagnosed with PTSD but may develop unhealthy personality traits as an adaptation to the traumatic event. It is related to the brain's ability to adapt and change as a reaction to experiences so called repeated inputs, which is called *neural plasticity* (Blaustein & Kinniburgh, 2010). Whereas the potential neural connections in the brain increase when there is a specific repeated input, the less used neural connections are shred.

Saxe et. al (2007) argued that the core problem of traumatized children is in the "goodness of fit" between the social environment or the care system of the child and the *capacity of emotion regulation* of the child. Blaustein and Kinniburgh (2010) mentioned the *good-enough* balance in normal development of a child in terms of strengths and challenges, resources and stressors which is provided by a "safe-enough system" (p. 2). This safe-enough system provides the child necessary resources that are repeated inputs to develop skills to meet our own needs. If the system is not safe-enough, the child is usually labeled as "a problem" for his/her environment. They are usually referred to clinics for attention deficit and hyperactivity disorder, oppositional defiant disorder, or mood disorders. If they can control their behaviors which Blaustein & Kinniburgh (2010) call "fly under the radar" successfully, they may be exerting rigid and inefficient emotion regulation skills, and diverting their emotional problems to themselves. These rigid efforts may show up as other more introverted disorders such as eating disorders, substance abuse or self-injury (Blaustein & Kinniburgh, 2010). In most of the cases, the "problem" behaviors are the adaptations of the child to an inoperative environment. Therefore those "problem" behaviors may be helping the child to survive in his/her nonfunctional environment.

When the impact of developmental trauma on tasks of childhood is investigated, major obstacles on the way of *building a cohesive and resilient self* may be identified. When early childhood is explored, the very early understandings of self, other, and self in relation to other start to be built in the context of attachment

relationship in a purely emotion-based manner. The capacity to discriminate among self needs and internal states is a major challenge for the infant at this state. Therefore, regulation happens in the form of *co-regulation,* which refers to the dependence on the mother to regulate the infant's own needs. Affect tolerance and regulation strategies are starting to operate by the help of this co-regulation in the attachment relationship. The major trauma impact at the earliest developmental stage would be the result of unpredictable, inconsistent responses of the caregiver. These responses may be verbal or non-verbal such as mimics, tone of voice or actions. As a result, the child cannot learn how to communicate his/her emotions, needs, how to tolerate and how to soothe them (Blaustein & Kinniburgh, 2010). When the child cannot have safety and structure, very rigid and dysfunctional control strategies build up. In addition, the world and others are learnt as unpredictable, dangerous, less controllable, and the self is perceived to have less impact on others so a sense of *helplessness* starts to dominate cognitions (Crittenden & DiLalla, 1988). In line with Schore and Schore's (2008) research on effects of attachment on right brain development, Blaustein and Kinniburgh (2010) argued that at the early stage of development, because of the nonverbal nature of this stage, cues of potential danger are processed and generalized which become triggers of automatic danger responses in later life. As the traumatized child grows up, these triggers may cause some bodily danger responses which Saxe et. al (2007) call the "survival circuit", however the traumatized person may not be able to understand their origins since they were coded in the non-verbal past history of the person. This is the most critical phase of development in terms of emotion regulation, which may lead to further difficulties and delays in the following developmental stages.

If the child experiences a complex developmental trauma, it may present itself especially in two areas in middle childhood years: ***Building a competent self and good relationships***. In elementary school/middle childhood years, these two areas may manifest themselves with lack of school success and lacking nourishing peer relationships. These in turn create a belief of the self as incompetent which lead to a negative self-concept and self-blame. The rigidity of emotion regulation strategies cause adaptation to stressed environments to be difficult. Lacking healthy peer

relations lead to a basic sense of mistrust, which in turn cause self-protective signals that the child sends to others. Since the child lacks trust and behaves as if others are threats, the child is perceived as disinterested in relationships. These developments create a vicious circle (Blaustein & Kinniburgh, 2010).

In adolescence, the complex developmental trauma manifests itself with *separation and individuation difficulties* especially with the primary caregiving system. The adolescent may seek a "safety-net" (Blaustein & Kinniburgh, 2010) so called "secure base" (Bowlby, 1988) in these years so that he/she can test short flights of testing for independence but needs the reassurance and feeling of trust to be able to return to the safety net when she/he needs to. When the adolescent is traumatized in the separation-individuation trials, primitive coping strategies such as *overcontrol* in terms of perfectionism, or seeking external means of emotion regulation such as substance abuse, self-harm, or sensation seeking behaviors are made use of. The self cannot be integrated and becomes fragmented which leads to relying on *ineffective means of emotion regulation such as* ***dissociative coping*** *with such symptoms as* ***depersonalization*** *and* ***derealization***. The dissociative coping and fragmented self restrain the adolescent from building healthy peer relationships, which are at the core of separation-individuation process from the primary caregiving systems. Therefore the traumatized adolescent separates from the family traumatically, the safety nest is lost, and may hinge upon some negative peer groups to handle the separation anxiety. Belonging to a negatively influencing peer group gives rise to the re-victimization of adults and other peers (Blaustein & Kinniburgh, 2010).

In early adulthood, making a meaning of life and relationships become the core challenging issue. Therefore having a meaningful, creative and satisfying occupation, as well as building up new attachment ties with emotionally supportive partners or with children is crucial. However the traumatized adolescent that could not achieve to integrate a cohesive self, repeats earlier negative attachment patterns with new attachment attempts such as overdependence or avoidance of meaning relationships. The negative, fragmented self-concept leads to negative emotions such as guilt, shame, self-blame and powerlessness. Traumatized young adult increasingly engages

in more rigid and primitive emotion regulation strategies. Similar to the unhealthy attachment style, the young adult may present vigilance and extreme responses to environmental stresses as well as numbing and disengagement (Blaustein & Kinniburgh, 2010).

1.2.1.2 Therapeutic Approaches in Emotion Regulation Interventions

A recent review study on evidence-based treatments for complex trauma in children compared 26 randomized and 7 non-randomized clinical trials between 2000 and 2012. The sample consisted of children with various psychopathologies such as sexual abuse, maltreatment cases from child psychiatry clinics and traumatized incarcerated children from foster care. The studies utilized mostly cognitive behavioral approaches such as trauma focused cognitive behavior therapy or combined parent-child cognitive behavior therapy. According to the results, the authors suggested that a *phase-oriented approach* should be followed in clinical practice, which has growing consensus in literature. These phases should include *stabilization, resolution of traumatic memory, personality (re)integration* and *rehabilitation*. They mentioned that none of the reviewed clinical trials has an explicit phase-approach. The phase approach would make separate stages for children as psycho-education, emotion awareness, emotion modulation, and exposure, yet the CBT approaches did not differentiate *exposure* from earlier stages to work on emotion regulation before passing to exposure and resolution of traumatic memory (Leenarts, Diehle, Doreleijers, Jansma, & Lindauer, 2013). New clinical practice models have been proposed taking into account this phase-approach such as trauma systems therapy or attachment and self-regulation, competency framework.

1.2.1.2.1 Psychoanalytical Approaches

According to attachment-based psychoanalytical approaches, emotion regulation starts to develop by repeated interactions in the mother-infant dyad as the infant seeks external support from the primary caregiver at the beginning, and learns in time how the shift from state of distress to state of calmness occurs. Then, the infant alone can start to calm oneself, which is called self-soothing (Saxe et. al, 2007).

When the parent is nonresponsive to the distress of the child such as in neglect, or abuse, the child starts to experience problems in emotion regulation, which leads to life-long difficulties.

1.2.1.2.1.1 Attachment Theory

Bowlby was apparently the first to use the term, "attachment". Bowlby (1969) defined attachment as the instinctual motivation of the infant to bond with the mother in order to survive and adapt to the environment (as cited in Bowlby, 1988). In that sense, Darwinism, as well as ethology, biology, anthropology, and other research areas related with children and families influenced his theory of attachment (Mitchell & Black, 1995). Bowlby (1988) argued that repeated experiences between the infant and the mother create ***internal working models of self and others***, and established the basis of the attachment theory. In his theory, the mother constitutes a ***secure base*** for the infant where the infant is nourished emotionally and physically, as well as providing a safe place to the infant knows he can leave for new experiences in the outside world and come back to when she needs to. These repeated experiences are psychologically nourishing when the parents let the child to gain autonomy, as well as being available and responsive whenever the child needs (Bowlby, 1988). When the mother-infant dyad is destructed, ***separation anxiety*** occurs. Losing proximity to an attachment figure produces the emotion of fear and the sense of helplessness in an infant (Bowlby, 1988). He claimed that all types of ***anxiety*** are based upon separation anxiety. In addition, the emotion of ***anger*** is caused by the protests of the infant against separation under different circumstances for Bowlby (Mitchell & Black, 1995). These conditions are very similar to the emotional reactions to psychological traumatization (Zulueta, 2006). Many researchers have been aware of this profound link (Lindemann, 1944, Henry, 1997, Wang, 1997, as cited in Zulueta, 2006). Lindemann (1944) defined *psychological trauma* as "the sudden uncontrollable disruption of our affiliative bonds" and discussed trauma in terms of *acute grief* as both follow similar paths.

Bowlby (1988) summarized many studies on attachment in the 60s and 70s including pioneers other than him such as Ainsworth and Harlow. For him, a major figure in

the attachment literature was Ainsworth who proposed the term, *secure base* to the attachment literature. Ainsworth conducted many groundbreaking experiments including the strange situation procedure (Ainsworth, Blehar, Waters, & War, 1978). As a result of these pioneering studies, it was pointed out that the infants who had a secure base provided by a primary caregiver were mentally and physically healthier than infants whose parents were insecure, and even abusive (Ainsworth et. al, 1978; Bowlby, 1988). In addition, it was found that the infants who were raised by a secure primary caregiver, grew up to be adults who had secure attachment. Bowlby emphasized the importance of the mother's own childhood experiences, and their reflections on her own parenting style in the future (1988). He concluded that the mothers who had happier childhood memories engaged in more interaction with their babies than mothers who were disturbed in their childhoods.

Fonagy and Target (2002) reviewed the main turning points in child development. They came to a conclusion that the child's most important success is the enhancement of self-regulation as the child grows. Zulueta (2006) mentioned that newly born human infants are not able to regulate their arousals and emotional responses. The development of emotion regulation occurs due to the attachment relationship in the mother-infant dyad where a complex ***affect attunement*** takes place. Affect attunement includes stages such as mother's reading the infant's reactions, mother's some kind of response to the infant which may not be mere imitation of the infant but a different mode of responding, infant's realization that his mother responding to him and feels understood in the right way (Stern, 1985). Bion theorized *attunement* as the mother's ability to contain the disturbing sensations of the infant as the infant *projects* them to the mother in order to get rid of them (Mitchell & Black, 1995). If the mother is attuned to the baby, she would organize the disturbing mental material, and the baby would be relieved.

Freud had conceptualized *projection* as a defense mechanism against unwanted impulses being expelled out and placed in an external object rather than the self (Mitchell & Black, 1995). This was a disturbance of the patient unrelated with the analyst. Later, when Freud conceptualized countertransference, he claimed that the

analyst was only an observer who should have previously solved his/her unfinished businesses in his/her own analysis. As a result, countertransference was only an obstacle on the way to analysis of the patient. Klein, later, termed "projective identification" and took the projection concept of Freud to a further point. She proposed that not only unwanted impulses but also the "bad" part of the self is projected onto an external object not to hold it within the self. According to Klein, projective identification presented itself in daily life as an individual's exaggerated effort spent on an issue with the emotions of hate. For Klein, the major problem in life that the individual is challenged with was regulation and containment of *aggression*. In circumstances that the individual could not regulate aggression, he/she seemed to show off as if she does not have any "bad" part that she hates in herself similar to that external object (Mitchell & Black, 1995).

Bion extended this conceptualization of Klein to another level. By projective identification, Bion suggested that the analyst himself/herself was actively dealing with his/her own depressive anxiety while communicating with the patient. Therefore, Bion shifted the psychoanalytic theory from a unidirectional approach to a dyadic, interpersonal approach (Mitchell & Black, 1995). Bion's emphasis on creating meaning for the analyst's own experiences during the analysis of the patient gave analysts tools to make working with even the deeply disturbed patients more productive. Instead of prohibiting the analyst's emotions, discovering the associations between his own experiences in session with the emotions projected to him by the patient opened a new area to work on for the analysts. As the analytic work started to become more intersubjective, the Kleinians and other object-relations theorists broadened the concept of projective identification, and considered *countertransference* as a key tool to analyze the repetitive self-object relationship patterns of the patient. They proposed that projective identification is the core of the analysis where the analyst's experiences create the main arena on which the patient's experiences to be realized and discovered together (Mitchell & Black, 1995). In sessions, the patient projected his/her emotions to the analyst to be contained. However, these hard to contain emotions evoked some emotions on the analyst's side. When the analyst started to see these evoked emotions as countertransference,

and evaluated these emotions as emerging both from the patient's experiences as well as his own experiences, a more integrative and meaningful whole must have appeared in the therapy room.

In the bonding process of mother and infant, another important point in literature is ***reflective functioning*** (Zulueta, 2006). Reflective functioning includes giving meaning to the infant's experiences, sharing them with the infant, predicting the infant's behaviors so that the infant can internalize this function. Reflective functioning is an important component of Kohut's self-psychology theory. He emphasized that ***empathic mirroring of the selfobject***, which is the parent, has vital importance (Fonagy & Target, 2003). Empathic responses from the mirroring selfobject give way to the onset of self-formation by the mother's behaviors as though there is a self of the child. In this way, the child starts to idealize the parent. Through this developmental path, with "optimal frustration" caused by small mistakes that the parents do inevitably but without any major harm to the child, the child's primary narcissism comes to an end. However grandiose exhibitionistic self continues to seek approval and admiration. During this process, the child goes between the poles of "being autonomous" to "being one/enmeshed with the parent". Going in between these poles, the child internalizes the idealized parental image. In time, the child leaves the idealized parental image and internalizes the ideals to the self. This internalization becomes only possible with an empathic mirroring selfobject and optimal frustration, which gives way to a mature self-organization (Fonagy & Target, 2003). The cohesive self in Kohut's theory, affect attunement between the mother and infant is appropriate. However, if the attunement is lost and frustrations of the infant become too overwhelming for the infant, ***fear of disintegration of the self*** occurs which leads to oedipal preoccupation. Nevertheless, Kohut's Oedipus complex explanation presents itself very opposite to Freudian explanation. Kohut (1984, as cited in Fonagy & Target, 2003) argued that Oedipus complex was a result of parental failure to show empathy and failure to enjoy the infant's growth together with the infant. Therefore, for Kohut, Oedipus complex occurred only as a defense against a pathological condition in the family. If the father of a girl showed affection to her without becoming overly seductive, and if the

mother of the girl perceived this father-daughter affection positively without getting into a competition, the girl could learn ***affection*** and ***assertiveness*** in a cohesive and productive way. On the other hand, if the parents were not emotionally attuned to the child, affection would become sexualized, as well as assertiveness would turn into hostility and aggression (Fonagy & Target, 2003).

In the path of Kohut's theory, Stolorow, Atwood and Orange (2002, as cited in Stolorow, 2010) proposed the ***intersubjective systems theory***. Its main contribution to Kohut's self-psychology theory was the importance attributed to ***affect integration***. Stolorow and his colleagues had been working on functions of selfobjects (Fonagy & Target, 2003). Four functions of selfobjects were suggested: "(1) *affect differentiation*, (2) *the synthesizing of affectively discrepant experience*, (3) *toleration of affects and the development of their use as signals*, (4) *the desomatization of affects*, by which it becomes possible to think about them" (Fonagy & Target, 2003, p. 169).

Similarly, Fonagy, Gergely, Jurist and Target (2002) proposed the ***theory of mind*** based upon affect regulation and representational nature of mind. They argued that *affect regulation* was possible through ***parental affect mirroring***. The affect mirroring process gives the infant a sense of self that is in control of his environment as well as his emotional states and impulses. The affect mirroring is only possible if the primary caregiver's responses are contingent upon the infant's displays of seeking attention. In addition, the primary caregiver should mark the difference between her emotions and the infant's emotions in order to establish that the negative emotions of the infant are not hers but the infant's and she can understand them although she does not feel the same way. This process is called "markedness". If markedness is not apparent, the infant may become overwhelmed with emotions.

In terms of ***representational nature of mind***, the child learns there is an external reality separate from his inner reality. Parental affect-mirroring makes possible to learn that emotions do not spill out to the external world; they are under regulation so that the child is relieved that his phantasies will not appear to be real as some of them are terrifying and anxiety-provoking. If the parent is more attuned to and congruent

upon the baby's emotions, mental state can be separated from external reality. If the separation cannot be established, and the difference between internal and external reality is lost, severe personality problems may occur such as borderline personality. ***Projective identification*** is a main result of this equation of inner and external reality which presents itself as losing the boundary between real and phantasy as well as the boundary between the self and other (Fonagy et. al, 2002).

In terms of recent developments in the attachment theories, Schore (2008) proposed ***a modern attachment theory***. *Schore (2008)* reviewed the recent findings in psychology and neuroscience. It became apparent to him that there has been a shift of focus in research from the dominance of conscious cognitive processes (left brain functions) to the nonconscious affective bodily processes (right brain functions) that take place in the mother and infant dyad. Therefore recent findings shed light on the impacts of ***psychobiological attunement*** and ***relational stress*** on early developing brain systems, which are responsible for emotion regulation.

Schore (1994, as cited in Schore & Schore, 2008) proposed that attachment communications have critical effects on especially right brain neurological development, which is responsible for emotion regulation and functional origins of bodily-based implicit self. Schore and Schore (2008) mentioned that the right brain development occurs even before verbal explicit system's development and it matures mostly by implicit attachment regulatory functions, which are auditory, tactile information received from the dyadic relationship with the primary caregiver. In addition to self-regulation, right hemisphere of brain is also responsible for ***intersubjectivity***. Therefore, the effects of attachment relationship on right brain present themselves in transference-countertransference relationship in therapy, since therapist-patient dyad is very similar to the mother-baby dyad in terms of implicit communication of affective states. As a result, therapist's tone of voice, attunement to patient's pace in therapy, warmth and empathy lay the groundwork for major therapeutic interventions, even more than cognitive, rational, verbal discussions.

Schore and Schore (2008) called the modern attachment-based psychotherapy not a "talking" but a "communicating" cure which emphasizes the communication

between the implicit systems of the patient and the implicit systems of the therapist. These implicit systems interact during therapy by tone voice, gaze, posture, and even respiration, which can all be categorized under nonconscious bodily responses. The interpersonal skills that regulate these bodily responses make up a sensitive and flexible therapist. Hence, according to Schore & Schore (2008), the key mechanism of building a solid therapeutic alliance and laying a solid groundwork for change, the therapist should be skilled at "how to be with the patient" especially in emotionally difficult moments in sessions, rather than holding onto therapy manuals and techniques.

1.2.1.2.1.2 Trauma Systems Therapy

TST is an office-based individual therapeutic approach from psychoanalytical and systems perspectives (Saxe et. al, 2007). TST has the main viewpoint that traumatic stress is the result of emotional dysregulation and the inability to turn back to a regulated emotional state. Since the trauma causes the brain's processing of emotions to be erroneous, traumatized child's system continues to be overly reactive to social environmental stresses and threats. TST integrated ideas from child development, neurology of emotions, social ecology, child service systems, and traumatic stress treatment.

There are four principles that TST is based upon (Saxe et. al, 2007): (1) Treatment must be based upon the child's developmental information such as attachment, identity cognition in different ages, (2) intervention should be in direct interaction with the child's social environment such as working with the mother, school teachers, child protection services (e.g. the child police) or social service agencies etc., (3) treatment should organize different social systems such as organizing inpatient, outpatient, residential or emergency psychiatric facilities for different emotional states of the child, preparing the family and the school for emergency conditions so that they are integrated in the treatment system, as well as consistent and continuous treatment and social service providers in a culturally sensitive context, (4) the treatment should be "disseminate-able" which aims to be applicable in different states or countries by making use of home and community based

interventions, child advocacy attorney and the model for assessment and treatment (Saxe et. al, 2007). While applying TST, the therapist should be sure that he/she is fixing a broken system, and that she/he puts safety first, creates clear, focused plans that are based on facts, goes to help when she/he is ready, puts scarce resources into right and functional places, insists on accountability (especially on one's own), aligns with reality, takes care of oneself and his/her team, builds from strength and leaves a better system (Saxe et. al, 2007, p. 95).

In terms of traumatic stress reactions, the action component of an emotional state is usually based on survival reactions. The survival reactions are very crucial indeed to understand the mechanism behind trauma reactions and traumatic memories (Saxe et. al, 2007). LeDoux (2002) argued that there were two types of survival circuits: The high-road and low-road. The high-road circuit is a longer one in the brain, which processes safety *or* danger signals and involves emotion regulation. The low-road is a shorter one which reacts to danger signals and is crucial for emergency responses in order to survive. This low-road transmits mostly sensory information, is unconscious and does not process contextual information. In the low-road, emotions take over the conscious so that the short-circuit processing of danger stimuli occurs in order to survive fast. Saxe et. al (2007) states that traumatized children show survival-related behaviors because of the low-road circuit. These behaviors may be violence, self-harm or suicide which are the results of extreme emotional states such as panic, rage, dissociation, and depression.

Emotional states may have four phases in terms of change (Saxe et. al, 2007): Regulating, revving, re-experiencing, reconstituting.

The *regulating* phase of emotion is detectable from the child's calmness and his obvious control over emotions, his interest and behavior as getting into interaction with the environment. This is the state that any treatment, learning, play or any other social interaction can happen. As the survival circuit is not turned on in this phase, higher-order brain systems may give way to *learning*. The second phase is the *revving* in which a distressing stimulus enters child's environment reminding of previous traumatic event or events. The child's emotion regulation skills are

challenged. The child may try to use his skills repertory to self-soothe. In the third phase of *reexperiencing,* the survival circuit is turned on so that the child starts to experience the emotions of the previous traumatic event as if the traumatic event is happening here and now. Child gets disoriented in time and space, may lose control of his emotions and behavior. In the fourth phase of *reconstituting*, the reexperiencing state is intervened by a soothing person or activity so that the child turns back to calm, emotion regulating state.

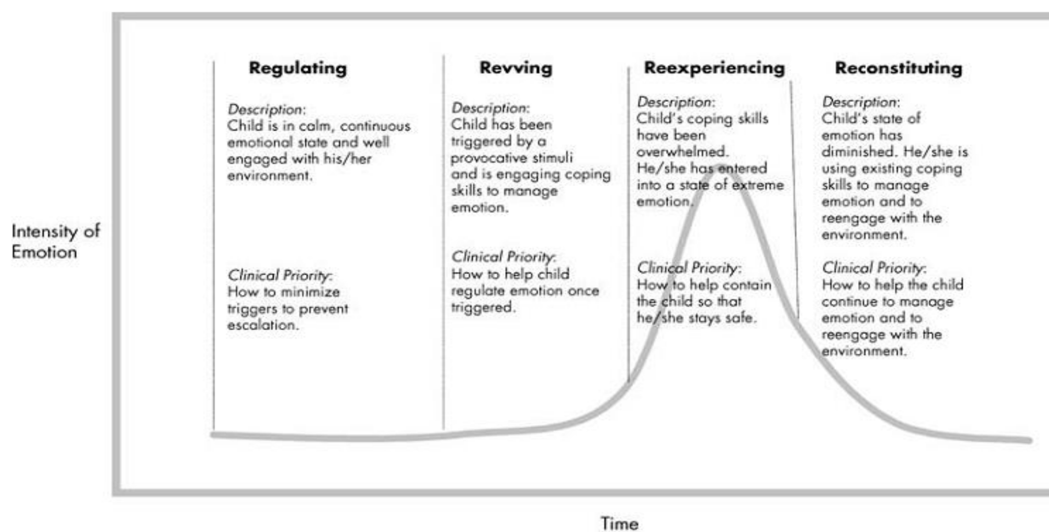

Figure 1. Phases of emotional state regulation (Saxe et. al, 2007, p. 53)

The phases of emotional state regulation are crucial in terms of determining the type of intervention suitable for each emotional state. The regulating phase is appropriate for teaching new emotion regulation skills or surveying the child's environmental stress factors to rule them out as much as possible by a collaborative work with the child's social system members. In the revving phase, intervention should only be emergent, acute intervention to remove the immediate stressor from the environment and help the child to cope with the overwhelming emotional state benefiting from the child's emotion regulation skills repertory. In the reexperiencing phase, the only intervention necessary is making sure the child is safe and not hurting himself or others because of disorientation. Next, supporting the child orient to the environment again so that the child gets out of the survival circuit should be done. This support may be achieved by taking help from family, medical staff or authorities. In the

reconstituting phase, helping the child to calm down and to maintain the calm state of emotion is important since it is easy for the child to be triggered and to get back to the reexperiencing phase by an immediate stressor at this phase (Saxe et. al, 2007).

In the treatment plan, the first step is *assessment* of emotion regulation abilities, the social environmental resources of the traumatized person, and the fit between these two systems. According to this assessment, the child's *treatment phase* is specified according to the goodness of fit between his emotion regulation skills and social environment. Intervention changes according to the treatment phase the child is in at the beginning of treatment. These phases are *surviving, stabilizing, enduring, understanding, transcending*. During assessing the phase of child, the therapist evaluates whether the child's emotion regulation is normal or whether there are emotional or behavioral dysregulations. In addition, the changes in the child's emotion regulation states according to the stress level of social environment, which may have three levels (stable, stressed or threatening), are assessed.

In the first treatment phase of *surviving*, the main focus for intervention is to protect the child from the threatening environment as environment is threatening and child is behaviorally dysregulated. Physical examination, psychopharmacological intervention and hiring an advocate may be different means to establishing the protection goal. Emotion regulation skills training may be started if child is ready. In the second phase of *stabilizing*, creating a safe social environment is the main goal. Therefore, home-based interventions may be made as well as school and peer group *on site*. In addition, advocacy and psychopharmacological help may be continued. In the third phase of *enduring*, emotion regulation skills training is the main goal. Other medical, home or community based interventions may be ongoing in this phase. In phase 4 of *understanding*, therapeutic work on the trauma cognitions may start. Before this phase, emotion regulation skills training should have been completed so that the child is equipped with new useful skills to process the traumatic incident. The fifth, *transcending*, phase of treatment is focused upon creating a meaning and perspective from the traumatic experience. With this new meaning of the experience, child is expected to move on and get free from the fixation on the trauma. Child and

family’s separation from the therapist to end the therapy process gradually in a very safe and protective manner is another important issue at the last phase of treatment (Saxe et. al, 2007).

As TST is a *psychoanalytic systems approach*, teaching new emotion regulation skills is an important part of the therapy but *not* the ultimate goal. As the child is highly traumatized, engaging in a cognitive reappraisal from the beginning of the therapeutic relationship is threatening for the child as the child lacks appropriate skills of affect identification, tolerance and regulation. Thus the aim of the therapy is firstly establishing a safe social environment, then to teach the child new emotion identification, tolerance and regulation skills, as well as creating a safe therapeutic environment which will be a *secure base* for the child. Ultimately, cognitive reappraisal of traumatic incidents may be brought to the sessions when the child is ready to process them.

In order to examine how TST deals with teaching emotion regulation skills, third phase of treatment so called the “enduring phase” will be explained with more detail. During the third phase of treatment, *emotion regulation skills training* takes place. During the training, previously mentioned four emotional states of regulation are taken into account: Regulating, revving, re-experiencing, reconstituting. For each state, the ***emotional, behavioral and cognitive cues*** are analyzed together with the child and the care giver. In order to achieve this aim, for each state of emotion, two tables are filled in with the child and the parent. One of the tables is for awareness including asking child and then the parent the affect, awareness and actions of the child at an emotional state. By means of this table, child’s mindfulness about what he feels, what he does and what he thinks at a stressful incident will increase. The second table includes asking the child and parent what the child, himself, can do and what an adult around him can do to help him soothe him at stressful moments (Saxe et. al, 2007).

Specific interventions for each emotional state is given as follows:

1. For the *regulating states of emotion*, awareness of the child about being in a regulated state is aimed to be increased so the cues of being "normal" are focused upon. This is the best state to give the child information about emotions, cognitions and bodily responses. For regulating phase, teaching the child and the care giver the maintenance of this state is crucial too. Examining the activities that the child likes doing and is good at doing is a part of this maintenance process. These activities are aimed at increasing child's self-esteem and facilitate his/her relationships to increase social support (Saxe et. al, 2007).
2. In the *reacting / revving state of emotion*, the aim of the clinician is to prevent the child from entering the reexperiencing state. Therefore, the therapist examines recent revving experiences in the previous week together with the child and the care giver (probably the mother). The triggers of stress, internal and external cues for the child and effective coping ways are discussed. The environmental trauma triggers under parents' or school teachers' control should be eliminated with the collaboration of the therapist. Together with the child and parent, for the revving state, affect, awareness, and action are listed same as the regulating state. If the child has difficulty identifying "affect" component, *emotion identification skills* should be worked upon. When the child is actually in the revving state, the parent should be the first person to engage with the child to soothe him. It may be achieved by talking about the problem, giving him a hug or taking him for a walk etc. The list of soothing behaviors of oneself and the parent should be listed in therapy sessions. In this way, the child may start learning effective emotion regulation skills in session and by observing his parent's modeling at the actual revving moments (Saxe et. al, 2007).
3. At the *reexperiencing state of emotion*, child is back at the traumatic incident bodily and cognitively. Therefore, the main goal is to contain the child's emotions and protect him and others around him from any dangerous behaviors because reexperiencing state of mind may take over the control of behaviors of the child. Making an emergency plan before such incidents and carrying out the exact plan during the incident calmly is important. This should be conducted especially by

the parents or other regulating adults around the reexperiencing child. In the therapy session, if the child talks about a reexperiencing incident that happened in the previous week, it is important to go step by step in the process of how he dealt with it, and to end the session with appreciating him for successful regulation and reconstitution because he may be feeling guilty and ashamed because of the experience.

4. At the *reconstitution* state, the most crucial point is to mention strengths and build on them. Next, *maintenance and repair activities* can be listed in the "things an adult can help me with/ things I can do myself" table together with the child and parent (Saxe et. al, 2007).

1.2.1.2.1.3 Attachment, Self-Regulation, Competency Model (ARC)

The model is based upon children's adaptive capacities and inherent drive to survive in challenging environments that turn into "problem" behaviors or "symptoms" as a result of traumatic developmental conditions especially traumatic attachment relationships. The model has three steps to understand child responses to danger (Blaustein & Kinniburgh, 2010).

Blaustein and Kinniburgh (2010) proposed three steps to understand traumatized children's behaviors. The first step is understanding how *systems of meaning* are established in human brain. We have *frames of references* that guide our perceptions and attributions which form our cognitive schemas. These frames of references start to be constructed firstly in the interactions within the attachment system, and later by the interactions with the external world, and they create meanings for our experiences. Developmental factors, domains of expertise, context and personal experiences may act on the development of cognitive schemas. Piaget's writings focused on how new information is evaluated (Blaustein & Kinniburgh, 2010). When new information arrives to the cognitive schemas, they are either *assimilated* (fits to the existing schemas) or *accommodated* (alters the existing schemas) which is an adaptive process of the self to maintain a cognitive equilibrium.

The working models of the self that are formed in the attachment relationship and these previous experiences determine our attributions when a current condition is ambiguous or uncertain. Since former beliefs especially of danger are usually very strong, even if our cognitive conscious functions seem to be functioning properly, ***our body responds in line with our early learning experiences to danger***. For traumatized children, beliefs about danger may be rigid and generalized which leads the child to be extremely sensitive to danger cues in the environment to adapt and protect himself / herself. When there is complex developmental trauma, these *cues* have their foundations in more physiological and nonverbal experiences such as sensory, affective, and visceral experiences rather than in language. These cues work as ***triggers*** for survival responses in the body. The triggers may be perception of lack of control, feelings of threat, vulnerability, shame, or even intimacy and positive attention. However the triggers are subjective, and vary individually which makes identifying and responding to these triggers in alternative ways a very important issue of psychotherapy with the traumatized child (Blaustein & Kinniburgh, 2010).

The second step of understanding traumatized child's behaviors is the concepts of *safety-seeking behaviors* and *need-fulfillment strategies* of the child (Blaustein et.al, 2010). Safety-seeking behaviors are results of stimulated primitive brain structures related with survival, which help us to mobilize fast and be strong in conditions of threat. These responses are categorized as *fight, flight* and *freeze* reponses. Fight responses provide us physiological arousal; flight responses provide withdrawal or escape; freeze responses provide stilling. Especially the freeze response is common among traumatized children since it is a response that reminds us being overwhelmed by a much larger attacker than ourselves just like a child abused by his much larger caregiver. It is a response of extreme vigilance and arousal, however expressing a physical stilling and lack of movement. These responses protect us but the danger perception is subjective, and shaped by our cognitive schemas formed throughout childhood. When the danger response is activated often and in a generalized way, the child experiences lack of awareness of emotions, and next he/she loses control of his/her emotions and behaviors. On the other hand, *need-fulfillment strategies* are danger responses of the child when the caregiver's responses to the child's needs are

lacking or inconsistent in terms of availability. When the caregiver cannot satisfy the infant's needs, the infant learns to maximize the possibility of receiving attention of the caregiver or find alternative ways of satisfying his/her needs. These means to the fulfillment of needs may be manipulative or demanding which may be observed as "problem" behaviors or "symptoms" by the social environment of the child such as acting out, too much sharing, lying, stealing or sexualized behaviors (Blaustein & Kinniburgh, 2010).

The third step is about understanding *the role of early inadequate caregiving on developmental deficits*. Children who have experienced complex developmental trauma experience core deficits in the capacity of emotional and physiological regulation. Emotional state shifts create a perception in the child that he/she lack coherence and connection among emotional states. In terms of development of the self, this reflects to ***a shattered self that is negative***. It leads to lack of competency and agency. The traumatized child believes he/she is unimportant, unsuccessful, and feelings of shame and guilt prevail. In terms of social development, traumatized child is not good about reading social cues, setting healthy physical and emotional boundaries, and experiences a lack of trust in relationships. These relationship deficits elicit the child's interactions with peers who have a further negative influence on the child, or isolate the child from peers. In terms of cognitive development, "trauma is toxic to the brain" (Blaustein & Kinniburgh, 2010, p. 30). Traumatized children usually have problems with language, attention, and concentration. The early incompetencies lead to the development of a negative self concept (Blaustein & Kinniburgh, 2010). As the child lacks efficient regulation and coping skills or any external support, he/she finds alternative ways to adapt to stressful social environments. These alternative adaptations may be using emotional numbing, self-harm, substance abuse, alterations in eating patterns, aggressive or other externalizing behaviors etc.

Blaustein and Kinniburgh (2010) argues that development is not fixed, and *resilience* is an important factor for surviving from traumatic experiences. Literature on resilience gives the practitioners the idea and hope that children may survive with

converting the traumatic experience to growth and health. Their treatment model is focused on building core developmental competencies, systems of meaning, and organizing the caregiving systems so that the child is safe. The ultimate goal is not reduction in pathology, rather a more global approach to development or self and enhancing social environment of the child similar to Trauma Systems Therapy of Saxe et. al (2007).

The *ARC* is based on Blaustein and Kinniburgh's (2010) presented theoretical framework. In terms of treatment practices, the model proposes some main points for each component of the model to develop at individual, familial, and systemic levels (Kinniburgh, Blaustein & Spinazzola, 2005). It includes four steps in treatment. At the basis of the model there is attachment consisting of caregiver affect management, attunement, positive praise and reinforcement, and building routines and rituals. Next comes the self-regulation component consisting of affect identification, modulation and expression. On top of self-regulation comes the developmental competencies component consisting of executive functions and self development. At the top of the hierarchical model, there is trauma experience integration. It comes as a fourth step in the model.

In terms of *attachment* component, building routines and rituals that would give the child sense of safety; is an important point. For example, as well as having a play time alone or with friends, the child needs to have a ritual and structure about meal or sleep times which is about parenting, and the school needs to be giving a sense of structure that child feels safe in it. In addition, increasing caregiver capacity to manage intense affect; improving caregiver's ability to respond to the child's affect effectively rather than just reacting to the behaviors of the child; and increasing use of praise and reinforcement, to facilitate the child's ability to identify with competencies rather than deficits are important to work with the child and caregiver (Kinniburgh et. al, 2005).

In terms of self-regulation component, psycho-education about emotions, increasing skills of emotion identification as well as successful reading of other's emotional cues; emotional expression skills; and emotion regulation (affect modulation) skills

to manage shifts of arousal and keep or returning to a comfortable state from a high arousal are worked upon. Specific interventions and techniques should be chosen carefully according to the phase of the child so that the treatment is individualized and specified according to the child. Therefore the phase of the child should be assessed clinically to identify the child's needs (Kinniburgh et. al, 2005). Developmental competencies across various areas (cognitive, emotional, interpersonal, intrapersonal) should be assessed and reinforced. In order to achieve this goal, child's normative competencies that have been derailed because of trauma should be built or rebuilt. In addition, external resources should be established to support and maintain a resilient outcome (Kinniburgh et. al, 2005).

The last building block of ARC model is the *trauma experience integration*. At this step, the skills gained at the previous steps are integrated. The child is encouraged to apply the rebuilt skills in present life. At the same time, identifying traumatic memories and reminders (triggers) is an important part of this step as well as defining and working on the self-attributions and cognitions at arousal or freeze states (Arvidson, Kinniburgh, Howard, Spinazzola, Strothers, Evans, Andres, Cohen, & Blaustein, 2011).

1.2.1.2.2 Cognitive Behavioral Approaches

Emotion regulation strategies may differentially affect three components of the emotion response: Experiential, behavioral, and physiological (Mauss, Levenson, McCarter, Wilhelm, & Gross, 2005). Gross' cognitive behavioral model of emotion regulation (2002) distinguished between two types of strategies: Response-focused vs. antecedent-focused. *Response focused strategies* aimed at controlling the emotion generative process after it started. *Antecedant-focused strategies* aimed at controlling the emotion process before it started. For example, responding impulsively without contemplating over a situation would be called "reactive responding" which is an unhealthy response-focused strategy. On the other hand, "proactive responding" would be pausing and thinking for a moment to behave in accordance with one's values which is making use of a healthy antecedent-focused strategy (Gross, 2002).

According to Werner and Gross (2010), emotion regulation strategies can be summarized as *situation selection* (avoidance vs. exposure); *situation modification* (safety behaviors vs. exposure without safety behaviors); *attentional deployment* (rumination, worry or distraction vs. mindfulness); *cognitive change* (reappraisal and acceptance of emotions); *response modulation* (suppression or avoidance vs. acceptance). As a more adaptive and functional emotion regulation strategy, *acceptance* refers to accepting one's own internal responses which include emotions, thoughts, sensations and impulses without resisting them (Hayes, 2004).

1.2.1.2.2.1 A Unified Treatment Protocol

Fairholme, Boisseau, Ellard, Ehrenreich and Barlow (2010) developed a transdiagnostic, unified treatment protocol benefiting from research on emotion regulation research and cognitive therapies. It is aimed at treating anxiety and unipolar mood disorders, as well as disorders with a strong emotional content such as somatoform and dissociative disorders. The unified protocol includes giving psychoeducation to the patients about emotions and dysfunctional emotion regulation strategies (suppression, worry, rumination, distraction etc.); applying exposure to feared situations following an "emotional avoidance hierarchy"; identifying emotional avoidance strategies; eliminating avoidance strategies and eliciting authentic (primary) emotions; psychoeducation on acceptance-based rationale; applying mindfulness exercises aimed at present-focused emotional awareness; and eliciting cognitive reappraisals in sessions (Fairholme et. al., 2010).

The main aim of the treatment protocol could be summarized as identifying and ceasing the emotional avoidance and maladaptive emotion regulation strategies, and next, replacing these strategies with awareness of one's primary emotions, eliciting acceptance and expression of emotions in more adaptive ways.

1.2.1.2.2.2 Emotion Regulation Therapy

Emotion regulation therapy (ERT; Mennin & Fresco, 2010) is based on the Emotion Dysregulation Model (EDM). Mennin, Heimberg, Turk, and Fresco (2002) proposed

that individuals with generalized anxiety disorder (GAD) experience more difficulty identifying, expressing, and accepting emotional experience (both negative and positive emotions); experience more emotional arousal; lack adaptive emotion regulation skills, and consequently they cannot soothe themselves at emotionally arousing situations. In line with the research findings, ERT focuses on cognitive factors such as beliefs about threat, emotional factors such as avoidance and management of emotional experience, and contextual factors such interpersonal relationship patterns and the environment reinforcements on maladaptive coping strategies (Mennin, 2004). ERT is a cognitive behavioral approach, which combines CBT based approaches for generalized anxiety disorder; acceptance-, dialectic- and mindfulness-based behavioral treatments and experiential therapy (Mennin and Fresco, 2010). It consists of four phases. First phase includes four weekly sessions of psychoeducation on the emotion regulation model of Gross (2002). Second phase includes six weekly sessions of regulating emotion responses through decentering, acceptance and management. Third phase made up of six weekly sessions is focused on "commitment" drawn from acceptance and commitment therapy (ACT) which is learning to act in line with one's own personal values. Fourth phase, which consists of four sessions, is focused on integration of skills (Mennin & Fresco, 2010).

In ERT, mindfulness techniques of Kabat-Zinn (1990) are utilized such as *body scan* or *raisin exercise* which aim to make a person aware of his/her own bodily sensations and bodily responses at the present moment without any judgment. In the raisin exercise, the client is asked to slowly ingest a raisin while focusing on its appearance, taste, and smell (Mennin & Fresco, 2010). At the second phase of ERT, one of the aims is *decentering* which allows a person to observe oneself as well as reminding oneself that an emotion is a transient experience rather than a personal characteristic that cannot be changed. Next, allowing and accepting emotions willingly are an aim. In ERT, in contrast to cognitive behavior therapy, emotions are not controlled directly by controlling conscious thought. ERT makes use of ACT and skills to soothe and soften the emotions are thought to the clients in order to create a "breathing space" where emotions are allowed and tolerated (Mennin & Fresco, 2010). The third phase's main goal is to elicit "proactive valued action" in the client,

which is behaving in ways that is in line with one's values. During this behavioral elicitation, the aim is *not* goal achievement, rather behaving more congruently with one's most important aspects of his/her life and in that way, becoming more flexible and open to new experiences. In order to elicit this type of behavior, imaginary exposures about specific valued actions or exploring the conflict themes on the way of a valued living are conducted (Mennin & Fresco, 2010). The fourth and last phase's main aim is to make larger gains and faster steps forward. Lastly, preventing relapse and termination processing are done. In order to prevent relapse, core stressful issues which are probable in the future such as loss of an important figure in one's life are discussed, and experiential exposure techniques are utilized for those specific probable future events (Mennin & Fresco, 2010).

1.2.1.2.2.3 Emotional Schema Therapy

Leahy et. al (2011) proposed *emotional schema therapy* (EST) based on emotion regulation literature and schema therapy. According to EST, adaptation to extreme emotional dysregulation is possible by implementation of coping strategies that develop more useful responses that increase, either in the short term or long term, more productive functioning. This productive functioning may lead to one's living with his/her valued goals and purposes. EST focuses on eight basic emotion regulation strategies that Folkman and Lazarus (1988) have identified such as confrontive (e.g., assertion), distancing, self-controlling, seeking social support, accepting responsibility, escape–avoidance, planful problem solving, and positive reappraisal. They applied these strategies by guiding the client to do self-soothing relaxation exercises or temporary distraction during crises; encouraging doing physical exercise, pleasurable activities, shared intimate communication; linking emotions to higher values or with a more pleasant or valued emotion; having mindful awareness and acceptance of emotions, and other strategies that assist in processing, coping with, reducing, tolerating, or learning from intense emotions (Leahy et. al, 2011).

1.2.1.2.2.4 Dialectical Behavior Therapy

Linehan's *dialectical behavioral therapy* (DBT) is focused especially on emotion dysregulation in borderline personality disorder (BPD, Linehan, 2007). Linehan (2007) argued that the emotion dysregulation in BPD is the result of invalidating care-taking in childhood so that the child cannot learn emotional identification, expression or regulation strategies. Emotional avoidance is an important theme in DBT. Therefore, the patients are encouraged to overcome the fear of emotions and enhance emotional acceptance so that the context for emotion regulation may be established.

1.2.1.2.2.5 Acceptance and Commitment Therapy (ACT)

ACT also focuses on emotion regulation in treatment. It is based on a behavioral theory of language and cognition so called "relational frame theory" (Hayes, Strosahl, & Wilson, 1999). According to RFT, the nature of human verbal processing leads to *experiential avoidance*, since the language forces us to accept some rules. For example, when a person says "I will never be successful", he/she behaves as if it is not just a thought of her own, rather as if it is reality which is called *cognitive fusion*. Consequently, not to be overwhelmed by the burden of this thought, this person applies avoidance such as not to think about or not to express this thought verbally. Inevitably experiential avoidance occurs as a result of extreme control efforts in terms of frequency or intensity of the emotions, thoughts or behaviors (Hayes, Strosahl, & Wilson, 1999). The main goals of ACT are maintaining *flexibility* and enhance the ability to *experience the present moment* without depressively getting stuck in the past or anxiously planning the future to have more control so that the person may quit experiential avoidance and live a more fulfilling life in line with one's own values. These are achieved by six processes that ACT mentions: increasing experiential contact by present-moment exercises, altering cognitive fusion, handling core narrative constructions of patients, searching ways of living a life in line with their values. These processes are expected to enhance emotion regulation and affect tolerance so that the patient enriches his/her behavioral repertoire while reacting to distressing situations (Hayes, Strosahl, & Wilson, 1999).

When recent findings are examined, CBT approaches for anxiety disorders in general have been found to be effective in many studies. Wupperman, Reichardt, Pejic, Dippel, and Znoj (2008) conducted a study on emotion regulation skills used as a treatment target. Their participants (289 in-patients and 246 non-clinical individuals) were assessed before and after cognitive behavioral treatment. They found that the clinical sample had fewer emotion regulation skills before treatment. Among the emotion regulation strategies, modification, acceptance and tolerance were found to be the best predictors of treatment gains. They suggested that incorporating intense emotion regulation training to CBT would increase the effectiveness of CBT based treatments (Berking et. al, 2008). In another study, Berking, Poppe, Luhmann, Wupperman, Jaggi, and Seifritz (2012) found that acceptance and tolerance skills were negatively related with psychopathology when the modification skills were controlled. As a clinical implication, they suggested that considering acceptance and tolerance as a treatment target in psychosocial interventions for mental-health problems would be beneficial, even when modification of emotion regulation skills are kept out of the picture.

As mentioned previously the effects of complex trauma on emotion regulation, cognitive behavioral approaches mostly do not offer a phase-oriented working model. The models presented under cognitive behavioral approach have parts such as emotional awareness, identification and modulation of emotion, overcoming experiential avoidance and reappraisal of traumatic experience that have been efficient in treatment of anxiety disorders; however these parts need to be integrated in a phase-oriented framework to deal with complex trauma (Leenarts et.al, 2013).

1.2.2 Street Children

The definition of “street child” shows differences in terms of context. It may mean “homeless” in some countries or a child working on the street in other countries. When the working children on the street were excluded from statistics, the numbers decreased dramatically in the South American countries (Aptekar, 1994). Several studies conducted in South America were summarized, and concluded that almost half of the whole child population in South America were street children (Aptekar,

1994). Aptekar (1988) proposed that there were two perspectives on street children: One perspective was to perceive them as “angels”, who were the victims of society; the second was to perceive them as “devils” that are troublemakers in the society. On the other hand, besides the perception of the public, there are objective common characteristics of street children as having early street life experience and street being the place that their major life experiences take place in (Altanis & Goddard, 2004).

The origins of street children living and/or working on the street were suggested to be family abuse, poverty and modernization (Aptekar, 1994). On the other hand, Bademci (2015) proposed that the most important factor leading to the street living was not only family and poverty issues but also the social policies of government. She found that as the child’s responsibility passed from family to child protection system of government after leaving family, the system continued to traumatize the child in a chronic manner. The children reported that they had learnt many unwanted behaviors such as self-harm or deviant acts in the residential care (Bademci, 2015). As a result, a need to analyze this issue from a wider perspective rises. When the street child issue is analyzed at a macro level, it becomes apparent that it is a highly social and political issue with a governmental and international significance (Hekimoğlu, 2009, as cited in Acar, 2010). In a study conducted in Canada, found that the youth living on the street felt that they could not benefit either from systems for adults or children, and they fell in between the two systems (Wingert, Higgitt, & Risctock, 2005). Therefore they suggested a more integrative process extended over time that includes young adults who have just reached the full legal age. As the issue goes beyond individualistis or group levels of research and application, interventions at the system level seems apparently to be needed.

In literature, there seems to be a consensus over gender inequality in terms of number of street children. In Mexico, it was found to be 83% of street children were boys (Lusk, Peralta, & Vest, 1989). In general, it is thought that 70-90% of the whole street children population is boys (Thomas de Benitez, 2007). In Diyarbakır, Turkey, it was found to be 66.3% were boys of the whole street children population (Erkan & Bağlı, 2000, as cited in Özalpuk, 2006). Aptekar (1994) mentioned, “street children

are really street boys” (p. 213). In his extended review, he explained possible reasons such as girls being taken from the streets to be abused as sex workers, being needed more in the household, and the patrifocal family structure, which would not let the girls to behave independently from family (1994). In Istanbul, an experienced administrator reported, “girls disappear in the red light”, addressing to the girls being kidnapped for human trafficking or sexual labor (Bademci, 2015).

The common point between the complex trauma and street children research was that running away from home to the street must not be seen as a pure mistake; rather it is a solution to the negative experiences the child has at home, and a resilient attempt to survive from abuse and neglect in the family (Aptekar, 1989; Blaustein & Kinniburgh, 2010; Bademci, 2015; Connoly, 1990). Besides being homeless and being under the risk of physical abuse, there are concrete findings on the resilience on street children (Aptekar, 1994; Thomas de Benitez, 2007; Dybicz, 2005). It was found that street boys show more resilience in conditions of violence, and present better mental health than their siblings who remained at home (Thomas de Benitez, 2007). As Bademci (2015) states; abusing volatile substances became a way to cope with the cold outside for the street children, which keeps them warmer and calmer. In the short run, it may be a survival method for them, however it has very severe consequences such as addiction or increasing death risk.

1.2.2.1 Street Children in Turkey

In Turkey, street children are usually divided into two groups. One of them is children working on the streets who still have weak but ongoing connections with their families. The second group is children living and working on the streets who are more close to the homeless definition. Aptekar (1994) emphasized the stigmatization on street children as either victims or deviants. On the other hand, as mentioned previously in the section of early complex trauma effects on emotion regulation, it could be said that street children are both. They are victims of early complex trauma because of neglectful or abusive parenting which leads a circular causality to being isolated from healthy peer relationships and inevitably become exposed to negatively influencing peer relationships as they lack the healthy internal working models for

healthy relationship building. It makes way to becoming “deviants” by getting involved in substance abuse or various types of criminality. When they are labeled as “problem” children or “deviants”, re-victimization occurs as they are excluded from education system or detached from their families where they may have had the chance for treatment resources. Van der Kolk (1996) stated that self-harm and re-victimization are behavioral enactments of street children. Various studies have shown that victims of early trauma create environments and situations that repeat those traumatic experiences in their later life.

According to Duyan (2005), the first occurrence of street children in Turkey corresponds to 1950s, however there is a rapid increase in the numbers of street children. Urbanization and challenges that the country experienced during the adaptation to capitalist Western world system such as the appearance of acute poverty may be mentioned as the main reasons behind this sudden occurrence of street children that did not exist before 1950s. UNICEF (2006) found that there were 42000 street children in Turkey (as cited in Bademci, 2015). According to Turkish Statistical Institution (2014), between years of 2011 and 2013, total number of children under the age of 18 brought to security units was 1712 (*N*= 1426 boys, *N*= 286 girls) for working on the street; 24 (*N*= 15 boys, *N*= 9 girls) for living on the street.

Bademci (2012) stated the reasons of the occurrence of this problem as structural factors, family pathology, the cultural expectation from children as a workforce, and the absence of a social security system. Studies in Turkey on street children have been cluttered around two dimensions: Medical treatment of street children especially in terms of substance abuse; and demographic characteristics of street children such as family and economic circumstances (Bademci, 2012). Erdoğdu (2012) found that children working on the streets were more depressed than children that do not work. In addition, he stated that children who are part of immigrant families, who have more number of siblings, and whose families’ have lower income values reported to be more depressive. In a qualitative study, researchers explored the verbal, sexual and physical abuse among 40 street children in Ankara and

emphasized the importance of education and protection of street children in terms of abuse (Celik & Baybuga, 2009). In another study, general risks for street children in Diyarbakır have been studied (Bilgin, 2012), and concluded that the most prevalent risks were being exposed to violence and crime regularly which led to being involved in crime and substance abuse. On the other hand, Kara Keskinkılıç (2012) examined the educational needs of street children with a qualitative research design as well. It was argued that some basic needs of children working on the streets were specified such as learning cleaning habits, traffic rules, taking responsibility, decision making, listening, and verbal expression skills.

1.2.2.2 Therapeutic Work with Street Children

There are four main branches of approaches to intervene in the street children issue in the world. These are correctional, rehabilitative, outreach strategies and preventive approaches (Lusk, 1989). The research studies on rehabilitation especially focused on abuse, trauma and attachment problems of street children in the world. The research has led practitioners to develop models for psychological interventions such as previously mentioned models of Saxe et. al (2007) and Blaustein and Kinniburgh (2010) for the treatment of traumatized children and adolescents. These models are both products of trauma studies and experiences with abused or neglected children in treatment centers. Saxe et. al (2007) is a team of psychiatrists specialized in working with traumatized children at the Center for Children at Risk of the National Child Traumatic Stress Network (NCTSN) in Boston, USA as well as academicians in the Department of Psychiatry in Boston University School of Medicine. On the other hand, Blaustein and Kinniburgh (2010) are a team of clinical psychologist and clinical social workers working at The Trauma Center at Justice Resource Institute in Brookline, USA. In South America, the JUCONI Model for working with street children is efficiently working since 1995. Another pioneering approach belonged to Hamish Canham from Tavistock Clinic, London. Canham was a talented child psychotherapist. He had very significant ideas on working with children in State care. Canham (1998) argued that residential care institutions were cold and chaotic places where the children are waiting to be found; waiting to be emotionally claimed.

These institutions were not containing; rather neglecting and disturbing for the children. According to his observations, in these institutions, the children were severely detached from reality or dissociated as defenses. In addition, the workers of these institutions were using projective identification and experiencing countertransference issues at a severe degree. Therefore Canham (1998) stated, "If the institution is approximate to Bion's model of containment, it needs to be an institution in which thinking takes place. What is crucial is how an organization retains its capacity to think about what is happening and how this can inform an understanding of the experience of the client group" (p. 51). For him, if the child was expected to contain the painful emotions himself, firstly the organization needed to be secure and containing for the child to introject it into himself.

The JUCONI model (2013) is a result of years of work on the field by the Junto con los Niños (JUCONI, meaning "together with children" in English). The organization is established in Ecuador, and it is a part of the International Youth Foundation. They work with highly vulnerable children living and working on the streets or children at risk of living on the streets. The JUCONI foundation's (2013) main objectives are stated as the following:

> "Break the inter-generational patterns of violence and negligence in children, adolescents and their families; contributing to an integral development of the child promoting scholastic continuity and the eradication of child labor; share their knowledge and experiences with other organizations, public and private, with the goal of strengthening capacities to work in an effective manner with vulnerable populations".

The JUCONI Model for working with street children is based upon attachment, systemic and trauma theories. The team that applies the models consists of psychologists. The model focuses on personal resilience and positive experiences.

The application has 4 stages. The first stage, *operation friendship*, involves initial contact and establishing a positive and trusting relationship. This stage takes 3

months. The second stage called the *intensive stage* takes 4-5 years of psychotherapy and an educational program that is designed specifically for the family. During the intensive stage, the parents join support groups, all members of the family join group activities, and assessment of acquired knowledge is done and shared with the family as feedback. The third stage is called the *independence stage,* which takes 10 months. During this stage, supervision of the achieved outcomes is given. The family's strengths in terms of skills through participation in other areas are increased, and the family is encouraged to take place in the community development project. When the independence stage is completed, the family and the child are thought to graduate from the JUCONI Model. However, there is the fourth stage of *monitoring* which takes 10 years after the graduation. During the monitoring phase, the family and the child is observed in terms of progress, and they are given constant feedback for their development and acquired knowledge.

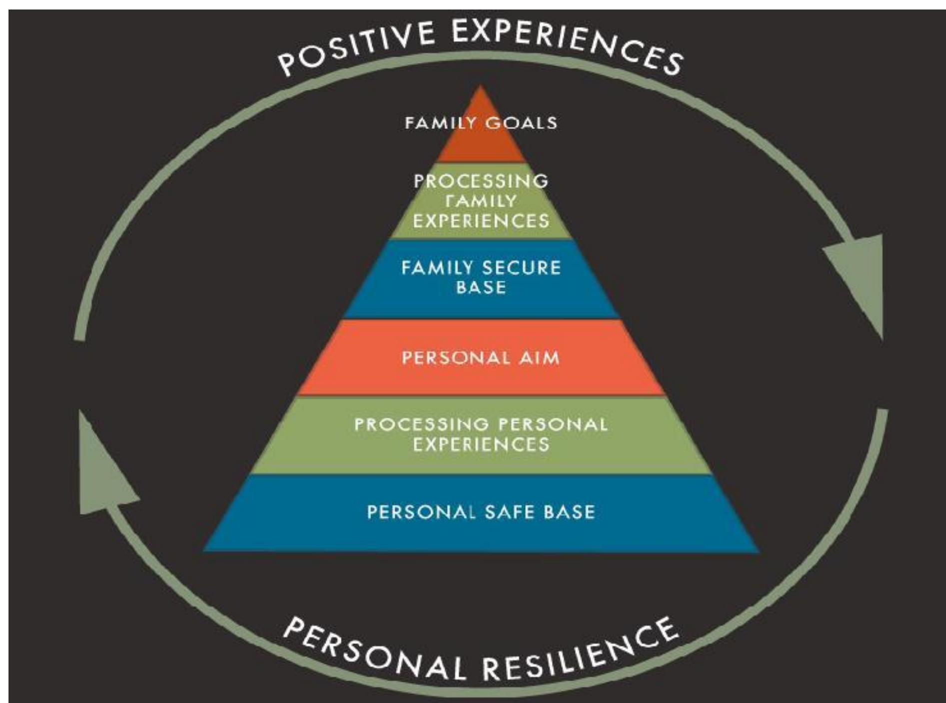

Figure 2. The JUCONI Model (JUCONI Foundation Official Website, 2013).

Therefore, it can be concluded that the best working models on street children may occur by integrating the results of scientific findings with experiences in the field. However in Turkey, the situation is particularly different. The research studies are

mostly descriptive or medically oriented which lacks development of practical, culturally sensitive psychosocial treatment models.

In terms of social work in Turkey, there are governmental organizations established under the Ministry of Social Policies and Family. It is responsible for the socially and economically deprived populations in Turkey. The social service of government provides the street children the daily care centers and dormitories. There are 8 “Child and Youth Centers” for street children in Istanbul who have a capacity to provide services for 250-300 children. These centers work with an “open door system” which suggests that children stay with their own choices and free to leave if they want to. These centers’ main goal is to provide rehabilitation services to children and adolescents who are experiencing problems because of family disputes, neglect, illness, poverty or bad habits (Bademci, 2010).

Bademci (2010) proposed a novel approach to studying problems of street children and social service providers. In her study, she explored the systemic problems of SHÇEK organizations with implications for treatment. Her approach of utilizing grounded theory for exploring the service providers’ thoughts and emotions about the work they do is a first step in Turkey in terms of street children research, and there are very crucial implications of this study. The most important findings were that service providers were feeling uncontained and burnout because of lack of structure in the system and lack of professional support. Most of them were feeling inadequate in terms of professional training. As a result of lack of emotional resources to deal with a highly stressful and emotionally demanding job, these feelings of inadequacy and burnout were dealt by projection of these feelings onto service users (street children). Therefore the most urgent role belongs to the government and policy makers to enhance the work conditions to implement professional trainings, psychological and social support systems for social workers so that firstly the work place should become a secure base for the workers. Only by these means, projection would end, and children could feel safe in the social service system. Another important finding was that to protect the childhood research from becoming marginalized, innovative research methodologies which combine qualitative and

quantitative methods and reveal the voices and lived experiences of street children are needed (Bademci, 2010).

Bademci and Karadayı (2015) developed an attachment-based intervention model for working with children living and/or working on the street or under the risk of living on the street. This model was a result of application and research during a five-year project conducted in a university setting in Istanbul. They suggested that weekly one-hour sessions do not work with street boys; rather they benefit from an attachment intervention through peer-based interaction (Bademci & Karadayı, 2015). During this intervention, the street boys attend several workshops in the leadership of academicians of the university including many art, science and sports branches with the support of peers who are university students. Bademci and Karadayı (2013) mentioned the contributions of peer-based intervention in the Youth Together Project as creating a secure context that gives the comfort to the boys to open themselves up, to change the negative effects that stigma has created on the boys by feeling equal and accepted, to have them as role models, to feel themselves as active agents, to feel more calm and in control which shows significant improvement in emotion regulation. It may be the most importantly feeling motivated to establish a new attachment bond which is the most challenging area for psychological work with these adolescents. The workshops aimed at creating a secure, consistent, educative and psychosocially developing atmosphere in an academic setting. The study showed very crucial beneficiary results in terms of increases in emotion regulation, self-esteem and resilience, as well as increased hope about the future outcomes of their lives.

Conclusively, studies in Turkey are mostly focused on the risk factors or needs of street children with implications for practice; however applied research is lacking in the area especially to help and support children and youth living and working on the streets. While developing intervention models that take into account attachment, systemic view and complex trauma, street children's own views on treatment and their needs should be the main focus.

CHAPTER 2

METHOD

2.1 Participants

12 boys who have lived or worked on the street for some time in their lives participated the research. The participants were between 14 and 19 years old. They were part of the "Youth Together Project" in Maltepe University Research and Application Center for Children Working and Living on the Streets (SOYAC). SOYAC was founded in Maltepe University in March 2010. SOYAC is the first and only "active" research and application center established at a university in Turkey to address the social and psychological issues of street children. It is also the only Turkish member of International Coalition for Street Children.

Table 2. Demographic Characteristics of the Participants

Participants	# of sessions in ERW	Age	Grade	Type of school
Participant 1	3/9	17	7th grade	Open secondary school
Participant 2	3/9	17	7th grade	Open secondary school
Participant 3 & 12	9/9 + 4/9	17	6th grade	Drop out
Participant 4	6/9	14	6th grade	Secondary school
Participant 5	7/9	15	8th grade	Secondary school
Participant 6	6/9	15	8th grade	Secondary school
Participant 7	5/9	16	6th grade	Drop out & illiterate
Participant 8	4/9	19	11th grade	Open high school
Participant 9	3/9	18	10th grade	Open high school
Participant 10	5/9	18	8th grade	Open secondary school
Participant 11	6/9	19	8th grade	Open secondary school

Any girls were not recruited as participants since the place the participants live in includes only boys. The facilities that the girls live in do not participate SOYAC's projects. Only the individuals who were already participating SOYAC activities for at least one year were taken to the study. The participants who were coming to SOYAC for at least one year were all boys. The aim of taking these one-year participants was that the attachment component of the ARC model (Blaustein & Kinniburgh, 2010) would be accomplished. The boys who were coming for at least one year had already established trust and a secure relationship with the organization. Therefore, the second aim of the ARC model (self-regulation) could be conducted in the emotion regulation workshop.

The group's therapist was the researcher of this doctoral dissertation. The co-advisor of this dissertation, Assist. Prof. Dr. Özden Bademci, was the co-therapist of the group; the founder and administrator of SOYAC as well. Either her or the other project coordinator of SOYAC, Assoc. Prof. Dr. Figen Karadayı, attended the ERW as a co-therapist. The boys already had an established secure relationship with her as most of them knew her for four years. In addition, there were 2 psychology seniors as group facilitators. These psychology students wrote a psychoanalytical observation report focused on emotion regulation and attachment after every session. These student group facilitators were very important in terms of establishing a secure, non-hierarchical peer relationship with the traumatized adolescents.

The participants live in two residential care facilities for boys. One of the facilities belonged to the Turkish Ministry of Family and Social Policies. The other facility belonged to the Istanbul Metropolitan Municipality. Most of them still have contact at least with one parent of other family members such as an uncle or a brother. They do not have any consistent attachment with any significant other from their families, other than their close friends in the facility and the coordinators of SOYAC (for four years). The boys reported that they lose contact with some of their family members from time to time without having any clear reason; they do not have any security in their relationships with their parents even if one of the parents is in contact with them. Most of their parents' lives are in chaos because of economical disadvantages

or being physically far away from the child in distant cities of Turkey so that they are incapable of rearing a child. In addition, the turnover rates of social workers and psychologists are very high in the residential facilities. This creates insecure relationships between the children and the officers working in the facility which leads to distrust and disrespect for the boys towards the officers.

There were 1 psychologist and 1 social worker in the RC that the boys were mostly coming from. Each of them was responsible for 65 boys. Every week, a different teacher or social worker of the RC came together with the boys. This person usually brought them to the ERW, and then spent the day sleeping in the bus, or in the cafe of the faculty, away from the workshop activities.

Almost all of the boys have a brother who is in the same of other residential facility like them. Most of them were born in İstanbul. Some of them have family members in far away cities in Turkey. When they run away to the street, they visit their families in other cities of Turkey, or they sleep on the street with their friends in major places in İstanbul that are known for being a place for street children such as Taksim or Kartal. For example, one of the boys who is in close contact with his father but live in the facility because of economic disadvantages of the family told that “he would never run away to the street” even tough even tough all of his friends have street experience. The most frequent reason for living in the facility is losing one of the parents because of death in small age, or most of the time mother’s abandonment of the child and the family and the other parent’s incapability to look after the child afterwards.

Number of participants that attended the group work differed every week due to residential facilities’ administrative problems. This inconsistency was a major challenge for the research as it was aimed at being an attachment-based intervention creating consistency and structure for the boys for 9 weeks. In an instance, an officer who was responsible for the maintenance of education of the boys in the facility forgot to put one of the boy’s name on the list of boys that come to SOYAC every Friday. That boy had been a regular participant in the project for three years, and it was his fourth year at the time. It was told to the SOYAC coordinators by his friends

that he was burst into tears when he learnt that his name was not on the list in the morning while they were getting on the bus to come to SOYAC. The facility administration was warned again, and the boy could attend the workshops in the latter weeks.

In another instance, two boys' names were not put on the list of participants in the facility because they were punished as they misbehaved at school in the former week. Those two boys ran away to the street from the facility that they live in during the following week. The facility was informed by SOYAC several times in order to ensure that the project in SOYAC is based on attachment, therefore being consistent and structural are two main objectives of the project. In addition, their attendance in workshops in SOYAC should not be used as a punishment or reward; rather it should be seen as a treatment intervention. When they misbehave at school, it may be discussed in the emotion regulation group as a material to discuss upon, however the facility were not unfortunately open to these perspectives and considered them as external manipulations.

It was very crucial to be sure that the participants had an established trust for SOYAC since the intervention was attachment-based. They knew the center for three years, and it was the fourth year of the Youth Together Project. They trusted and respected the director in charge and the academicians who are coordinators in the project. It is very fortunate that the study could take place in SOYAC because the prerequisites for working with traumatized adolescents are having an established trust and providing a structural framework for the boys (Zulueta, 2006, Saxe et. al, 2007).

The boys attended the group with their own will after they were informed about how the group work proceeds. They were encouraged to join the group work, however the responsibility to choose this group work were their own which is very important in trauma treatment. Taking the responsibility and freedom of choice was expected to increase their motivation.

2.2 Instruments

A secure basis should have been established with the participants. Therefore before assessing for demographics and current living circumstances of the participants, a secure and trustworthy relationship was to be founded between the participants and the person doing the assessment. In order to establish a secure base for assessment; the necessities that Zulueta (2006) mentioned were taken into account as the following: Ensuring that each group member had a sense of control and responsibility over the process; validating the traumatic story of the member by showing gentle and simple compassion, respect and understanding; doing normalization as well as psychoeducation; and establishing a safe place for assessment.

A demographics information form was developed (see Appendix A) including open-ended questions including information about their education status, family relationships, and their living conditions such as the facility or the street.

In terms of keeping a system perspective, building up a safety network including parents, school teachers, medical staff, social service providers and legal advisors and gathering information from these different branches of caregivers were aimed while conducting assessment (Zulueta, 2006, Saxe et. al, 2007). This aim was fulfilled for some of the participants, however some of the boys needed further psychological intervention for building a safety network when the group intervention was over.

In terms of the conceptual framework of trauma systems therapy of Saxe et. al (2007) and the three part model of Blaustein and Kinniburgh (2010), emotion regulation training was conducted. The manual for children's group for surviving domestic violence (Fraenkel, Upshurand Huey, 2006) was utilized with the permission of the publishers from the Ackerman Institute for the Family. The permission was taken by personal contact with Peter Fraenkel. He also gave supervision online to the researcher for the adaptation of the manual to the current research. The manual had been applied in the Ackerman Institute for abused children before the current study.

In addition, the institute had conducted a mothers' group in parallel with the children's group. The manual was utilized especially as a collection of exercises to develop emotion skills. Some of the exercises were not appropriate for the participants in the current study as they were related with domestic violence in the main focus. Therefore, the exercises and outlines were adapted to the boys living in the RC and to the Turkish culture in terms of games, sentence patterns or proverbs used during the exercises (See Appendix B).

2.3 Procedure

The group process took 12 weeks in total. The same group exercises were applied to two different groups in separate settings. One of the groups consisted of smaller boys as participants with a mean age around 15 years old coming from the governmental residential care. The other group had a mean age around 19, and they were coming from the municipality's residential care for boys over 18 years old which is the full legal age in Turkey.

Before the boys came to the center at the third week, the psychology students who were facilitators and observers in the group works were trained for two weeks including emotion regulation treatment, attachment-based psychoanalytical theories related with complex trauma interventions, and keeping observation records by the project coordinators and academicians who are specialized in street work and family therapy in Turkey and abroad. These psychology students were already group facilitators in the center, and it was their third year. Two senior psychology students who were acquainted with the boys in the previous years were selected as facilitators and observers in the Emotion Regulation Workshop (ERW), as the study and SOYAC's theoretical framework was based on attachment intervention through peer-based interaction.

After two weeks of training for the group facilitators, the boys came to SOYAC for the first time after a summer break of three months. Every Friday, from 9 am to 3 pm in the afternoon, the boys joined 4 workshops. There were 9 emotion regulation sessions during 11 weeks of the school term. Every session was around 1 hour long.

Before starting the group process, information about their current psychosocial status was learnt from the social worker that is responsible for the boys in the facility. She was a psychologist working as a social worker in the facility.

They arrived every Friday at 9:00 am to SOYAC's room for meeting the boys. There was a morning meeting focused on how everyone's week passed, and reminding them the program of the day. At the end of the day, at 3 p.m., there was an afternoon meeting to discuss how the workshops were, and the plans for the next Friday. During the day, they had football, art, dance, music, computer and emotion workshops. The emotion regulation group was called "emotion workshop". It was at 2 pm in the afternoon, right before the afternoon meeting, so that the boys would have a place to discuss their experiences during their day in SOYAC.

Table 3. Daily Program of SOYAC

9:30 – 10:00	Morning Meeting (Everyone)	
10:00– 12:00	Art Workshop (Everyone)	
12:00– 13:00	Lunch (Everyone)	
13:00– 14:00	Dance Workshop	Music Workshop
14:00– 15:00	Emotion Workshop	Computer Workshop
15:00– 15:30	Afternoon Meeting (Everyone)	

First 2 sessions had a priority goal of assessment and establishing a secure base and to allow themselves to open up and reflect to the group. Next 6-7 sessions was based upon emotion identification, regulation, and expression skills building. Final session had the goal of preparing for the separation anxiety and preparing the group for the separation-individuation process.

Each session started with a warming up talk about the previous week. Next, the week's issue was announced and a group discussion took place to explore participants' views on the topic while the materials were introduced such as crayons, colored papers of clays. Then, the group leader made a brief talk for the psycho-educationon the week's emotion regulation topic in approximately 5 minutes. The psycho-education continued with group leaders' facilitators' examples from their

own lives so that the boys had a clear idea about the topic. The exercise including handcrafts like painting or making shapes from cardboard or clay or bodily exercises such as breathing or relaxation were conducted with the objective that each member felt safe to reflect to the group, lower their defenses, and receive new information about emotion regulation skills.

2.4 Data Collection and Analysis

The data consisted of the following:

- In depth interviews with the participants conducted by the group facilitators before the ERW started
- Session voice records' transcripts
- Observation reports of group facilitators
- Supervision reports of the therapists
- Products of ERW exercises (artworks, paintings, handcrafts etc.)

After each session, the session's voice record was transcripted. In addition, observation reports of the group facilitators and supervision reports of therapists were merged into a weekly session report. The data analysis started simultaneously with the start of the group work. After each session, the therapists and facilitators made supervision sessions. At the end of group supervision, major themes of the sessions were explored together with the therapists and facilitators. After the ERW process was over, two meetings were conducted within the therapists and facilitators for the qualitative data analysis. In these two meetings, the main themes in the boys' words that deserved attention were explored. Further, content analysis was conducted utilizing qualitative data analysis software, MAXQDA 11 on the in depth interviews, session transcripts and the products that the boys created during the ERW exercises. The findings are given in the following section with the main themes as headlines of different sections.

Qualitative research design was proposed to be more appropriate for the study because of several reasons. One of the reasons is that working with highly

traumatized adolescents is a highly sensitive issue. Studying and making an application of emotion regulation training on traumatized people is ethically and methodologically challenging, as well as novel. The most important point, which is mentioned regularly throughout this text, is "establishing trust" (Zulueta, 2006; Saxe et. al, 2007; Blaustein, 2010) in the group that will be explored. Without basic trust, any research or any psychological help may not be given in an appropriate way. In order to establish trust in this applied research with a highly sensitive topic, the context and length of the study is very crucial. To be able to establish a trustworthy and "good enough" relationship with the traumatized youth namely street boys, Maltepe University SOYAC was chosen for the context of the study as SOYAC was already working with the attachment-based model. The group participants, as well as the social workers as social workers in the residential facility that are responsible for the participants have already trusted SOYAC and the university and have an ongoing attachment bond for four years currently. This context may have created a context that made approaching the group members easier to build the basic trust so that they will not have the idea that they are being "examined", "tested", or "being dictated" how to regulate their emotions because the most important part of the study was to *explore and learn from the participants* about the world, just the opposite of deductive research designs. Traumatized adolescents are in general very irritated, as they constitute a population that is very sensitive to issues of misuse of power and abuse.

Another important reason for utilizing qualitative research design is previous experiences of the researcher in the research issue, especially about research ethics. In clinical psychology and psychotherapy research, the diagnostic criteria or categories that quantitative research approaches attribute very high importance to, create a stigma on the diagnosed population such as "mentally ill". When we approach the population with an idea that "you have a problem that you cannot solve, and I know how to solve it", it creates a resistance. It is a very understandable defense since that person has developed a sense of self during all his/her life that you get into his/her life out of nowhere with a fixated idea that you can achieve "curing" him/her. Especially in applied research design, qualitative research approaches may

be more appropriate. Keeping in mind that, applied research may generate new knowledge and contribute to theory, however its primary focus is collecting and generating data to understand real world problems better (Guest et. al, 2013). For this reason, a qualitative research design that is inductive and flexible with a high explorative capacity to understand a novel phenomenon of emotion regulation in traumatized adolescents, and contribute to existing literature with inductive and thematic data may be valuable.

The transcripts and reports were analyzed with *inductive thematic analysis. Grounded theory* approach was utilized, which is a type of inductive thematic analysis developed by Glaser and Straus (1967, as cited in Guest, Namey, & Mitchell, 2013). Grounded theory is made up of a set of methods to collect and analyze data systematically, yet flexibly to construct theories "grounded" in the data themselves (Charmaz, 2006). The process necessitates systematically reviewing texts directly as collected, coding for units of text which may be sentences, words or paragraphs, and writing memos mentioning the relationships between the coded units. Next, the units of codes will be systematically compared and contrasted called the *constant comparison* method. The main aim in grounded theory is to identify themes from textual data in a transparent and credible way (Guest, MacQueen, & Namey, 2012).

Grounded theory approach was appropriate since there is not a structured application program for emotion regulation in group settings with traumatized adolescents and children in Turkey, and this research will be the first to hear the voices of street children about emotion regulation, and explore whether there are overlaps with literature and whether these overlaps may be utilized to give psychological support to the street children in Turkey. The models that have been reviewed in the previous chapter such as trauma systems therapy have been developed in line with the experiences of researcher and psychotherapist in United States. In addition, there are models of working with attachment-based approaches in South America such as the JUCONI model of International Youth Foundation, which is founded in USA and operates in more than 60 countries all around the world. However, as mentioned in

the literature review, research and application in Turkey have been mostly focused on medical treatments or social service providers, but not the treatment of traumatic attachment relationships in street children. By the grounded theory approach, the emergent themes from the data may be explained by our existing knowledge in literature, however a new model of treatment in a group setting may occur which would be appropriate especially to Turkish culture and the street children's living conditions in Turkey. Henwood and Pidgeon (2003) stated that grounded theory approach might be utilized especially in areas of research that are under-defined or sensitive and flexible in different contexts or conditions. Therefore it is expected that grounded theory became popular among mental health research both with individual and group settings (Tweed & Charmaz, 2012).

A qualitative data analysis software program, MAXQDA, was utilized in the data analysis process.

CHAPTER 3

RESULTS

The results chapter includes two sections. The first section will demonstrate the results belonging to the descriptive characteristics of the participants in terms of the roots and consequences of complex developmental trauma and emotion regulation in particular for boys who have lived and/or worked on the street in Istanbul, Turkey. The second section of the results chapter will include the proposition of a new intervention model of emotion regulation for boys under the risk of complex developmental trauma in Turkey.

3.1 Psychological Make-Up of Street Boys: Complex Developmental Trauma

The analysis firstly explored the current self-regulation capacities of the boys who were under the risk of complex developmental trauma. The developmental pathways leading to running away to street or working on the street were analyzed by taking into account the Attachment, Regulation and Competency Model of Blaustein and Kinniburgh (2010) as the main framework. Therefore the three main sections of descriptive characteristics of boys' current emotional functioning were *attachment*, *regulation* and *competency*. Under each heading, it appeared that there were three levels of analysis: *Individual*, *group*, and *system*. The individual level of analysis demonstrates the findings about the intra-psychic processes and conditions of the boys such as the insecurity, worthlessness beliefs, utilizing immature defenses instead of mature emotion regulation skills, and being lost in the chaotic child protection system. The group level of analysis demonstrates the traumatic attachment of boys with their primary caregivers and its effects on their self-regulation and competency. The dominant themes were aggression, physical violence, substance abuse, feelings and cognitions related with abandonment, and running away from home, from school or from residential care. This macro level analysis of the child protection system in Turkey was explored throughout the boys' experiences. The dominant theme in boys' words was found to be lost within the system and being

pushed around within it without creating any secure, consistent bonds with anyone or any institution within the child protection system. The summary of findings in terms of current conditions of the participants in terms of complex developmental trauma is given in the table below.

Table 4. Assessment of Complex Developmental Trauma in Street Children

	Attachment	Regulation	Competency
Primary Caregiver-Child	Traumatic attachment	Lack of containment • Maltreatment • Broken families	Survival Level of needs satisfaction: • Unsafe environment • Boredom & emptiness • Lack of worthiness
System	Lost within the Vicious of Circle of Violence	• Inefficiant ER of social workers • Lacking Routines & Rituals	
Child	• Inability to trust • Lack of worthiness	Lacking emotional • Awareness • Identification • Regulation • Expression	

3.1.1 Attachment Problems

In the following section, the attachment component was explored in the boys' who participated in the ERW, at an individual, group and system levels. At a group level, traumatic attachment was demonstrated in the primary caregiver-child relationship of boys. At a system level, it was found that the street boys were feeling lost within the system. At an individual level, the boys' lack of worthiness of love dominated the findings.

3.1.1.1 Traumatic Attachment with the Primary Caregiver

Throughout the ERW, the participated boys repeatedly reported their highly traumatizing experiences with their primary caregivers. Maltreatment and being abandoned by the primary caregiver was at the core of the boys' childhood experiences. In terms of analysis of attachment relationships' effects on emotion regulation, the inability in the ***primary caregiver's problems in management of her/his own affect*** occurred to be the most crucial theme that caused traumatic attachment.

The absence of a secure primary caregiver was the first and most dominating theme in the accounts of the boys. It is a common theme that the mother leaves her family behind intentionally or because of unintentional reasons such as health issues or death. Some of them have never seen their mothers; some of them have seen their mothers for once or twice in their whole lives. Therefore primary attachment figure was either completely missing or destructive. The boys, who reported that some of them did not ever see their mothers, had a common theme of **"*being abandoned*"** in their accounts. Abandonment was reflected to their words with cognitions about worthlessness and a longing for a secure relationship with a caregiver. On the other hand, when there was a parental figure available physically, she/he was not secure; on the contrary, very debilitative. The following are remarkable sentences of boys about these findings:

"I have seen my father only once so I don't even remember his face".

"My mother left me when I was a baby. Until 3 years ago, I used to run away from home and look for her but I gave up".

"My mother came to see me in the facility once. She wanted to take me to her house but I don't want to see her… They divorced when I was a baby because she cheated on my father".

All of the boys have reported that they experienced ***physical abuse*** in their early childhood. Their caregivers had frequently beat most of them. In one of the most

extreme cases, a boy reported that his mother stabbed him when he was 7 years old. His mother got angry for he was fighting with his cousin, and stabbed him. During an emotional awareness exercise, the boys were asked to answer fill-in-the-blanks questions. The boys drew sentences from a basket and filled the sentences in. The sentences were related with being young, family, aggression, fighting etc. The stabbed boy asked: ***"Is all the fill-in-the-blank sentences about family?"*** Next, he stopped the group discussion, and wanted to see all of the sentences. Then, he participated the discussion by only answering fill-in-the-blanks sentences "unrelated" with family.

Boys who have been left to the facility by their parents are from ***economically disadvantaged families***. Some of the families had left the child because of incapability to satisfy his needs. It was striking to hear from the boys that they were not encouraged by their families to work on the street. Commonly, working on the street was a consequence of running away from home, not a cause to run away from home. When the boys ran away from maltreatment and neglect in the family to the street, they reported that they had worked in various jobs in order to survive.

The boys did not experience the benefits of any co-regulation of emotions by caregivers. In addition they have been abused and neglected by their primary caregivers. They did not have secure bases to construct new secure attachment bonds in their adolescence and young adulthood.

The boys were observed to be avoidant on talking about attachment. Therefore their discussions about the family or sentences on this issue were rather short and aversive. On the other hand, their sentences were very striking and emotionally heavy to contain for the therapist. When the discussions were started, some of them were more eager to talk but some of them would immediately avoid the discussion by different emotion regulation strategies, most of which were ineffective. Therefore the containment of very disturbing maltreatment experiences of boys could be said to be one of the major challenges in the therapeutic work with them.

3.1.1.2 Insecurity of the System: Lost within the Vicious Circle of Violence

The themes in the boys' accounts related at the macro level were related with the residential care and education system most dominantly. The accounts had the recurrent themes of *physical abuse* in the RC, *unexpected mobility of the boys within the system* in the form of punishment, and *running away* from the RC. Because of physical abuse and repeating unexpected mobility within the system, the child protection system was traumatizing them either. Unfortunately, the system was continuing the punishing, abusing and neglecting pattern of caretaking, similar to the family of the boys.

The boys reported that the teachers were physically abusive in the RC. In addition, after being beaten up, they were punished for making the administrator angry. The following accounts are examples for the physical abuse in the RC:

"Look! He (the administrator) ***is saying nicely and we don't understand, then he beats us. So we understand".***

"When we don't get up to breakfast, the caretaker pulls me from the bed and pushes me to the floor. He is just joking you know... If I had got up, he would not have to throw me to the floor by force".

When they had a problem in the RC, they were usually transferred to another facility as a punishment. One of the boys reported that once the officers in the RC told him that they would bring him home for the weekend as his parents had taken a home visit permission. Then they took him to another RC, and left him there:

"They left me like a garbage bag to Y (The other RC). If they had told me that I would be transferred, I would at least take my belongings with me".

"They said they were taking me to the hospital. I found myself in Y (Another RC). ***I wish they did not lie to me".***

The boys' *mobility within the system* was an obstacle for their continuing education too. Their schools were changed in parallel with their residential facility unpredictably. There was only one school in the RC's neighborhood. However whenever a boy experienced a problem and needed to change his school, there was not any other school nearby. Therefore his RC placement was changed as a solution. Similar to the traumatic separation from the facility members, the boys experienced a traumatic separation process with their teachers and friends at the school frequently. The lacking regularity and permanency in the boys' living conditions continued to traumatize them.

The location of the RCs that street children are sent to, are outside of the city center mostly. All of them are away from public. The RC that the participant boys were coming from was two hours ride away from the city center. It was inside of a small plantation with some animal to take care of in it. It may have been built with the aim of rehabilitation for the boys. However, any rehabilitative activity had not been planned although it had been years from the opening. As the administration did not plan any rehabilitative activity for the boys, the boys did not experience any advantages of living away from the city. On the contrary, they felt the facilities were thrown outside of the city to get rid of the boys. On the other hand, another RC in which the boys had stayed before was right in the middle of the city but at a very insecure place for boys. It is in an economically disadvantaged territory of Istanbul where there is drug commerce, prostitution, and other illegal activities. One of the boys reported: ***"My brother is sent to X*** (The other RC in the city center)***… He is sacrificed".*** He also added that his brother once became addicted to drugs while he was in X before. He was clean in Y (The RC that they were living in) but the administration sent him to X as a punishment. The reason for this punishment was that he did not obey some of the rules in Y.

As a daily program in the RC, the boys were taken to their school in the morning and taken back to the facility by bus in the afternoon. If they had dropped out of school, they stayed in the RC, sleep and played ball most of the time. At nights, they watched television together. However, there was not any psychological or social

rehabilitative or recreational activity in the facility. One of the boys stated the general situation very vividly: ***"The ones that do not go to school just sit. There is nothing else… only school and SOYAC".*** The free hours in RC led to cognitions about "***being imprisoned".*** Going to school was an escape for the ones who were continuing their education: ***"At least we have classes so the time passes by faster at school".***

They had permission to go out of the RC and come back at night once a week. When they wanted to go out for the second time, they could not have the permission. This problem led to running away from the RC. Their bonds with the RC were so loose that there was not any sense of feeling connected. Therefore they were constantly using every opportunity to run away from the RC. The administration could not create any secure bonds with them, which led to being unable to control them. In addition, the boys could not control themselves about running away. In every problematic situation, they thought of "running away" as a solution. This inefficient problem solving increased their impulsivity. This vicious circle of "lacking secure attachment" and "running away" gave way to emotion regulation difficulties. The following sentences further illustrates the situation from their viewpoints:

"When I run away, the world is mine".

"He (a friend in the facility) ***wanted to go out the next day again, they did not let him, so he ran away"*** (He did not come back, and lost contact)**.**

Being a student creates a huge status difference between the boys. This status affects current living conditions, current mental health and future aspirations of the boys. Some of the boys in the ERW were *illiterate*. There are immense effects of lacking literacy on the boys' mental health. The boys did not report it, however it was clearly observed by group leaders and facilitators. When any reading or writing was involved in the ERW, the boys that were not illiterate were not eager to join the exercises even though one of the group facilitators always supported them with the reading or writing materials. The illiterate boys seemed to be more introverted and shy. They did not disclose themselves as much as the literate boys. The confined

nature of these boys caused them to be less social in workshops. The dominant emotion of the workshop was *shame* when there was an activity involving reading. When one of them was ashamed and closed himself to the group, the group facilitators and leaders would immediately get into eye contact with each other to cover up for and open up the boy if he would like to with a little gentle push at the back. The boy who is an adolescent regressed and acted like a 5 year-old who does not know how to read and write yet. The group facilitator found herself/himself in a position such as a mother protecting her child from the bullies at school.

***"After pulling a paper with a fill-in-the-blanks sentence on it, I read it for him. Just before his turn came, he had looked at me in the eye without saying anything but I had understood that he wanted me to read for him. I smiled and nodded. He thanked me with a smile. There was not any talking."* (A group facilitator's report)**

***"While starting the exercise, he seemed unwilling. His illiteracy made him more confined in group activities that would require reading even though he knew I would read for him*." (A group facilitator's report)**

The placement of the RC and the continuous mobility of boys within the system were two different processes but with the same meaning. The boys were cast out from different RCs and schools frequently; same as the RCs were cast out of city centers. The solution to problems within each system (the RC administrative system or the child protection system) were both "casting out", namely abandonment. This casting out traumatizes the boys secondarily, as their families had already cast out the boys. The abandonment of the boys from the child protection and education system was additions onto insecure attachment of the child-primary caregiver relationship. Consequently, the boys were unable to develop a sense of belong

ing. Rather than feeling secure, they felt that they were imprisoned in the RC, which led to repeatedly running away from the RC. When they were asked about their ideas and dreams about their safe places in their minds, one of the boys could not find any

safe place. After a long silence, he said: ***"The street… it is my safe place. If it is not safe, I don't have any".***

3.1.1.3 Insecurity of the Child

When the boys' accounts were analyzed at the individual level in terms of attachment, it was found that they were insecurely attached to their primary caregivers especially the mothers in common. The dominant themes related with attachment styles of the boys were ***insecurity in relationships*** and ***lack of worthiness beliefs***.

The boys were hypervigilant because of regular expectation of relationship threats. They were on guard of abuse or abandonment by both each other and by new people that they meet. Therefore, meeting people in the ERW was a big challenge for them. On the other hand, they had learnt the rules, so that they were aware that every school term new volunteers would come, and new workshops would start in SOYAC. As meeting new people was expected because of the routine, there was not any unpredictability. The rules and regulations of SOYAC prevented the attachment anxiety that the boys experienced. The therapist of ERW was aware of the tendency of the boys towards anxiety of meeting new people. Therefore she introduced herself and spent time with them one-to-one in the first week at the warming up party in SOYAC, even though the ERW started next week.

Trust vs. paranoia in relationships were two poles of the ***splitting*** tendency of the boys related with attachment. When the boys were in the regulating state of emotions, they trusted the group members and disclosed themselves comfortably. In addition, they could show empathy for each other at moments like these. However when their anxiety or fear was triggered, they became irritated, restless and even paranoid. This *paranoia* was especially about abuse in the relationships. The paranoia about people's trustworthiness seemed to emerge from their deep belief in their own lack of worthiness. When they felt lack of worthiness, they jumped to the dark side of splitting, and they started to doubt everyone's love and genuineness. They even doubted their own brothers who were the only long-term attachment

figures in their lives. In addition, in these instances, they were extremely harsh towards each other. They reported that everyone was responsible for himself, and no one should be depended upon.

"He will learn –the rules- himself. I won't show him the way. I learnt myself, he will too" **(**Talking for his younger brother who just arrived to the same facility that he had been staying for a few months).

The insecurity of the boys was presenting itself as ***splitting*** in other areas of their lives too. The splitting was not only about people, rather about life itself. When the workshops were going in order, and everyone that they knew was there that day, it was fine. It was a good day to enjoy and they ***loved*** the ERW. However, when one of the facilitators or one of the group leaders was absent, the day went off the rails. They immediately reported that they ***hated*** the ERW that day, and it should be cancelled permanently. When they had a problem going on in a relationship, their world collapsed, and everything they believed became darker. They lost their faith in people in general, and hope about the future all at once. The splitting caused their worthiness beliefs about the self, others and the world to be unstable. The sudden mood changes in the boys were a major challenge for the people who worked with them. As they were not aware of their own emotional changes and attributions, they could not verbalize them. When the verbalization was missing, the people around them got anxious because of the unpredictable nature of their mood shifts. The morning and afternoon meetings with the whole SOYAC team and the boys were very crucial to synchronize and calm down. The meetings gave way to learn about the boys' current mood when they arrived in the morning. In the afternoon, the meeting was more like an emotion regulation group for calming down, discussing any existing problems to solve, and appreciate the good work done that day. Consequently, the meetings helped to verbalize the problems, find their causes and solutions, which led to integration of the boys' splitting tendencies. When the boys could not verbalize the situation, the supervision group with the group facilitators was of vital importance. In the supervision, the therapists and the facilitators shared their observations about the boys and their observations on themselves; how they felt

and reacted. One of the main discussion issues was the boys' splitting and how it presented itself during the day. These discussions helped the team to make sense of the boys' and their own emotions and behaviors.

One recurrent situation that triggered their lack of worthiness beliefs was when a boy sensed that another boy or a group leader or facilitator was not satisfied in the relationship. These were the times that the emotion of ***shame*** became prevailing. In a typical instance, one of the ERW sessions was quitted without conducting the day's exercises because of a previous relationship problem between a boy and a workshop leader. The boys were apparently in the *revving phase* when they entered the ERW. They immediately found objects like sticks or balls to hit on the floor making repeating noises which could be evaluated as *regressive self-soothing*. They were not open to discussions so the workshop was cancelled to allow them to sooth themselves by the help of group facilitators. The facilitator reports enlightened the situation: ***"There had been a few setbacks in the previous workshops, so the boys were upset. It was obvious that it would be a difficult day in the ERW from the first moment that the boys entered the room"*** (A group facilitator's observation report).

That day, previous to the ERW, the dance workshop leader had experienced a miscommunication with one of the boys. Consequently, two of the boys had run away from the dance workshop to the garden. The group facilitators in that workshop had chased them in the garden. They experienced a hide-and-seek situation but not in a fun way. It was frustrating for the boys to upset the workshop leader, as well as the facilitators that chased them. The dance workshop was cancelled after this condition, and the rest of the boys in the dance workshop had spent an hour freely in the university campus. Some of them had started playing computer games in the faculty café; some of them were talking with some group facilitators in the garden. Therefore when the ERW time came, all of them were upset, tired and mentally busy with issues other than ERW. Therefore they were not ready, and even triggered cognitively because of the upsetting situation with one of the authority figures. The boy that had argued with the dance workshop leader had told one of the group facilitators after the ERW was canceled:

"Nobody loves us here. Everybody is here for duty or because of fear of their teachers. Nobody is genuine. You too may be angry with us right now (since the ERW is cancelled like the former dance workshop).

At these instances, it was as if the boys were ashamed of putting themselves and the other group members into a problematic situation. It seemed to create a relationship threat by the reaction of the dance workshop leader by cancelling the workshop. As she was not a psychoanalytically informed leader, she must not be aware that these abrupt changes would trigger the boys' relationship anxiety.

The boys seemed to misread other's emotions in such problematic instances about relationships. Even tough they knew the other person well; the boys became suspicious of the other's intentions, and made negative attributions to the neutral conditions, which was not even related with them. For example, in the last story mentioned above, the group facilitator was not angry; she was rather upset that the ERW was cancelled. In addition, the facilitator was still engaged in with the boy's emotions, so she was emotionally available to the boys. As a result, the boys must have liked that she was still there for them, but still they misread her emotions because of their triggered anxiety. The boys were not aware of their own emotions related with insecurity in relationships, which must have led to their inability to effectively read other's emotions. The boy who was triggered because he thought he had lost the love of the dance workshop leader thought that he had become a *bad boy* for the dance teacher, feeling shame about it very intensely. He was feeling highly intense emotions that were expressed as behaviorally such as running away, acting out or regressive self-soothing.

In most of the situations, when one of the boys was triggered, other boys accompanied him. It was a challenge of group work because being triggered was kind of contagious between the boys. They explained this contagiousness as a rule of unhealthy attachment bonding. When they did not accompany another's negative state of emotion, they thought that it would be rude. One of the boys reported: ***"When a friend says 'let's run away together, you should not turn him down… It is written in the friendship code".*** It seemed rude to turn a close friend down even

though the other did not want to run away, because their friends from the residential care were the only consistent attachments that they had formed in the last few years of their lives. These attachment bonds were more secure than the bonds with the authority figures in the RC. However since the attachment background was insecure, their relationships with their closest friends were even tied with very thin bonds.

In order to summarize, it could be said that the insecurity of the boys' attachments emerging from their traumatic attachment with their primary caregivers led to lack of worthiness beliefs, deeply seated shame, and mistrust in relationships. The boys seemed to manage relationship problems by splitting and projective identification as the basic defenses. Trust vs. paranoia; love vs. hate were two very dominant themes in their accounts. When they passed to the dark side of splitting, they avoided the person that they had problem with, they isolated themselves, showed psychosomatic symptoms, started acting out or engaged in regressive self-soothing behaviors.

3.1.2 Emotion Regulation Problems

In terms of self-regulation, after the analysis at the individual, relationship/group and system level, it became evident that the boys were substantially showing symptoms of complex developmental trauma, and emotion dysregulation symptoms in particular. In the primary caregiver-child relationship, the boys had learnt physical violence, abandonment or avoidance as ER strategies. At the system level, the boys were experiencing lacking regulatory activities and lacked routines and rituals to manage emotions. Consequently, it was evident that the boys used immature psychological defenses to regulate negative emotions at the individual level of analysis.

3.1.2.1 Unavailability of a Good-Enough Primary Caregiver / Co-Regulator

When the boys' self-regulation was analyzed by taking the primary caregiver-child relationship as the main framework, there appeared to be two most dominant themes. First one was the severe ***maltreatment*** in the relationship, which was a result of lacking self-regulation of the primary caregiver. The second was that the ***broken***

family and ***lack of containment*** in the family. Both themes converged in same pathway leading to unavailability of a good-enough co-regulator for the infant.

3.1.2.1.1 Maltreatment

Early childhood accounts of boys showed *lack of co-regulation of the parent for the infant's self-regulation*. The experiences with parents were severely negative. They were about physical abuse, parents' addiction problems, or being abandoned. They did not have any co-regulator for their impulses and negative emotions in infancy; rather were punished for their existence by their caregivers. Therefore emotion regulation skills had never been presented or taught to the boys, as the parents were emotionally disturbed and could not regulate their own emotions.

"My father was alive but I have never had parental love, he never showed his love".

"My father always threw me to the street; he was always saying 'go away'".

Some of the boys were still in contact with a family member, and the traumatic relationships were continuing. Unfortunately, the government's child protection system was not efficient enough to protect the child from this type of ongoing traumatic relationships. The parents, who were still in contact with the boys, were still ***abusive*** and ***addictive*** to illegal substances. These were the inefficient emotion regulation strategies of boys' parents. The boys knew the drugs' and alcohol's effects on the body because most of them had grown up in such environments. Starting mostly from late childhood onwards, they had tried most of the drugs themselves. None of them said that he had never tried.

"I have taken my father as a model. He has used every kind of substance but I don't now… He was smoking pot, getting into crisis… I have seen all. I have grown up in it. My father did it, my mother did it. I know everything about it".

"Once I fainted because of the smoke in the room. I was very small. I inhaled two or three times and I fell".

Another inefficient emotion regulation strategy that the boys' parents were using was ***physical abuse*** to solve any problem. They report that the primary caregivers could not regulate negative emotions, especially anger. One startling experience was told by one of the boys regarding physical abuse:

"My mother stabbed me during breakfast (showing the scar in his arm)… ***She told me to stop arguing with my cousin and I did not, she got very angry, took the knife and stabbed me"*** (He was 7 years old).

"The grown ups fight… Then isn't it normal that we do too?".

3.1.2.1.2 Broken Families

The second dominant theme related with the unavailability of the primary caregiver was the *broken families*. Therefore, the boys did not feel contained neither by the primary caregiver not the family as a whole. There were several reasons for this breaking down of the families. Economical disadvantages were a major reason. The boys' were either born in economically disadvantaged parts of Istanbul, or in the east/south east of Turkey. If they were living in the east of Turkey, some of them had run away from home to Istanbul. In addition, some of them had their street history started in the east of Turkey, taken under governmental protection, and then the administrators transferred them from RC to RC, so that they had ended up in an RC in Istanbul. The economical disadvantages had created an intensely poor living condition at home, which seemed to add up to the stress of the caregivers. The economical disadvantages leading to more stressful and abusive caregiving established the pathway of running away from home. Consequently, running from home to the street seemed to be the solution. Currently, they were running away from the RC to the street from time to time. It could be said that "running away" and avoidance of problematic situations had become the major emotion regulation strategy for the boys through this developmental pathway.

As a result of inability in the self-regulation of primary caregiver, they boys have learnt and experienced substance abuse, physical abuse, and running away to the

street whenever there is an overwhelming negative emotion. These strategies resulted in many immature defense mechanisms to use to replace for efficient emotion regulation strategies.

3.1.2.2 Dysregulation of Emotions in the Child Protection System

Two important recurring themes deserved attention in terms of lacking self-regulation support to the boys. One of them was the ***inefficient emotion regulation of social workers*** in the RC and schools. The other was the ***lacking rules and rituals*** in the RC.

As previously mentioned in the attachment in the system level (See Section 3.1.1.3), the boys recurrently became victims of physical abuse in the RC. They could not find any good-enough co-regulator after their abusive parents too. The psychologists or the social workers were experiencing burnout in the child protection system. Consequently, they were incapable of caring for another being other than themselves. The administrators, teachers, social workers and other caretakers such as janitors applied physical abuse to the boys. The boys were even used to the situation, and were surprised when they were not beaten up in SOYAC by authority figures. The boys told us that they felt like they deserved it for misbehaving because it had become the norm for them. The social workers or psychologists did not have the necessary skills of self-regulation themselves. Consequently, they could neither be role models nor educate the other personnel in the residential care facility about emotion regulation. During a discussion, two boys were talking about this issue:

"A.: Why is he shouting? He could take me to a corner and ask why I want to get up late. There is not such a treatment. Directly pulls me from the bed and throws me to the floor...

B.: No, look when he says it appropriately, we don't understand. Then he has to shout and beat us so that we understand".

The RC was in chaos in terms of rules and regulations. There were not any rules on how to behave, how to spend the free time, or even how to get up in the morning.

Therefore the boys themselves should have decided every behavior. The RC did not put the necessary boundaries; rather punished the boys when they misbehaved. However, as the boys did not know how to behave appropriately, it created a vicious circle of violence.

"Today we got up ourselves in the morning! (Proudly speaking). ***Normally, we get up by scolding every morning".***

"He (A caretaker) ***is throwing me to the floor if I don't get up. I resent it".***

The following quotation from a group facilitator's report is striking in the sense that it shows the boundaries between the boys were not be established in the RC, and they physically abuse each other consequently: ***"I. and K. talked about physical abuse in the dormitory. It surprised us a little to hear that every boy tried to appear stronger than he really is to prevent abuse because I. said that if a boy does not abuse, he will get abused, this was a rule".*** Next, when two boys fight, both of the boys are punished by physical abuse applied by the administrator, adding up to the vicious circle of violence.

Even though the boys were taken under protection because of the traumatic attachment in the primary caregiver-infant relationship, the child protection system members traumatized them secondarily. In addition to the inefficient emotion regulation skills of workers in the RC, the lacking boundaries in the RC confused the boys. Consequently, the boys adapted to the chaotic environment, and became abusers themselves in order to survive in this unhealthy environment.

3.1.2.3 Emotion Regulation Difficulties of Street Boys

When the emotion regulation problems were explored at an individual basis, it occurred to be a major leading theme in boys' lives. In terms of emotion states, they were experiencing the state shifts very often and repetitively. They were overwhelmed by these emotion state shifts. However they were not aware of these shifts' associations with their mental health or psycho-social skills. As a result, they had adapted to these shifts in order to survive by some inefficient emotion regulation

strategies such as psychological defense mechanisms, acting out behaviors or over-control.

3.1.2.3.1 The Vicious Circle of Emotion States Shifts

All four theoretical emotion states were observed during the ERW sessions: The regulating, revving, re-experiencing and reconstituting states. These are presented in the following section with representative instances from boys' accounts.

When the emotion states were analyzed during the ERW sessions, it became evident that there were some main triggers for entering the re-experiencing state of emotions. The first and most important trigger was the ***lack of structure***. In order to create the feeling of safety and security, the structure was conducted by creating a daily routine. The second dominant trigger for the boys was the ***negative emotional state of the group***. One of the boys' negative emotional state at the beginning of ERW session was a sign of possible trigger for the other boys. The third most important trigger was experiencing relationship threats and feeling ***separation anxiety***.

Firstly, in order supply structure, the day should have gone in line with the daily program, and fulfill their expectations of the daily routine. One of these conditions that intervened with the daily routine was the absence of a group member in the ERW. When every regular member was there for the ERW, the boys were calmer. If any of the members was absent for a day, it was observed that the boys immediately realized the absent member and questioned why he/she was absent. If the answer that they expected did not fulfill their expectations, they started to get restless; it became a trigger for negative emotional states. If the member had an exam or a sickness, and would be back the next week, the boys immediately calmed down. If the group leaders and facilitators did not know why that group member was absent, it could become a trigger for the anxiety to rise for the boys.

Another necessary condition to keep up with the daily program was to start and end the ERW at the exactly same hour. If the group did not start for ten minutes for some reason, the boys would immediately start to question if there was a problem, get

anxious, and start to enter the revving state of emotions. The appearing themes during these moments were about the *security of the relationship* and *trust issues* between the boys and the group facilitators. The following statements are the striking about this theme:

"Are they (facilitators) ***really volunteers? Do they take money? Is this a lesson? Do they receive grades to take care of us?"***

"They (facilitators) ***just care about us because they are afraid of the coordinators".***

The second trigger for the boys to enter the re-experiencing state of emotions was the general ***negative emotional state of the group***. If one of the boys was restless or upset because of a personal issue at the beginning each week, that boy's emotional state was a risk for triggering anxiety or anger for the whole group. The ***projective identification*** appeared like an epidemic, and the negative emotional state was spread out to the group. In some occasions, the boys started to argue with each other during the workshops. In other occasions, one of them would not want to engage in with the group exercise, and distract the others' attention in some way. These conditions made them more vulnerable to being triggered even from regular events that they were used to, and get them to enter the re-experiencing state of emotions. For instance, when one of the boys was upset because he would not be able to go to see his mother on the weekend, he seemed quiet all day. He got triggered in the ERW during the trauma work exercise when he told us a story about his mother. Next, he isolated himself from the group, and started making disturbing noises with a plastic stick that he hit on the floor. In another occasion, in the morning we saw that one of the boys' head was injured. When we asked what happened, he did not want to tell, but his friends told us that he had an argument in the morning when they were getting on the bus to come to the ERW. They had argued about who would sit by the window, and both of them were triggered. The responsible teacher had left the boy who started the fight at the facility, and just brought the other boy whose had was injured. Therefor, according to the observation records, he was still in the reconstituting phase of emotions when he had arrived at the ERW.

The third dominant trigger in the boys' accounts was feeling relationship threats and separation anxiety because of significant others. In some occasions, when a relationship problem became a trigger for survival symptoms, they could manage to stay in the *revving phase of emotions*, and turn back to the regulating phase during the workshop. It was a success in terms of emotion regulation skills to be able to stay in the revving without getting through to re-experiencing stage, and these were the times that they could express their deeper cognitions such as their lack of worthiness beliefs.

"Nobody loves us. All of them are artificial, they want to use us" (One of the boys is talking about the group facilitators during reconstituting phase).

On the other hand, most of the time, they got into the *re-experiencing phase of emotions* whenever an attachment bond was in danger. During those moments, they gave triggered insecure responses to caretakers. These responses were in the form of either aggression or isolation most of the time. The reactions of children may have been internalized reactions of their abusive primary caregivers: ***"Best defense is to attack".*** Therefore *projective identification* was a defense to regulate negative emotions (More detailed analysis in the Regulation section). Consequently, they got into fights with each other by bullying each other to provoke others, so that they knew the other boy would attack him. In these occasions, the anxiety or sadness turned into aggression most of the time. The aggressive behaviors was like a burst out of steam, and caused a relief, or even happiness when they were responded in the way that they expected as they got beaten up.

"You must be angry with us right now, and this makes me happy. Because it shows me that you are real" (A boy talking to a group facilitator).

"My characteristic that I <u>like</u> is that I easily provoke people by saying anything" (An older and more verbally expressive boy).

During the revving phase, the therapist of the ERW firstly tried to calm down the specific boy who felt upset and tried to identify triggers. Usually the therapist

approached him and asked about his problem. When the boy disclosed the problem, he could more easily be soothed. When he did not disclose, the emotions became increasingly overwhelming which caused the boy to shift into the re-experiencing phase during the ERW exercises. In that phase, the boys engaged in regressive self-soothing by mumbling songs loudly or hitting things repeatedly to make a disturbing noise. When any boy shifted into this phase, he was asked if he wanted to lie down to calm down for a while on the couch, or if he wanted get outside the room with a group facilitator to spend time in the garden for some time, and come back when he was calm again. As the re-experiencing phase was a time that they stopped thinking rationally, the triggered participant would be taken outside the room immediately to a place where there was less stimulus; less people and less noise.

After the re-experiencing phase had passed, the boys came back to the room during the reconstituting state of emotions. At those moments, they explained how they experienced "the survival circuit" very clearly. They usually did not remember what happened, and they regret what they had done afterwards.

"I could not see anything else, it was like everywhere was dark other than him (the boy he fought with)***".***

After a fight, ***"…first 5 minutes it feels good to calm down, in 10 minutes sadness, in 15 minutes regret...."***

In the reconstituting phase, the boy who caused trouble for his friends or therapists usually apologized for his behavior. In the following sessions, it was observed that the boy who apologized the previous week, usually worked hardest for the workshop to be more effective saying: ***"Let's get this done! We could not do it properly last week already".*** These were compensatory behaviors caused by the regret and shame from the previous re-experiencing state they entered in the ERW.

The crucial point that deserves attention was that the boys could not pass through the reconstituting state to regulating state in a linear fashion every time. On the contrary, they pursued a ***circular process of emotional state change*** (see Figure 3). It did not

mean that if the boy calmed down into a regulating phase, it would be over and he could move on. Rather, everyone in the ER group were needed to be extra cautious to him because even though he had calmed down, it meant that he could regress to the re-experiencing stage at any moment again.

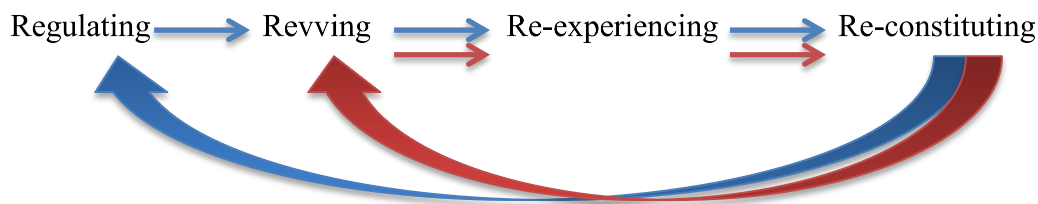

Figure 3. The Circular Nature of Emotion State Change

As a result of discovering about this circular tendency, it may be said that emotion regulation strategies of boys with street experience in the revving and re-constituting stages' were very similar. They lacked the efficient emotion regulation skills, which led to being triggered. In both revving and reconstituting stages, the boys could not identify what they were experiencing both emotionally and cognitively.

"When I want to run away from the facility, my emotion is to run away" (He cannot differentiate emotion and behavior).

"I don't feel anything, I just do what I feel like to do" (Unaware of his emotions).

In both revving and re-constituting phases, they apply inefficient emotion regulation strategies such as over-control, substance abuse or through immature defenses such as projection.

(Substance) ***" makes you not think".***

(Substance) ***"makes your head high but it makes you want more then".***

"It is so boring, I do not want to talk" (Over-control both during talking about a traumatic experience and during talking about what happened to him during a re-experiencing episode).

3.1.2.3.2 Emotional Awareness and Identification Difficulties

There were times that they could do successful identification of their emotions. These successful identification moments were very rare, and usually occurred in the regulating state of emotions.

"I am painting because of boredom right now".

"I am calm when I sit with my friends watching TV in the TV room".

"I get angry when they want to run over me, it is a way to look strong".

On the other hand, most of the time the boys had difficulty identifying emotions. The observations pointed out that they had difficulty in differentiating behaviors from emotions, and cognitions from emotions. Some of them disclosed this difficulty directly such as ***"I don't know myself well".*** Some of them tried to express themselves as if they know what they feel but they could not.

In the emotion identification exercises, it was obvious that some of the boys named some portrait photographs with negative emotions wrongly. They even told that the photo showed someone "satisfied" even when the face in the photo was clearly upset.

"When I want to run away from the facility, my emotion is to run away" *(Behavior-emotion differentiation).*

"I don't feel anything, I just do what I feel like to do" *(Impulse-emotion differentiation).*

The only negative emotion that was identified truly was ***boredom***. Otherwise they had misperceptions about emotion-behavior differentiation or emotion-cognition differentiation. Other negative emotions such as shame, guilt, or unhappiness were replaced with more acceptable ones such as anger or boredom. In very rare instances, the boys were seen crying in any workshop. Even if one of the boys were seen crying, it would be in a quiet place alone with a group facilitator after he had run away from the crowd. It was obvious that they were highly *defensive* against feeling

sad or ashamed. Even if they were crying, they never admitted that they were unhappy or frustrated about anything. When they were soothed, they admitted that they had a problem while they were crying. In some occasions, this acceptance of an emotion came weeks after the problematic situation. Immediate revelation of primary negative emotions only happened for boredom or anger. When anger is thought of as a secondary emotion, such as a result of suppressing frustration, the only expressed negative emotion left was boredom.

At the beginning of the ERW process, most of the boys did not express any other emotion than "boredom". In addition, they expressed anger regularly whenever they were unhappy about something. During the process, as they formed secure relationships within the group, they became more aware of their emotions and what caused those emotions. They even managed to repair their relationships with the people that they had argued or fought with which helped them to regulate anger and boredom.

In terms of inefficient ways of emotion expression other than "boredom", they expressed anxiety ***somatically.*** Somatic expression included fast heartbeat, sweating especially in the hands, blushing, headache and stomach ache. In the first session, one of the boys reported that his characteristic behavior that he did not like was that his heart beat too fast when he was excited. It was observed that younger boys reported more psychosomatic symptoms about fear and anxiety. They were not aware of their bodily changes, however after a few weeks, the therapist and group facilitators became more aware that the boys were experiencing arousal symptoms such as hot flushes, shaking, and getting restless.

"I have hot flushes and my palms get sweaty when I see a crowd that I must join. At the beginning of the semester, it felt horrible in SOYAC because everybody was new; I am much more comfortable *now* -at his third week in SOYAC-***"*** (A boy reporting in an in depth interview).

Another dysfunctional emotion expression was reported to be an outburst by ***swearing***. It is very widespread and socially accepted emotion expression among

street boys. Therefore it is very difficult to change. In terms of rules of SOYAC, it was forbidden, in time they could regulate themselves better but the boys who were new in SOYAC experienced great difficulties to control their swearing.

On the other hand, the most frequent occurrence was failing to share by minimizing the emotion or substituting it with a more acceptable emotion, ***need for secrecy*** and feeling of shame to disclose an emotion. This secrecy even took the form of paranoia in extreme cases. Some of them had left the discussion when some extremely sensitive issues were opened up. During the first assessment and warming up session, one of the boys said: ***"I don't want anyone to know more about me. It is enough. Stop asking now".***

"We just do what the devil says… That's all" (When he was asked: "What makes you fight with your friends?").

"I am just sleepy" (When asked why he is so silent that day).

"Are you writing about his mother? (That his mother stabbed him) ***Do not write about it."***

The need for secrecy took the form of fears about confidentiality in the ERW. The boys asked many times about the voice recorder. They asked whether it was turned on, or not; whether the researcher deleted the recordings after she listened or not; whether the researcher threw the paintings and handcrafts away after the session or not etc. In some instances, they wanted the group leader not to write down what they said in order to keep it less formal and more secret. The voice recording or writing may have made everything seem more solid which was hard to confront for the boys. The recording both verbally and in writing confronted the boys with their abuse histories. Therefore it was very expected that they showed their need for secrecy, even at levels similar to paranoid skepticism and mistrustfulness.

3.1.2.3.3 Inefficient Emotion Regulation Strategies of Street Boys

The boys were aware that emotions hurt them only when they become overwhelming. They expressed: **"Not *to break things or ourselves, we have to control our emotions".***

3.1.2.3.3.1 Manage through Immature Defenses

When the boys were triggered with a threatening stimulus towards the self in the environment, they entered the re-experiencing phase of emotion state. In this emotion state, they behaved impulsively with anger. ***Projective identification*** was their primary emotion modulation way to defend against the uncontrollable, flood-like emotions such as sadness and frustration. The boys did not have any good-enough mothering in infancy; therefore their negative emotions were never contained either by a mother or by the residential care afterwards. They did not have any caretaker that was attuned to their needs who would be a co-regulator of their emotions. Consequently, the boys could not learn to be aware of and contain their negative emotions; rather they learnt to treat negative emotions like trash, which one should immediately get rid of. Therefore the negative emotions were ***projected onto others.***

"Not to attack, but to defend… When they hurt you, you want to take revenge. Once I took the pencil sharpener's razor blade and cut my brother's leg. Even though his shorts was on, his leg bled".

"I would put the slap on his face, and it would really hurt. I would not feel sorry because it would be his fault that he made me angry".

Attunement, as an emotion regulation strategy, was a serious challenge for the boys. They reported that tuning into people was hard and tiring. Especially the older group of boys tuned into strangers in a better way than the younger group. They behaved more in control in public, and they became role models for younger boys in SOYAC. However they repeatedly told that they felt different from the groups that they got into, and it was very difficult to be in control. These reports may show that they tune in to people, especially to strangers, and be part of groups well, but with great efforts.

"I feel different in places other than the facility, it is something I don't like about myself".

"What I don't like about myself is my patience… No, it is not a good personality characteristic; it is a burden".

In other occasions, the boys expressed that they thought aggression was the only primary emotion. They felt that the people who expressed their sadness or frustration rather than anger were artificial. They had learnt that they could receive attention, manipulate other people, or just have any reaction through outbursts of anger. The anger as an emotion was the only negative emotion that they were not ashamed of feeling. The other emotions were signs of weakness for them.

"You are angry with us right now I know, and it makes me happy because you are real." (One of the boys talking to a group facilitator).

When they hit and broke something, they reported that they felt strong both physically and mentally. Negative emotions were signs of weakness, which should never be disclosed. If any negative emotion –other than anger- was disclosed such as unhappiness or guilt, it meant that they had lost their defenses, and became a target for abuse. One of the boys was very introverted. In one of the sessions, he told the group that his mother had stabbed him in the arm when he was 7 years old because she was angry with him for he was fighting with his cousin during breakfast. After he disclosed this very emotionally heavy story, he went to the far corner of the workshop room, sat alone, and started to hit the floor with a stick repeatedly but without a rhythm. Ten minutes later he was stabbing the couch with the stick, and the stick broke into two. There was a notebook for the boys and group facilitators to take notes about SOYAC during the day. In the notebook he wrote that day: ***"I want to stab you with this stick".*** He must have felt him weak and ashamed so that he closed himself up right after the disclosure. He may have written this sentence to his mother for being such a bad mother. On the other hand, he may have written it to the group leader or facilitators for bringing such an intense and hurtful issue to discuss, and open up a half-closed wound.

Their projective identification with the group leader became most evident during the afternoon meetings right before they left. During those meetings, if intense emotional issues were discussed during the ERW, they always reported: ***"I don't like ER any more", "ER should be cancelled forever".*** They projected their hurtful emotions about the traumatic topics to the efficiency and likeability of the workshop. After the sessions that had passed rather smoothly without severe traumatic incidents disclosed, the boys reported they loved the ERW that day. There were very tense moments that the boys looked directly into the ERW group leader's (therapist) eyes expecting the same anger and opposition from her. Being aware of the ***projective identification*** and ***transference*** made it possible to deal with their hurtful words emotionally for the therapist. They were expecting the abusive and neglectful attitude of their primary caregivers from the ER group leader. It was very challenging not to soak up those emotional threats, and contain them professionally. ***Psychoanalytical supervision*** was vital for coping with the provocations of the boys. The boys expected reactions from the group leader similar to their primary caregivers or current caregivers at the residential facility, which involved physical abuse and neglect. The current caretakers in the RC had responded with aggression so that they had fulfilled the boys' expectations about lack of worthiness and hate. Psychoanalytical supervision gave way to the idea that the boys did not hate the ERW; rather it was very difficult for them to handle the traumatic issues in the workshop. As long as the caretaker was consistent, patient and in control of her own feelings, the boys pushed harder to dysregulate them. On the other hand, after they got to believe that the caretaker (therapist) was in control of her emotions, as well as valuing and respecting the boys, they stopped these provocations towards the end of the ERW process.

During the re-experiencing state of emotion regulation, the boys showed behaviors of ***regression***. Regressive self-soothing was another inefficient regulatory strategy of the boys during those moments. They started making repeating noises with their voices or by hitting objects. They found a pencil to hit to the table, a stick in the room to hit the floor, or mumbled songs at inappropriate times, which disrupted the workshop routine. They did not hear any comment or offer at those moments as if

they were in an unconscious state of mind. Regressive self-soothing occurred mostly when the workshop topic was an emotionally challenging one such as abuse or anger management. In those sessions, the boys got restless towards the end of the session. When they got restless, the topic was usually summarized and another discussion topic or relaxation exercises were introduced.

The relaxation and deep breathing exercises were the major tools to calm down during the workshop when any of the boys seemed to be triggered emotionally because of discussing traumatic events. When the triggered negative emotion was hard to contain for the boy or the group, the boy left the room with an accompanier to sooth himself outside the room. When the boy could be kept in the ERW, the breathing and relaxation exercises worked efficiently. Some of the older boys seemed less eager to engage in with these exercises, and seemed to be ashamed of doing the moves. However they started to actively participate when they saw the group leaders and facilitators were doing the exercises too.

3.1.2.3.3.2 Relying on Overt Methods

Self-harm, substance abuse, and *eating problems* were the frequently observed overt methods of emotion modulation beyond boys with street experience. Self-harm occurred in many different types but it was common for all of the participants. Self-harm occurred as a repeating theme when they tried to calm down without hurting another person. Therefore the aggression was turned towards themselves. A very recurrent self-harm was cutting themselves with razors. The boys reported that the girls in the RC facility very close to the boys' cut themselves often similar to the boys. Another repeating story was hitting the glass of windows with hand or head, and break it. Most of them showed the scars on their bodies, left from these outbursts of anger.

"I got angry with the caretakers in the facility. I counted to three and then booom!… Hit my head on to the glass of the window".

"I got into a fight with my brother, he locked me into the kitchen. I broke the kitchen door's window glass with my hand".

"I don't know how many times I broke the window's glass… I broke it, my father put it back without saying anything… He had got used to it".

The boys have long histories with substance abuse. It was seen that it started in the family in infancy of the boys. Some of the reports about drug abuse in family were given in the primary caregiver-child relationship sections. One of the boys reported that his father fainted in the living room of their house once because he smoked marijuana. Another boy told that he saw his mother and father were smoking marijuana together all the time. Most of them repeatedly told that they tried different types of drugs such as ecstasy and volatile substances. They have their own words for substance such as "throwing a sugar" or "Ferrari". They report that when they run away to the street, everyone is abusing substances, and it is an ineffective coping strategy. In the session about drug abuse, immediately after they reported that they abused drugs, and it felt good, they changed the discussion towards the harms of substances, and agreed upon the idea that it was not useful because it made them lose weight; feel unhealthy and weak.

"It makes you not think".

"Your head becomes high/nice but it makes you to want more".

"It is no use, it kills you. It turns you into a skeleton, melts you to your bones".

It was reported several times that there is severe peer pressure about using drugs. They expressed that it would be rude not to back up their friends in difficult conditions. Therefore, sometimes they had to use substances not to be a deviant from the group. In terms of emotion modulation, being part of the group may be evaluated as attunement, and need for trustable bonds with close friends since they do not have any other secure attachments. It was again a normal reaction to an abnormal condition. It was normal to need to be belonging to a group, especially in adolescence. However when the group norm was abnormal, the boys had adapted to

that abnormal condition. In addition to avoiding being a deviant, the boys' relationships were based on insecure bonds. SOYAC was very effective in terms of supplying a secure base for them. The unchanging stuff of SOYAC and workshops, the structure of the workshops, the daily program routine gave the boys the feeling of predictability, consistency and security. In the ERW, and after the workshop in the afternoon meetings, the boys started to question the security and trustworthiness of their relationships outside SOYAC. The chaotic environment, and the paranoia in their relationships started to seem abnormal to them, as feelings of security and trust became available, most probably for the first time in their lives.

In terms of eating problems, the boys were not aware at all about emotion-eating relationship. The boys ate lunch in the university on the day that they spent in SOYAC workshops. Every week, at 12 am it was lunch hour. On the weeks that any of the boys were anxious or irritated about a problem, it was immediately reflected upon his eating patterns. In one case, one of the boys was new to SOYAC. He was one of the youngest, was very short and thin. He definitely had a smoking addiction. In addition, he said he was hungry in the morning right after they arrived, and wanted the facilitators to buy him snacks even though they had breakfast before they had left the RC facility. He was very insisting about it. As the facilitators did not know what to do because it was not allowed to buy anything for the boys, they asked the group leaders for a solution. The group leader took the boy to canteen. There, he ate a very big sandwich and some other sweet snacks. The leader stated that she was surprised about the amount of food he could eat because his thin appearance was contradicting to the amount of food he could eat at once. After finishing up, he looked rather relaxed. Next, he started to insist on smoking a cigarette. However the boys were allowed to smoke only one cigarette after lunch. The cigarette package was brought by the bus driver of RC facility to the university to be given to the boys after lunch. As the boy was told about the rule about smoking, he became irritated again. It became apparent that on the first day in SOYAC, he was trying to sooth himself because he was very anxious about this new, unpredictable place with rules and regulations. Eating and smoking were his only strategies he could think of to sooth himself.

In some recurrent cases, the boys chose food or did not want to eat completely at lunch. There seemed to be two reasons for this behavior. One of the reasons was that the boys felt shy about the rules of good manners such as the rules of using fork and knife. They were hesitant about how to use knives while eating meat or fish especially. They observed the group facilitators and leaders with great attention, examining how to use fork and knife. They were much more comfortable when fast food was served so that they could eat with hands. On those occasions, they did not take the food to their trays at all. These behaviors were realized by the observers but not gained from the boy's verbal expressions. The boys chose to hide it because they must be feeling shame about it. On the other hand, their interest in people using fork and knife was observable. The other reason behaving choosing food or refusing the lunch altogether was observed to be having an emotional problem at that moment. The boys thought of lunch as "free time" so that they could sit and chat together with the group facilitators of SOYAC. When they had a problem with a workshop leader or a facilitator, the lunch choices was affected by it. When one of the boys refused to eat without telling why, immediately one of the group facilitators or project coordinators went by to ask him what was the problem. During those instances, the other boys would have eaten and finish their meals. At last, when the boy shared his problem and felt himself ready to eat, the other boys would have gone to the garden, and the boy would eat alone with the coordinator. This pattern occurred several times, and was discussed in supervision. Consequently, this pattern was evaluated as the boys' need to build a one-to-one relationship, and it was an emotion regulation strategy. The strategy was presenting itself through means of eating and behavioral patterns.

In one occasion, one of the boys did not want to participate to the barbecue party, which was organized for SOYAC by the university's faculty of communication students. The rest of the boys were very happy about the party, however this one boy did not want to participate or eat anything. He sat on the floor on the street, and closed himself up totally. The group facilitators asked for help from the project coordinator who was a psychoanalytical psychotherapist. He accepted to go to the project coordinator's room. The coordinator observed that he was totally upset. She

said that they sat together silently for a while. It was important that the coordinator was tolerant and patient about his shutting down. Later he told his story to her about his family. It was a very sad story about his mother leaving him, and he cried. The coordinator reported that it was similar to an individual therapy session. Therefore she listened to him, tried understand him with full attention. She reported that it was a very tough story to listen to, however he needed her to be strong beside him, so she did not feel like crying. After he told his story, he said "let's go and eat something, I'm hungry". The therapist interpreted his willingness as he became able to "take in" and "contain" some food afterwards she cared for him. It was a very important story for the other facilitators and leaders too. The story showed the boys' emotional needs, and that emotional needs came before a very important physiological need like hunger.

3.1.2.3.3.3 Over-control

Another immature defense mechanism to regulate negative emotions was to shut down feeling completely which was observed as having a hard time to over-control the self. It was a kind of avoidance. Over-control occurred in the form of isolation, denial of emotion, distraction or numbing. These modulation ways were reported almost in equal frequency in the ERW.

Isolation was major way of coping with relationship insecurities that provoked anxiety. While meeting new people, the boys avoided eye contact, stared on the ground, did not talk much, and sat close to each other with other boys, as if building an invisible protection shield around them. In addition, they reported that meeting new people meant unpredictability because they did not know about the other's thinking style. This uncertainty that the new people brought was threatening for their self-esteem. One of the older boys had verbalized this avoidance effectively: ***"I don't like being around people who do not think in the same way like me… I don't like this characteristic of mine".*** In some instances, one of the boys went to a distant side of the rooms to sit, and did not want to participate with the activity. These were times that the discussion topic became hard to manage emotionally. They usually said that they were sleepy or sick, and isolated themselves from the group. In one case, one of

the boys asked when the exercise would be over, while another boy was talking about his family saying: “I wish my parents did not fight”. Next he went to the big sofa and lied down saying: ***“Look Ma’am, I will lie down here, but I am not leaving the room”.*** It was the 6th session of the workshop. This sentence was a huge change in his attitude towards tolerating negative emotions. Before this incident, he used to just get out of the room without any permission, or started making noises. However, as he saw he was accepted back to group after he calmed down, he must have trusted the group and adapted to it more, which gave way to his emotion regulation skill development.

In the ERW, the most obvious over-control behavior was in the form of ***distraction*** by painting heavily or focusing more on the materials just as crayons or papers other than talking, like in a trance state. In the voice records, the sound of painting crayons on the table is heard more especially when a difficult issue is opened up. Those paintings would be full of color and scribble as if the boy did not want to miss a spot or not being able to stop his painting behavior such as an impulse (See Figure 1 for an example). During those moments, the boys were observed to be too “anxious” to talk. When anxiety increased too much, it was usually reported as “boredom”, or turned into acting out behaviors and “anger”. They reported that they liked the workshop, when there is not any talking and there are handcrafts or painting.

“I just like the emotion workshop when there is a lot of handcraft and NO talking”.

“I want to think about something else not to listen to the lesson but sometimes I listen”.

Figure 4. An example drawing for distraction

In addition, they sometimes refused to get into the workshops or start the activities, wanted to leave the room, or prevented the others who are engaged in the activity by making noise in the room in the form of repetitive behaviors. It was evaluated as ***denial of negative emotions*** in supervisions. For example, during talking about violence and our wounds, after a traumatic experience's disclosure, one of the boys went away from the group. His close friend went to sit beside him, and started to protect his confidentiality saying: ***"You won't report that his mother stabbed him right?"***

"Let's pass this issue… What is the use of talking about this?" (During a discussion on violence in the family)

"It is so boring, I do not want to talk".

"I don't want to draw my dream because I don't like my dream" (Safe place exercise: After this sentence, he said that the only safe place he could think of was street). (See Figure X for his drawing)

Distraction was an effective emotion regulation strategy when applied at the right time and place. In the workshops, distraction was used to avoid being engaged with the emotional work. Outside of the workshop, especially at times that the boys were bored in the RC facility, they liked being engaged in handcrafts such as making necklaces from beads which was a very useful emotion regulation activity. It helped them to calm down by concentrating on something the liked to be engaged in. In a dialogue between a boy and the therapist:

"Therapist: How do you relieve yourself when you are bored B.?

B.: I just keep myself busy with things."

As a result, the right times and places that distraction could be used was discussed in the ERW to modulate negative emotion efficiently. Isolation, distraction or denial of negative emotions was told to the boys as a major reason for anger outbursts in terms of psychoeducation during the ERW. After psychoeducation, identification and verbal expression of emotions were reinforced all along the sessions.

Figure 5. Safe place drawing of the boy whose only safe place was the street

3.1.2.3.4 Emotion Expression Difficulties

In terms of emotion expression, the most frequent type was ***behavioral expression through physical abuse***. Physical abuse was very common among the boys' backgrounds, in the families and in the peer group. In addition, the caretakers in the residential facility also engaged in physical abuse.

"If he laughs at what I say, I break his mouth and nose" *(for his friend).*

"I was beaten too much in the first year of elementary school. Next year I had built my own gang. Then, even the king of the school would not have dared to…"

"In the morning, they wake us up by throwing us to the floor. Then I get angry and shout, and then hit the caretaker, what else could I do?"

Physical abuse was observed between the boys. The boys were aware that they were not allowed to interrupt each other's sentences, or hurt each other physically. They felt secure because of SOYAC rules, and being aware that they were protected against physical abuse in the workshops. On the other hand, it was only 8 hours a week of the boys' lives that they felt secure in SOYAC workshops. When they returned back to the RC, their managers or teachers were abusive and neglectful. There were not clear boundaries, rules of rituals. They boys could have the essential ground to apply the self-regulation skills that they learnt in SOYAC. As a result, the boys may have realized that a secure relationship was possible interpersonally between boys and between a boy and an authority figure. However most of the time they were not exposed to one in general.

In general, the boys were lacking awareness and identification skills. It may have led to lacking expression skills too. In addition, as they were not aware of their primary emotions such as anxiety or fear, they expressed these emotions by dysfunctional behaviors such as acting out behaviors to externalize the emotion and sooth themselves. Therefore it would be right to say lacking identification and expression skills inhibited the emotion regulation skills altogether.

3.1.3 Competency Problems

The boys' competency was, in general, very low. They didn't believe that they deserved neither love nor success because of the primary caregiver-infant relationship. Their lack of worthiness beliefs had regularly been reinforced, and they had not seen an alternative positive attitude from other caretakers. Besides these beliefs, they had been experiencing learning difficulties to a great degree. School was not a place to socialize with friends for them; rather they thought of school as a place of torture because nobody helps or supports them with learning.

"I would like to be a cow in India, so that everybody would worship me".

They did not even protect their own siblings. They had a belief that a sibling should learn to be strong and competent himself/herself. It may be this way because they, themselves, did not feel competent enough to help another person. In addition, this thought may have roots in the traumatic attachment that caused the belief that "no one is there when I need something" and "I am alone in satisfying my needs".

They found genuine interest of new people artificial. They had very strong beliefs about abuse that they were almost paranoid about other people. As they did not believe that they were worth of love or attention, they sought egoistic reasons behind other people's genuine interest in them. These may be results of traumatic attachment and lacking containment processes in the primary caregiver-infant relationship. They did not think that a foreigner would think about them when they are not around. This was a perfect example for an example of the opposite of containment. The thoughts such as: ***"My mother did not want me"*** or ***"my mother did not and will never think about me", "Even my mother did not want me"*** were unsettling. When the therapist or facilitators expressed genuine interest in their thoughts and emotions, they were surprised: ***"Didn't you forget what I said last week?! Do you think over what we say this much?".***

In workshops such as ER and philosophy, they questioned the meaning of life, and their perspective of life. The meaning of life had been "live to survive" until then.

One of the ERW's aims was to instill hope and mention their strengths to increase competency. On the other hand, these boys did not have a high school diploma, or an occupation. Therefore, it could be said that they did not have any future aspiration, goal or hope related with success in life professionally or nonprofessionally.

In terms of macro and meso levels for increasing the child's competency, the child protection system, education system and the justice system were the first places to analyze. In the child protection system, the system had many obstacles on the way to build child competency. Rather than increasing competency, the macro system was traumatizing. The first point was that the system could not protect the child from abusive parents efficiently. In one case, the father of a boy appeared out of nowhere; told the administration that he had won the lottery, and take away the child from the RC. Later it was learnt that the parent did not win the lottery. The RC and the social workers did not make any regular house visits to explore whether the family and living conditions were appropriate for the boy to visit on holidays or to give back the guardianship to the father. Next, it was learnt that the boy had run away to the street because the father had forced him to work on the street. On this insecure basis, the boys did not feel secure enough both at their homes and their RCs. The system was not good enough either.

Besides the major duty of protecting the child, the system could not provide consistent and substantial educative and other adjunctive activities for the boys'. It was the second most crucial duty of the child protection system because the boys did not feel competent enough at the age of eighteen, right before leaving the residential care facility for good. The boys showed severe symptoms of anxiety and depression about becoming eighteen in SOYAC, as they got closer to the time of leaving the residency. By the age of eighteen, the boys were expected to finish high school and enter college or to have a vocational certificate and start working afterwards. Neither of them could enter college in the three years of the Youth Together Project. Some of the boys left the residential care facility, and started working in positions of unqualified workers such as waiters, construction workers or janitors. If the boys were lucky, they could enter the residential care facility for older boys of the Istanbul

metropolitan municipality (ISMEM) where they could join vocational trainings. These boys were taken into a “short stay unit” to be observed in terms of behavioral discipline and attitudes. If they could succeed in behaving in an appropriate way, they were accepted to the facility. However, the boys were not motivated to join the vocational trainings enough. They were not led to the areas that they were interested in. Rather they were led to trainings that there were available teachers who needed a certain number of students be able to continue the training. In that sense, a boy who was interested in acting was “forced” to enter a gardening training to become a gardener because there was not any training on performing arts in the facility.

The boys mentioned a regular emotion of “boredom”. The emptiness in the residential care facility’s daily schedule was the one of the major causes of this boredom. This emotion led to running away from the facility most of the time. The boys could not learn how to regulate boredom. They got engaged in inefficient activities such as smoking or watching television to regulate boredom. The most efficient strategy was to play football with friends. However it was not a scheduled activity, and there was not any training or coach ahead of them while playing football. Therefore when they got to learn the rules of playing football as teams in SOYAC, they experienced some difficulties. They were very harsh against each other, and hurt each other while playing. They had only one aim of increasing the score, and did it in an individual way rather than teamwork. Most of the time, they got aggressive and tried to start fights during the game. Not having any training or any teacher about the issue, they could not learn teamwork or could not receive any emotional reinforcement for success as a team.

The lacking trainings and adjunctive activities such as arts or sports activities resulted in disharmony in the system, which seemed like a dark, black hole with lots of boredom and chaos in it. The boys did not feel contained by the system. They seemed like free floating beings inside the chaotic child protection system. They were not listened and taken care for seriously. They did not engage in activities that they had a genuine interest and fun while doing it. As a result, they could not be motivated to show a consistent and determined effort to conclude the trainings that

they started without their needs and emotions taken into account by authorities. When they could not succeed in these trainings, they experienced a repeating pattern of worthlessness and failure beliefs confirmed again. It seemed like a self-fulfilling prophecy, and their beliefs about being unsuccessful could not change to increase their competency levels.

3.2 Emotion Regulation Intervention Model for Boys Who Have Lived or Worked on the Streets in Turkey

The emotion regulation intervention model for street boys in Turkey was a major need of the field. In line with the current findings that were reported from the boys' own voices and very careful observations during the ERW, a new intervention model was planned. In this section, the related findings in the ERW will be given. The ERW was a pilot application for this intervention for street boys and other adolescents who experienced complex developmental trauma in Turkey. There isn't any previous research study in terms of exploring the application process and its results in Turkey. The summary of and inferences from this pilot intervention were summarized in the following table (See Table 3).

Table 5. The Emotion Regulation Intervention Model for Boys who have lived and/or worked on the street in Turkey

	Attachment	Regulation	Competency
Therapist-Child Level	• Basic trust • Attunement • Therapist's management of affect: Supervision • Confidentiality	• Reinforcing (regulating) • Soothing (revving state) • Protecting the child and group (re-experiencing) • Re-acceptance to the group (reconstituting)	• Praise & reinforcement • Psycho-education about emotions • Identifying triggers
System Level	Facilitating communication between • child - administration • child - justice system • differentRC facilities	• Providing structure (rules and regulations) • Building routines and rituals	• Protection • Education • Recreational activities • Increasing public awareness (against labelling)
Individual Level	• Working with the attachment based psychoanalytical perspective	Emotion • identification • modulation • expression	• School & Adjunctive activities

3.2.1 Attachment - Based Intervention

The emotion regulation intervention model for street children and youth under risk for complex developmental trauma was based on the attachment-based psychoanalytical approach to self-regulation. Therefore the primary aim was to create a secure base for the boys to make them feel safe. It would be a novel thing for them throughout their lives. Consequently, it was expected that it would be challenging. However, the fortunate part of the research was that it took place in Maltepe University SOYAC, so that the participants were familiar with the place and people in it. The boys were already feeling safe in SOYAC, so that the educative part of emotion regulation skills training could be started directly.

In the following sections, the ER model's attachment component will be demonstrated. Firstly the importance of approaching a boy who has experienced traumatic attachment in infancy is given. Secondly, the therapist-child interaction is presented throughout the workshop as an example model for further applications. Finally, the role of the therapist between the boy and the system is given.

3.2.1.1 Child: Bonding with New Attachment Figures

The boys had reported that attunement and getting to know new people was tiring and difficult. However, all of the boys were reminded of the rules at the beginning each session. Therefore, they were aware that they would have to meet people in new workshops each term of the university where the ERW took place. As they had great difficulty in adapting to new people, they had major challenges in emotion regulation during the adaptation process. As mentioned under the "Emotion Modulation" section (See Section 3.1.2.1.3), they used unconscious inefficient emotion regulation strategies such as psychosomatic symptoms, isolation or acting out behaviors when they faced the new facilitators in SOYAC.

There was a very dominant recurring theme which SOYAC members called ***"hide and seek play".*** The facilitators and coordinators were used to the boys' running away tendency. The boys would run away, and hide at a place, waiting to be found

by the group facilitators. The boys would hide in a "safe" distance from the facilitators, and always were found behind a tree or a wall etc. This issue was discussed in the supervision sessions with the facilitators in terms of how they felt and how to react to the boys. Therefore, even though the facilitators got anxious at the beginning, they were soothed in the supervisions as the therapist/supervisor normalized their anxiety and taught them new skills to tune into the boys. It was often reported that the boys ran away in the first two weeks of workshops since they were more anxious and irritated to meet new people. It decreased in the third week onwards as a secure relationship started to flourish.

At the end of the ERW, the major themes in terms of attachment relationship had changed. They started to say that "***talking with X*** (a therapist of a facilitator) ***alone calms me down"*** or ***"could I get out and come back later"*** so that the group would continue without being interrupted. Therefore it was obvious that they became more aware of their own needs and how to satisfy those needs. In addition, they became more aware of emotions such as boredom or sadness. This awareness led them to be aware of the need to sooth themselves by various means. One of the most recurrently and emotionally intense occurrence was soothing themselves through ***one-to-one interaction*** with a secure and soothing grown-up. Each boy usually felt himself close to one of the facilitators more. The relationship between a facilitator who was a senior psychology student and a boy included clear boundaries with a blend of affection and trust. This relationship created the secure bay for the boy to have the motivation to attend the ERW sessions. The clear boundaries were supplied by clear and unquestionable rules and regulations of ERW, as well as the psychoanalytic supervision that the facilitators had. The psychoanalytic supervision was based on Object Relations school of thought. Therefore, the facilitators discussed their relationship with the boys in a group supervision at the end of every work day. This work of the facilitator may be summarized as guidance, mentoring, monitoring, and accompanying the boy through out the day.

Learning the secure attachment patterns through experience was hard for both boys and the facilitators. The facilitators were mostly psychology seniors, however they

did not go through psychotherapy themselves. The major recurring topics in the group supervisions were ***projective identification, the boys' need of clear boundaries, and emotional burnout***.

It was of vital importance that the facilitators were supervised to work through the boys' transference to them, and their own countertransference issues. The facilitators were guided not to see the boys' reactions as personal; rather as psychological materials that should be worked through or brought to the supervision. They learnt to be more attuned to the boys' emotions and needs during the project. It happened both through trainings and experience hand in hand with supervision. In addition, the facilitators had received trainings on the rules and regulations of ERW, complex developmental trauma, emotion regulation, substance abuse, family violence, and other living conditions of street children in Turkey. They were selected from a group of volunteers who were willing to work with street children by taking into account their conscientiousness and resilience. The project coordinators chose the volunteers very carefully and sensitively because they were aware that the volunteers would add up to workshops by creating a secure base, and be role models who can regulate their own emotions for the boys.

3.2.1.2 Therapist – Child Relationship: Container and Contained

The relationship between the boys and the therapist was one of the key components in the ERW. In order to make the group educative and beneficial, the transference-countertransference between the boys and the therapist were analyzed. Group facilitators were more like older siblings for the boys; whereas the therapists were like the mother and father for the boys. The ERW was a novelty in the boys' lives. In order to decrease the boys' anxiety in meeting strangers and new situations, the ERW therapist joined the warming up party in the first week of the semester and the morning and afternoon meetings with boys so that she introduced herself to the boys so that they became familiar with her.

When the transference was analyzed, it could be seen that the boys felt both respect and love to the therapists who were authority figures at the same time in SOYAC.

Two conditions were new for the boys' entire lives. These authority figures were very affectionate, empathetic and authoritative. In addition, these authority figures were women. The boys were not used to warm and empathetic authority figures. They had been physically abused or neglected by authority figures since then. Therefore, adapting to these new kind of affectionate and understanding authority figures had been a challenge. The ERW was conducted in the fourth year of the project which was very fortunate for the ER therapist because the boys had already adapted to SOYAC, and its administration as a different figure from all the other administrations such as residential care facility or school. Three years of adaptation allowed the ERW to run more smoothly without any external psychiatric or safety related support to the group. If the project was new, and the ERW was conducted in the first year of the project, the boys would most probably hardly adapt; the rules and boundaries would be much more harder issues to work through ahead of us.

The two other therapists who had been with the boys in the previous four years were like both the mother and the father for the boys in terms of transference. They provided both the affection and warmth of the mother and the authority of the father. The boys felt contained in the ERW. Their negative emotions such as boredom, anger or anxiety was brought to discuss as topics, and soothed within the group. There were times that the intensity of negative emotions caused tension as they were projected to the therapist. At such instances, the therapist's role was to sooth the boy who was experiencing a problem, as well as to protect the other group members. When it was needed, the boy would sit quietly to sooth himself in the company of a group facilitator or leave the room with a facilitator to calm down and return back later. At this point, the role of the facilitator was crucial too. The facilitator should have been good enough to regulate his/her own emotions. If the facilitator needed help, the therapists helped the facilitator to calm down the boy. Therapists, group facilitators and boys were in the containing system of SOYAC as the organizational structure which contained the therapists and facilitators.

The boys came to believe in the need for rules in the ERW because they could easily question the meaning and reasons for the rules or outcomes of their hypothetical

behaviors. The rules and being in control of the rulemaking requirements facilitated both in-group relationship security and analytical thinking processes of boys. The boys could ask: ***"May I smoke one cigarette before lunch?"*** or ***"What would you do if none of us wanted to do the ERW today?".*** They knew the rule was that everyone ought to enter a workshop if they wanted to continue coming to the project, and were allowed to smoke only one cigarette after lunch. The secure relationship between the coordinators, facilitators and the boys allowed this questioning. It was an expected healthy process in terms of psychoanalytic intervention. The comfort in this questioning led to proliferation of autonomy and relatedness within the secure relationship between group members.

3.2.1.3 Therapist's Position in the System as a Secure Bridge

The ER therapist and researcher was involved in the system of residential care from the beginning of ER application till the end of qualitative analysis. The ER group leader was the therapist and the researcher. She did not only moderate the ERW, but also participated the administrative meetings of SOYAC with residential care workers such as administrators or social workers in the facility. In addition, she participated the supervisions of group facilitators. The therapist took an active role both in meetings and supervisions as well. Therefore, it may have been easier to adapt to the social work system in Turkey, and the system in SOYAC for her. Being an active participant was a crucial part of conducting the ERW because the projective identification in the ER group of boys was mentally challenging and psychologically tiring. When the therapist was active, she has felt more confident, autonomous and useful. These were the emotions that led to being a secure attachment figure. Only if the therapist felt secure in the system of the organization, she could serve as a secure base for the boys.

The governmental system was very risky in terms of burning out. The social workers and teachers in the RC were experiencing burnout symptoms. In addition, there was a high turnover rate in the RC. If the SOYAC members and the therapists were not supervised and were inactive observers of this challenging system, they would become a part of it and experience burn out themselves. ***Psychoanalytical***

supervision and the ***active role of the therapist*** may have broken this vicious cycle. The social workers lacked necessary professional trainings on complex developmental trauma, street work, addiction and beyond all of these specialty areas; they lacked enough training on psychotherapy practice and group dynamics. These professional inefficiencies caused feelings of inadequacy in the staff of the RC. These negative feelings came out to the surface as anger and aggression towards the boys. Therefore, the social workers and psychologists working in the RC need professional training, supervision, psychosocial support groups or individual support in order to prevent emotional burnout.

The ER therapist's role in SOYAC included training and supervision on emotion regulation of group facilitators. The training was part of SOYAC's training for whole facilitators on several topics such as trauma intervention, addiction and engaging in social work with street children. In addition, at the end of every ERW session, the therapist made group supervision with the group facilitators focusing only on the facilitator-boy interactions in the one-hour duration of ERW. Next, the group facilitators of ERW joined the general supervision conducted by the therapists at the end of the day.

In addition, the therapist was responsible for the group moderation and control. Therefore, when one of the boys mentioned a problem in the RC or school, the therapist needed to check whether the boy was safe and needed any referral to the social worker or school counselor for guidance. In other occasions, there were times that one of the boys seemed very depressive or irritated. In such instances, the boys usually are unable to concentrate to the ER exercises. Need for immediate intervention to the boy was mentioned previously. In addition, the boys were observed and referred to a physician or psychiatrist if needed. Therefore, making the necessary observation, assessment, building the connections, and making the necessary referrals were under the therapist's role definition. One of the therapist's duties was to conduct a bridge between the child protection, education, health, and the judicial systems.

3.2.2 Emotion Regulation Intervention

In terms of self-regulation, for each boy, the ER model proposes that emotion identification, modulation, and expression skills can be practiced and learnt. On the other hand, in the group setting, each boy's emotion regulation capacity may differ from others. Therefore, at the beginning of the workshop, the therapist assessed each boys' ER strategies and mood. Firstly, for each emotional state (regulating, revving, re-experiencing, reconstituting), different strategies are offered for the therapists and facilitators to conduct during the application. Finally, the system's role to facilitate the boys' ER is given at the end of this section.

3.2.2.1 Child: Learning Efficient Emotion Regulation Skills

The core aim of the ERW was to explore the current functional and dysfunctional emotion regulation skills of the boys. Next, developing awareness of emotions and new emotion regulation skills was the second main aim. Taking the attachment based psychoanalytical perspective led to attributing huge importance to secure attachments in the boys' lives to develop efficient emotion regulation skills. As the boys did not experience the co-regulation of emotions or instinctual needs in infancy, it was a novel experience for them to be in a containing group with a "good-enough" group leader (therapist) who could support them to regulate their emotions. The therapist was attuned to the boys' needs. She was following the boys and the group facilitators' reactions all through the sessions. When emotions got high and intensify, she was moderating the group to calm down and move on with the group work. The therapist followed a ten-session manual to teach new emotion regulation skills. Therefore, there was a psycho-educational component of the ER group work as well.

Attunement was the substantial emotion regulation skill that every ER therapist should have to be a co-regulator for boys with complex developmental trauma such as street boys. When the boys arrived to the ERW, usually one or two of them seemed more irritated. Therefore the *morning meetings* were crucial to observe the boys, and become aware of the intragroup dynamics of the boys right at the beginning. They were asked about their previous week, and news was taken. If there

was a particular upsetting event or a particular boy who seemed irritated or upset, the group facilitators were warned about that boy to focus on with special attention throughout the day. When a boy was restless at the beginning of the morning, he was thought to be in the revving phase of emotion states. Thus he was offered to choose whether he wanted to join the ERW or not because ERW was planned for boys who were in the regulating phase of emotions.

The boys realized that a secure one-to-one relationship soothed them throughout the ERW. They knew the project coordinators well, after three years of Youth Together Project. If they could not find a coordinator, they talked with a facilitator who was a psychology senior student.

"I like the TV room in the facility but only with close friends. Other than that, it would only be some concrete building".

"When I get edgy in the workshop, I drink coffee with Mrs. F (One of the therapists in SOYAC), then I come back".

The boys became aware of the association between the co-regulation of the mother in infancy and the effects of traumatic attachment on emotion regulation. They reported that neither of their parents could regulate their emotions. Therefore they felt protected neither physically nor psychologically with their family of origin. In addition, they were truly aware that their parents could not regulate their own emotions when the boys were in infancy.

"I would be calm if my family was peaceful but they always fought".

"Do you know what it reminds me of when you say 'emotion"? It means family, it means remembering the bad memories".

When they built these associations in the ERW, hope was inoculated to the boys by the therapist: *"When you become aware of what is missing, you become aware of your need to fill in that missing part. Then you can find ways to supply that need".* Focusing on the here and now; deep rooted emotions such as regret, shame, and guilt

were discussed. As these topics emerged, some of the boys were more defensive, and became triggered by recalling traumatic experiences. However some of the boys were ready to discuss these tough emotions, and were not affected by their friends. Therefore the group could move on while the triggered member was separated from the group in order to protect the boy and to protect the group from his instinctual fear reactions. While moving on, the goal of the therapist was to emphasize the importance of "what and how" to replace with "why" questions. It allowed to group to discuss the past, but to talk about what can be done right now about it and how it can be done. Therefore the new emotion regulation strategies were introduced in line with the ER manual.

3.2.2.2 Therapist – Child Relationship: Reinforcing, Soothing, Accepting, and Repairing

The therapist - boy relationship was the intervention itself in the ERW. As the workshop adopted an attachment-based approach for intervention, the relationship was aimed to be repairing in order to replace for the former destructive and abusive relationship patterns. Therefore, the relationship was based on security. The security component of the relationship was established by consistency, clear boundaries and warmth. The boys were experiencing an authority figure who was affectionate and respectful to them for the first time in their lives.

The boys were brought from the residential care facility to the university about 10 times each term. There was clear and non-changing structure of daily program. They knew there would be a morning (welcome) and an afternoon (good-bye) meeting, and they would attend 4 workshops for around an hour each; the ERW was one of the workshops. This routine calmed them down, as it created consistency and trust. As most of them were continuing more than three years, they were aware that there would be some novel parts which were new people and new workshops every year, however there were some non-changing, consistent routines and rules. As a result, SOYAC was a secure base with clear boundaries, and they felt safe.

During the 14-week-term that the ERW was conducted, there were two weeks that disrupted this routine. The workshop was at 2 pm. each friday. Before the ERW, they should have attended 3 workshops beforehand. Whenever a former workshop was cancelled because of an unexpected reason such as the workshop teacher getting sick or the teacher getting angry because of a boy misbehaving in the former week, the boys became upset and restless in the latter workshops. The boys seemed to perceive it as a relationship security threat; they were triggered emotionally. Those weeks, when the boys came to the ERW in the afternoon, the workshop was conducted with great difficulty. In such instances, the best scenario was that the boy would leave the workshop to calm down outside with the assistance of a facilitator. On the other hand, at the beginning of the ERW process, the boys were not aware of this trigger; the group facilitators' observation reports included such patterns of links between the disruption of the daily routine and being triggered.

"A few setbacks had occurred in the former workshops. It was obvious that it would be a hard ER workshop" (A group facilitator's report).

"After the workshop was terminated, one of the facilitators reported that in the former workshops, two workshop leaders did not come without informing any group facilitator or the boys. It may have been effective on the boys since the boys told the facilitators afterwards: 'Nobody loves us here. Everybody is artificial and no one can be trusted' (Therapist's observation report).

Therefore it was observed that the boys became triggered in conditions of relationship insecurity and unpredictability. In order to sooth them, the best way was to get into one-to-one contact with them in a quiet room, away from the group. When the therapist could not leave the group, the co-therapist or one of the facilitators would take care of the boy. In such instances, it became obvious that the most crucial part of the attachment-based intervention was to create ***a safe, predictable, and trustworthy environment for the child.*** When the boys felt that they were not judged or punished, they would immediately check for intra-group relationship security. When they were responded appropriately and calmly by the therapist or group facilitators, they cooperated and took responsibility immediately the next session.

For example, when the seventh session was terminated for his misbehaviors, the boy apologized at the end of the afternoon meeting. In the next week, when two of the boys left for the bathroom, the group's attention was distracted, and he said ***"Let's go on, we could not do the last week's exercise already".***

The therapists and facilitators were tuned into the boys. When the therapist did not realize one of the boy's negative emotion state, one of the facilitators realized and supported the boy to calm down. The therapists and facilitators appreciated and mentioned the boys' strengths and successes throughout the workshop. In addition, they gave examples from their psychology knowledge or from their own lives in order to help the verbal expression process of boys.

"E. **(a boy)** ***first asked me what I liked about myself to see whether he understood it (the exercise) right. Then he wrote that he liked being merciful"*** (A facilitator's observation report).

"He asked 'how can I trust her (a new facilitator)? I replied: "I was just like her three years ago. It takes time to get to know and trust people but you know, even though they are new, they are volunteers and will consistently be here for a long time. Do not hurry, but give new relationships a chance, okay?" (A facilitator's observation report).

"He pushed the reading material to me. I remembered that he did not know how to read, and I read for him to the group. He smiled thankfully".

At the afternoon meetings, the most frequently discussed workshop was the ER. There were weeks that the boys loved the ERWs, said that it was the best. On the other hand, there was weeks that they hated the ERW saying, ***"Let it be abolished", "It is boring", "Let's have free time instead of ERW".*** These weeks were the ones that their negative emotions were triggered in the workshop. Whenever the discussion was over a traumatic experience such as physical abuse, abandonment or substance abuse; they got "bored" of the ERW completely. It became hard for them to contain these thoughts and emotions, so they wanted to get rid of it.

"I got out last week to talk with F. (a group facilitator) but in fact I like the ERW. I like it when there are crayons with NO discussion".

"-Therapist (asking the group to fill in the sentence): It caught my attention that the workshop which was discussed the most in the meetings was…

- C. (A boy): …was the ERW".

The ***voice recording and confidentiality*** was at their focus of attention all the time. They were assured that only the therapist and co-therapist would listen to the recordings. The boys were scared about the recordings being given to facility administrators or police etc. At the end of the session, right before leaving the room, the boys immediately checked whether the recording was turned off. Next, they were very sensitive to collect our paintings or handcrafts so that other would not see them. It was about confidentiality and trust.

About the recording, for instance, one of the boys got bored and had a one-to-one talk with one of the group facilitators outside the room, so he missed the group. Next session, he started to talk first and asked, ***"shall we start the voice recording?"*** When the group was discussing the family and drug abuse relationship, one of them said to another boy: ***"You are asking whether it will be kept as a secret or not, but the voice recorder is on"*** (smiling allusively). He meant that there was always a chance of leak of information the outside. After they warmed up to the therapist and facilitators, the basic trust was formed. As they were reassured that the session content was confidential, they received full responsibility about the voice recorder even if they were not asked to. They were checking if it was turned on such as asking ***"shall we start it*?"** at the beginning of the sessions. In some instances, they would report directly to the recording machine for their voices to be heard: ***"Could you read my card for me so that it is recorded well"*** (asking to the therapist). For one instance, the group leader forgot to press down the record button, and one the boys realized it. He said: ***"We forgot this. At least, it will record from now on" (Happy about it).*** The recognition that she forgot to press the button may have created some anxiety in the therapist. The boys soothed her immediately with great success as they

were totally attuned to the therapist at that moment. In addition, they showed that they were aware the recording was crucial because it would be useful for the new boys during the next applications of the ERW.

Another condition that they felt the group was not secure was when one of the boys made fun of another's speech. He was immediately warned that there was a group rule: *"Everybody talks for himself, and not in the name of another person"*. One of them reported, their fear was that ***"someone may laugh at what I will say"*** so it made disclosure more difficult. Therefore the immediate reminding of the rules of being part of the group was the only intervention that could regain their attention and concentration. Next, the problem of bullying between the boys should have been handled. However, this was a more of a long-term goal because the ***peer abuse*** was a common theme in the boys' living conditions.

"They had burnt a plastic bottle and put it into the playground sand. I grabbed the sand, and my hand was burnt too badly… They were having fun watching me".

"He was saying some stupid things to me beside the teacher. I asked him why he is being such a pain in the ass. He did not answer. When I turned my back, he hit me on my back. What should I do then, won't I defend myself?"

In the ERW, the therapists and facilitators behaved as role models in such offensive and irritating situations. The feelings created by being abused by a peer were usually anger and fear. The defense mechanism of ***projective identification*** would get into act. The boys would project their anger for another boy onto the therapist or facilitator, and expect to be bullied or be beaten by her. When they could not get what they want, they got more angry most of the time. Eventually, they would project their anger on another object or themselves. Beyond being a role model, at such instances, the therapists' role was to protect the boy from his own anger by ceasing him. This ceasing was done in order to make him feel "under control" and "contained" by the therapist and the group. It calmed them down to know that there was an authority, who lays down the rules in the room, and he was protected from the bully.

One other about learning emotion regulation occurred during offering the boys *new tasks*. It was obvious that ***novelty* and *unpredictability*** was challenging for them. When they were expected to start with a group exercise, there were long silences that they did not even grab the materials. They were introduced to the materials and examples, however they would either distract the therapist and facilitators with questions unrelated to the new exercise, or just sit in isolation without talking. At these moments, the mental state of the therapist was critical in terms of the boys' regulation of emotions. When they saw that the therapist was calm and quietly waiting for them to start with a calm smile on her face, they were motivated too. Next, the group facilitators' role was important because they were closer to the boys in terms of group hierarchy. The facilitators would make a warming up talk by giving examples for the presented group exercise. After giving examples, sometimes it was still hard for the boys to be engaged in with the group activity, then reinforcing the boys and facilitators who started was crucial. There was ***not*** a punishment for not joining; however the boys learnt in time that if they did not start with the exercise, the group would enjoy themselves, and the ones who did not start would get bored. In addition to the group members' reactions at the moment of anxiety of a new task, another solution was discovered when it was observed that the boys asked frequently: ***"What is the exercise next week?"*** It seemed clear that knowing the next week's exercise gave them a mental space for preparing themselves for the next week. It calmed them down when they realized that it was something that they can manage. Therefore, the next week's exercise was told in detail at the end of each session.

As the theoretical background for the emotion regulation group intervention was psychoanalytically informed, and specifically based on the object relations theory, the main result of observations of repeating interactions with the boys was that ***relationship security*** was the prerequisite for an efficiently continuing workshop. The relationship between the therapist and the boys, in addition the relationship between group facilitators and the boys were vital. The attitude of the therapist to the group facilitators was also important because the boys observed their interactions as role models for secure relationships. In these secure relationships, the secure base

was the relationship of the therapist and each boy. The other interactions are structured upon this relationship. Therefore the emotional and behavioral responses of the therapist were critical. If the therapist felt insecure or anxious in one of these relationships, having supervision on analysis of transference and countertransference relationship helped substantially.

3.2.2.3 System's Role: Providing Security and Structure to the Child

The ERW was one of the workshops of SOYAC, which was established in Maltepe University. The center had signed a cooperation protocol with the Turkish Ministry of Family and Social Policies. This protocol allowed the boys to be brought every week on Fridays to the campus of SOYAC, with permission taken from the boys' schools only for Fridays that they did not have any exams. In addition, the protocol let any psychological intervention and research to be conducted in SOYAC. As a sub-branch of SOYAC, the ERW could be applied. SOYAC's rules and regulations made the intervention go more smoothly. The proposed working model in the summarizes how the emotion regulation for complex developmental trauma of boys with street experience was applied with an attachment-based systemic perspective (See Figure 6).

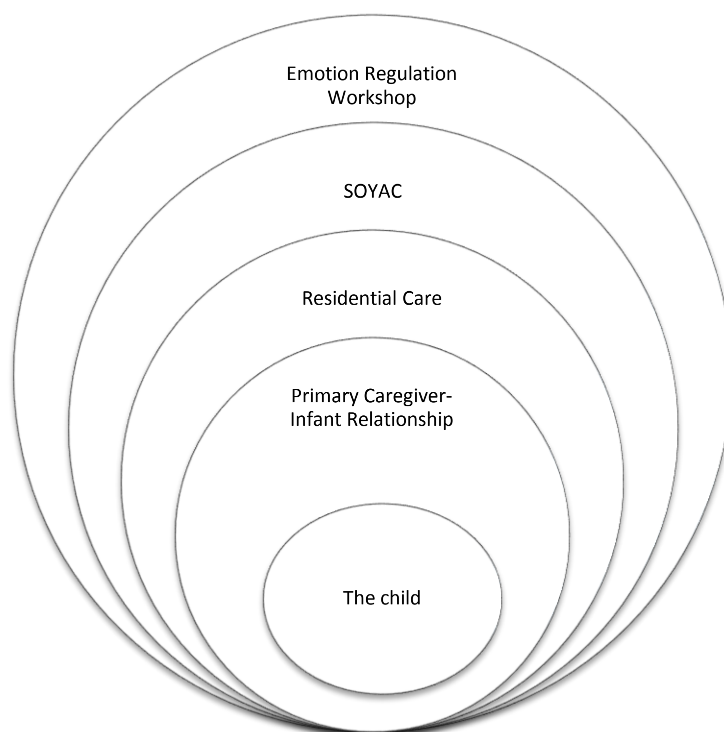

Figure 6. The Working Model of Emotion Regulation Intervention for Street Children in Turkey adopting the Attachment-Based Psychoanalytical Perspective

The place that the emotion regulation group took place was the same room with the morning and afternoon meetings. It was the room of SOYAC that all the “talk” took place about thoughts and emotions. They knew the rules, and were reminded of the rules every time they arrive to SOYAC. The room decoration was different from the other offices in the building, as it looked warmer and comfortable so that it was thought to be more containing. The couches were purple; the walls were covered with wall paper designed with purple flowers. There were 4 white tables that can be separated or put together to make a whole big table. On the other hand, there was the office room of the head coordinator of SOYAC that the boys only entered for one-to-one talk with the coordinator. As a result, the place was both containing and had clear boundaries with rules and regulations.

SOYAC provided the boys with a structure that allowed for routines and rituals that every child needs. They had learnt the university campus too. The boys reported that they would never have a chance to study in a university because they could not even

imagine or think of themselves in it before. SOYAC was on the opposite of the facility or the families of boys in terms of structure. The clear roles, rules and regulations of SOYAC calmed the boys down. When they were calm, they could engage in mental activities with motivation and concentration.

The boys reported that there were two things in their lives, which gave them hope: One of them was school; the other was SOYAC. In the workshops, they discovered new talents; and gained new skills. They had learnt football rules, dancing, playing an instrument, radio programming etc. in SOYAC workshops. It was a recurrent theme in their words that SOYAC had widened their point of view and instilled hope.

3.2.3 Competency as an Ultimate Goal of Emotion Regulation Intervention

The competency was a basic construct that was one of the ultimate goals in all SOYAC activities. The ERW became a part of it. Each workshop leader/teacher presented his/her own professional qualifications to the boys with the secure attachment bond as a common ground. At the individual level of analysis for the child, the school and SOYAC workshops were found to be very crucial for competency. In the group setting of ERW, using praise and reinforcement, as well as increasing their psychological knowledge about emotions was aimed at increasing competency. At the system level, lacking qualifications of the system such as efficiently working social services of government and public awareness about street children are given.

3.2.3.1 Child: Increasing Success

Increasing the general competency of the boys was a major aim of the Youth Together Project of SOYAC. Therefore, all of the workshops including the ERW had the major aim of educating and facilitating the boys’ personal growth. The ERW may have provided the boys with some self-efficacy in psychological issues. Art workshops and philosophy may have increased their cultural self-efficacy. Reading and writing workshops may have developed their literary self-efficacy, and sports

may have enhanced their somatic self-efficacy. In general, developing culturally, physically and psychologically, their competency built up.

In order to do a direct intervention on competency, the most crucial focus point was the ***boys' strengths***. They were not aware of their strengths because anybody had not reinforced them. They had always been severely punished by authority figures for their misbehaviors or so called "weaknesses".

One of the emotion regulation exercises was focused on becoming aware of the characteristics of themselves in terms of positive and negative. The boys could easily find negative qualities such as ***"I don't like my fast heartbeat when I am anxious", "I don't like giving up easily", "I don't like being shy",*** or ***"I don't like being ashamed".*** On the other hand, almost all of them had difficulty finding a positive quality of themselves. It showed that they were not aware of their strengths.

In another exercise, they were asked to imagine their safe places. The aim was to explore whether there was any secure mental space of boys inside themselves, so that they could feel "enough" or "capable" of doing things when the context was not safe around them. Next, they were asked to draw the safe place in their minds on paper. Some of them draw the residential care facility (safe only when they are together with other boys). Others draw imaginary future homes that they wish to have. One of the boys had great difficulty in this session. He was the most active boy in the group every week. He was the only boy who had never been absent in the 9 weeks of ERW. On the other hand, when he was asked what he thinks about a safe place, first he said ***"the street is my safe place".*** When the therapist asked how he was safe on the street without a shelter, he said nothing. Later, he was thinking and he said ***"Then I don't have a safe place".*** With the support of the group facilitators, he took some crayons and painted the paper spontaneously with colors. He created a shape similar to a rainbow on the two opposite corners of the paper with a white emptiness in the middle. When he could not even imagine a safe place in the future, it was hard for the therapist to keep him engaged in the activity. Therefore the group facilitators took the responsibility and tried to talk about his strengths or hobbies that he liked about himself. At the end of the session, it was obvious that the first association he

had with a safe place was the street with a big, empty, and unrealistic feeling of security there. When the boys did not feel secure on the inside, even in their imagination, it was very difficult to talk about their competency issues such as school or close relationships.

Through the therapist as a warm authority figure and the group facilitators' support, the boys learnt *to **ask for help*** even in emotional matters in the ERW. As a result, they ***became more aware*** of their both positive and negative personality characteristics and emotions. The therapist - boy relationship was aimed to be their secure base even for boys that could not dream of a secure place or a secure relationship. When the boys became aware that they could bond with new people with trust and safety in the ERW, they were empowered from this relationship to go out to bond with institutions such as school or with the residential care facility in a more consistent and trustworthy way.

3.2.3.2 The Characteristics of Therapist – Child Relationship for Competency: Reinforcing Emotional Awareness and Personal Strengths

When the therapist – child interaction was analyzed in terms of competency; Lack of worthiness beliefs of the boys was very salient. In addition, the boys were very *sensitive* and *hypervigilant* about competency issues. They watched every look, voice tone change or mimic of others in search for an affirmation of their lack of worthiness or for a condemnation because it was such an important belief dominating their lives. They believed they were not worthy of love or success. Therefore, the therapist and group facilitators took two roles. Firstly, the therapist should have been aware of her own emotions and been regulating them spontaneously during the ERW. As it was going smoothly with a few setbacks during the course of the ERW, the boys were always encouraged to become aware of their emotions in the sessions with a here-and-now manner. Secondly, the boys' personal strengths were mentioned in every single emotion regulation exercise. Their successes, their hobbies and every kind gesture of the boys were appreciated with a strong emphasis on worthiness of love.

In one instance, one of the boys expressed his frustration and anxiety once because he thought a group facilitator did not understand him and thought that she did not appreciate the boys. He said, ***"They do not value us, they are just like everyone else… They do it because it is their duty".*** When they mentioned such worthlessness beliefs, the therapist's role was to explore the dynamics of the boy–group facilitator relationship together with the boy in a one-to-one setting because other boys immediately identified with the anxious triggered boy in the group setting. In this one-to-one contact, the *triggers for the negative emotional states* were explored together in order to increase *emotional awareness*. When the boys became aware that they were easily triggered by relationship problems, they were expected to regulate the negative emotions more at similar situations, but "becoming more competent" was not an objective of the ERW since it was a long-term goal. Rather, the ERW focused at the first steps of "becoming more competent" such as self-awareness and emotion regulation on the way to be more competent overall in their lives.

Secondly, the therapist and group facilitators tried to provide a secure base for the boys to go and test new ER skills that they gathered in the previous session through the whole week in school or other areas, and come back to the group next week to celebrate or to share frustrations. The therapist, then, worked with the boy in order to contain his anxieties or to appreciate his strengths with him. In addition to the attachment-based psychoanalytically informed therapeutic approach to the boys, especially the therapist took a strengths focused manner. In every emotion regulation example that the boys brought to the session during discussions or exercises, the therapist tried to find at least one strong and successful aspect of the boy to appreciate and reflect to the boys in order to reinforce feelings of strength and worthiness.

"I thought of and experienced things that I have never thought of in my life here. Talking about emotions was totally new to me. I feel happy and hopeful now. This place changed my dreams."

3.2.3.3 Therapist's Role in the System for Increasing Competency

A major role in increasing competency belonged to the child protection services of government including education, providing shelter, and providing other necessary vocational trainings, as the participant boys of the ERW were under governmental control. The therapist did not have any direct goal to change the macro systems of child protection in the current research. In addition, the ERW was under the dome of SOYAC and Maltepe University as an organization, which was related with the larger organizations of the government. These relationships between organizations gave way to getting into interactions with larger organizations inevitably. In these interactions, two issues came up at the system level of analysis: The need to *increase public awareness about labeling children with street experience* and the need to *facilitate the communication* between the various organizations that the boy is in contact with.

The boys reported that they were labeled as "street boys". They faced labeling especially at school. In addition, they were upset because of the negative public opinion about children who had to work or live on the street for some time in their lives. During the ERW, most of the participant boys were continuing public school with many years of repeat previously. Some of them had dropped out of school. Some of them were still illiterate. The boys who were continuing school with years of repeat were classmates with children of earlier ages. In addition, a service bus took them from the RC to the school separately from other students. These conditions led to being "different" from "normal" students, as everyone at school knew that they were older than their classmates and living in the RC.

The boys with street experience did not have any psychological or educational support at school in these difficult conditions. The psychological counseling service worked as if their work was not social work, but ***jurisdiction***. As a result, the boys could not adapt to their classmates or teachers. Most of them did not have any emotional bond with the school. The conclusion was escaping from the school to the street, and dropping out of the educational system.

The labeling continued on the street. Most of the boys had worked or lived on the street from time to time prior to living in the RC or at times that they ran away from the RC to the street. The public either pitied them, gave money as if they were beggars, or they feared them. Therefore, the public was obviously not aware that they child was on the street because of the irresponsibility of the parents or because of the irresponsibility of the governmental protection service.

The second theme that appeared in the process of the ERW was that there was a lack of communication between different organizations that the boys were in contact with. The need to construct a bridge was apparent between the social worker in the RC, the psychological counselor at school, the administrator of the RC or the administrator of the school. This theme became apparent in the process by realizing the absence of participants in several weeks. The most important prerequisite for the ERW was for same participants to continue over the ten sessions. However neither the school administration, nor the social worker in the RC were cooperative. Every week, some of the boys' were absent because their names were not on list that day. It frustrated the boys. Even tough, the administration of the RC were given notice about the vitality of the consistency and continuity of the boys in the ERW, the list of participants were changed every week in line with boys' behaviors in the RC in the previous few days. Going or not going to SOYAC every week had become a prize or a punishment tool for the RC administration. Cooperation with other organizations was lacking. Therefore, the participant list was kept stable in the ERW. New participants were not accepted after the list became stable in the first two weeks, and the continuity problem was solved within the organization of the ERW. When the results are explored, it was seen that only one of the boys had entered the ERW without any absence. 5 or 6 boys entered the workshop every week. However, the participants except one boy changed every week. Some of the boys missed very important exercises and the group dynamics may have been because of this discontinuity. In average, every boy could enter the ERW for about 5 or 6 times during the ten-week process because of this continuity problem and lack of cooperation on behalf of the RC administration.

In terms of aiming competency increase, the main attachment-based psychoanalytically informed approach supported the boys. The boys could open up as if flower buds breaking in a safe, consistent, educative environment. The most common saying around boys was that the ERW helped them to "think over emotions" or "think over themselves", as well as "talk about their emotions for the first time". They could get over with their very strong unconscious resistance against "becoming aware of negative emotions"; let alone accepting them and even talking about them in public. This may be called the ultimate goal about competency that the ERW has achieved with this group of boys.

CHAPTER 4

DISCUSSION

The main objective of this doctoral dissertation was to explore the theory about emotion regulation difficulties in complex trauma grounded in street boys' words that would reflect the developmental pathway leaving family and living and/or working on the street. Beyond exploring to attain an understanding of this developmental pathway, the second main objective was to propose a therapeutic intervention model for emotion regulation difficulties of street boys that all mental health professionals would benefit from while working on the field in Turkey.

The discussion chapter is divided into two main sections similar to the results chapter. Firstly, the manifestation of complex trauma in street boys will be demonstrated. Secondly, the proposed model of emotion regulation intervention (ERIM) for boys who have lived and/or worked on the street as well as boys living in residential care will be discussed. Under the first section about the manifestation of complex trauma, traumatic attachment of boys with their primary caregivers, emotion regulation difficulties of street boys, and current living conditions of boys in Istanbul will be evaluated. Under the second section of the proposed ERIM for boys, need for an integrative theoretical framework, the importance of setting, the necessary qualifications of the therapist, and a criticism on the elitism in clinical psychology and the obstacles on the way to work multidisciplinary in the field will be discussed.

4.1 The Manifestation of Complex Trauma in Boys who have lived and/or worked on the Street in Istanbul

The boys manifested most of the symptoms proposed for complex trauma diagnosis in line with literature (Luxenberg et. al, 2001; van der Kolk, 2005; Saxe et. al, 2007; Blaustein, 2010). Among the six dimensions for the diagnostic criteria of complex trauma (Luxenberg et. al, 2001), the boys experience severe difficulties in each dimension. During the study, the boys presented themselves as open as they could

because of feeling secure in the setting of ERW. Therefore, both during the ERW process, their symptoms of complex trauma were apparent, and the disclosed past experiences were encased in these symptoms. The boys' experiencing about complex developmental trauma, dysregulation of affect and bodily reactions, dysregulation of attention, dysregulations in self-perception and relationships will be demonstrated in the following section.

4.1.1 Exposure: Traumatic Attachment

The participants of the study were all living separated from their families even if they were under the full legal age of 18. Therefore, they were under the protection of the government. Their most disturbing problem in their life was the ongoing traumatizing contact with their families. Most of them had one of both parents still in contact. The parents had left them to the residential care or the government had taken the child from the family without the wish of the family. In both cases, there was neglect and maltreatment at a highly disturbing level. The traumatic attachment with the caregiving system will be discussed by the boys' words in line with literature in the following section.

4.1.1.1 Maltreatment

When the boys' experiences are explored, the grounded theory behind those words appeared about the complex trauma that they were still experiencing in an ongoing manner. Therefore, it would be wrong to say the study explored their experiences retrospectively. They still had ongoing relationships with the abusers in some way, which continued the trauma exposure. Either one of the parents was in contact, or another family member such as brother or uncle was still in contact with the boys. These parents who were still in lives of the boys, were continuing to abuse the boys physically and emotionally. In addition, the RC system and its workers pursued the traumatic relationship patterns.

The boys reported severe trauma experiences about infancy and childhood. These experiences included physical abuse, neglect, and problems about the primary

caregiver's dysregulation in affect and physical health. They had witnessed and became the victim of physical violence in the family. In this sense, in the group setting, they might have tried to normalize this experience, and soften its meaning unconsciously. However, it was the hardest issue to conduct emotion regulation exercises upon. Even tough Blaustein and Kinniburgh (2010) mentioned that trauma integration was the last step of complex trauma treatment after the self-regulation step, the trauma experiences with the primary caregiver just manifested themselves during the emotion regulation exercises. It might be related with the boys' feeling calm and safe in the ERW. It happened when the boys were calm in the regulation state of emotion. They started to talk calmly about their relationships with the primary caregivers. Right after they talked about trauma experiences; some of them would be triggered and got into the survival circuit. In such instances, the therapist tried to protect the child and others in the first place.

In literature, the importance of "normalization" of trauma symptoms was mentioned for PTSD treatment (Bisson, McFarlane, & Rose, 2000). As the ERW was a group work, the normalization of symptoms occurred spontaneously as the boys disclosed their experiences. However, the ERW aimed at intervening in the emotion regulation difficulties of boys, did not aim at the trauma integration. As previous studies and current applications in treatment in complex trauma are conducted in "individual settings" in especially United States (Blaustein & Kinniburgh, 2010; Saxe et. al, 2007), the group setting might not be appropriate for the trauma integration element of treatment. On the other hand, as the boys spontaneously disclosed their traumatic experiences with their primary caregivers and caretakers in the RC during the ERW, psychological debriefing and normalization of symptoms was done appropriately, it might be proper to say that the ERW might have helped with the trauma integration element of complex trauma treatment as well.

The primary caregiver system of boys had a deeply disturbed emotion regulation in their infancy. The boys told stories about witnessing their parents argue; apply pshycial abuse to each other; abused substances together. They hated these stories. It was really challenging to hear that they wished grown ups did not fight. They told

these stories in two ways: Either with great difficulty of disclosure or with great ease as if they were vomiting. The boys had witnessed their parents smoking marijuana or abusing other drugs such as ecstasy or heroine. They hated these drugs as well. Almost of all of the boys had abused some kind of substance in the past, but during the study they were clean. It was in line with the traumatic attachment literature that affect attunement did not take place; rather the boys identified with the abuser. Therefore the boys' negative emotions and impulses had never been contained by the primary caregiver as Bion expected (Fonagy & Target, 2002; Mitchell & Black, 1995). In addition to lack of containment, even the primary caregiver had projected her negative emotions and impulses to the infant. This reverse containment was called as "reversal of the alpha function" by Bion (1962, as cited in Waddell, 1999).

4.1.1.2 Separation

The boys' second major theme grounded in their words was about "being abandoned". The boys had broken families. These families were either separated by divorce; one of the parents died; or one of the parents' left home and the kids. All the scenarios ended up with the traumatic separation of the infant from the primary caregiver. The traumatic attachment continued for some of the boys, as the missing parent appeared from out of nowhere from time to time in their lives. After his/her appearance, he/she disappeared again. These separations became unexpected, irregular and extremely terrifying for the boys.

There are boys who have been given to the government protection because of economic disadvantages of the family. But they were very few. There was one boythat the therapist was in contact with in SOYAC but he did not enter the ERW because he was at the younger age group, and was new to SOYAC. His father had been left by his wife with three kids. The boy did not know where his mother was but he father was very affectionate. He came to the workshops to work together with his boy voluntarily. He took him every weekend home. That exceptional boy could not be in the ERW group, or in the ERW data but from the therapist's experience, he was a good example of good-enough parenting. He had reported at the beginning of the term that he would never think of running away from home to street. In addition, his

school grades were high. He was full of hope, and determination even though he had been abandoned by his mother. The father had undertaken the primary caregiving function, and he was doing well. The boy showed all the expected positive developmental competencies that Blaustein and Kinniburgh (2010) mentioned.

Besides being abandoned, another type of separation was by escaping from home. The boys, who were severely abused by the primary caregiving system, had chosen to run away from home to the street as a solution to the chaotic, traumatizing family environment. Saxe et. al (2007) stated the vitality of goodness of fit between the care giving system and the capacity of emotion regulation of the child. If there was a fit between them, it was beneficial and nurturing for the child. Blaustein and Kinniburgh (2010) called those efficiently working systems as “safe-enough” systems.

As the boys felt safe in the ERW setting, they were calm and rational most of the time. It reflected onto their acts as resilience. In the regulation state of emotion, they behaved and talked as if they were very old, experienced adults. They had learnt many life lessons at a very early age about human, about work, and about the dangers in life. Previous studies showing the resilience of street children are great in number (Aptekar, 1994; Thomas de Benitez, 2007; Dybicz, 2005). Because of resilience, the boys might have escaped from home to the street. It might have been the most adaptive way to cope with that abnormal caregiving system. Therefore, it should not be judged as a deviance or abnormality. It might have been the healthiest reaction to survive in that unhealthy environment.

4.1.2 Dysregulation of Emotions and Bodily Reactions

When they felt calm, they could think and act in control. It was the regulating state of emotions. Being calm gave them a mental space to imagine, hope, feel the positive emotions, and appreciate the here-and-now. The positive emotions could be carried inside, and enjoyed. It was in line with the attachment research findings; when the environment was perceived as “safe-enough”, the child felt contained, and he could

contain this negative emotions and impulses in such an environment (Saxe et. al, 2007; Blaustein, 2010).

In terms of emotion state changes, it was found that the boys experienced great difficulty in getting back to the calm regulation state of emotions after re-experiencing. In line with the theory (Saxe et. al, 2007), the boys were easily triggered in the reconstituting phase, which led to getting back to the re-experiencing a second time. At those instances, the attunement of the therapist was crucial. When the therapist realized that the boy was not calm enough to come back to the session, she offered the boy and a group facilitator to spend time outside the room in the garden to calm down. The group facilitators had very strong bonds with the boys. Therefore facilitators were very tuned into the boys, which helped the boys and the therapists at a great degree.

In terms of emotion regulation difficulties, it was crucial to identify the triggers of dysregulated emotion states such as revving and re-experiencing. Whenever the boys perceived danger or any threat against the self, they got into the survival circuit as the previous studies proposed (LeDoux, 2002). The responses in the survival circuit consisted of traumatic reactions. These traumatic stress reactions included self-harm, violence, or even suicide attempts, as they were the results of panic, rage, dissociation or depression. After these re-experiencing episodes ended, the boys did not remember what they did during the re-experiencing. Frequently, they regret the violent acts they presented. As LeDoux (2012) mentions, the triggered reactions in the survival circuit are automatic nervous system reactions and mostly innate behaviors. These activations cause the whole attention to focus on the danger stimuli; do not let any other cognitive process to take place, as the other cognitive processes would slow the system down.

The boys were extremely sensitive to environmental cues about danger. In the ERW setting, the danger was not physical; rather it included emotion threats such as relationship problems or threats to the self-perception. In addition they were not aware how these environmental cues became triggers of negative emotion states. The main triggers were found to be disturbances about the ***structure*** of daily program,

negative ***emotion state of the group***, and ***separation anxiety***. Whenever there was an unexpected change during the day in terms of program, it became a trigger for the boys. They made negative attributions about the self to the unexpected changes. For example, if one of the group facilitators was absent that day due to personal reasons, one of the boys who had a close relationship with that facilitator attributed a negative meaning to the event right away. As a result, a negative emotion state is triggered, and that boy got under the risk of getting into the re-experiencing state. These were the triggers related with relationships and self-perception, which will be discussed in more detail in the following sections.

The *emotion state of the group* was an important cue for the start of the ERW every week about how the ERW would go on that day. The boys were very tense, and on the edge all the time. As a result of this, they identified with the projected emotions to them very fast. Most of the time, one of the boys seemed upset from the beginning of the ERW. When the therapist approached him to understand his situation, the other boys in the group would start to identify with him. Sometimes, even if the group started well, a sentence that one of the boys said could change the emotion state of the whole group immediately. It was mentioned by previous studies on children in residential care that they used ***projective identification*** in a severe manner. Canham (2000) argued that the residential care institution's capacity to contain the negative emotions was the determinant in this situation. If the primary caregiver, then the institution workers, and at the macro level, the government did not contain them, the children identified with the abuser, the institution in this case. As any containment of negative emotions did not appear in the context; the boys did not have any playground to exercise new emotion regulation skills, any role models to observe, or any good-enough system to become a member of within their reach. The boys had firstly adapted to the unavailability of good-enough caregiving system. They had learnt to fly under the radar as Blaustein and Kinniburgh (2010) stated. Next, they were behaving in ways that their expectations from abuser caregivers would be fulfilled. They clearly expected the therapists and facilitators to get angry and abuse them because they were used to get into contact through abuse. They were totally unaware of this tendency, as they argued that it was the strategy to survive.

In terms of protection, they even did not protect their own sibling brothers or sisters who were in the same residential care institution. They thought that he/she should have learnt the rules to survive himself/herself. The only way to show that they were powerful was by applying physical abuse to their peers and younger ones in the institution. Being affected by negative emotions such as unhappiness or fear was a total weakness for them, and the weak would not survive in the chaotic, abusing system of the residential care.

When the *emotion regulation strategies* were explored in different emotion states, it became apparent that the regulation strategies the boys used in revving and re-constituting states were the same. In the re-experiencing state, they lost total control of emotions or thoughts as the brain got into the survival circuit (DeLoux, 2002). However, when they had not lost total control yet, they were applying some inefficient emotion regulation strategies. They were using immature defenses such as projective identification or regression; relying on overt methods such as self-harm, substance abuse or eating disorders; and overcontrol such as isolation or distraction.

When the emotion regulation strategies were explored in more detail, every boy utilized different kinds of strategies in line with his past experiences. Some of them were more prone to get angry, and act with aggression. These boys who got into the survival circuit with the emotion of anger might be using ***projective identification*** defense mechanism more often. These boys were the participants who were the most active participants in discussions of physical abuse and violence in the family context. They had been continuously been physically and emotionally abused by their primary caregivers. They were aware that their parents were not able to control their emotions, especially anger. The protective and rehabilitative role of the caregiving system had not been fulfilled by the residential care system either. As the boys did not have an alternative safe-enough system where they could practice new efficient emotion regulation skills, they openly mentioned that that their current failures in emotion regulation were “the result of their primary caregiver attitudes” as mentioned in the discussion section on traumatic attachment. The boys had identified with the aggressor, and currently trying to provoke to the same attitude of the abuser

parents from strangers. They were doing it unconsciously. In addition, as they were very tense, they were not able to handle the confrontation about the defense mechanism of projective identification even if it was done in a very soft and caring manner.

Some of the boys were more prone to utilize ***regression*** unconsciously. They started to make repetitive sound with objects in order to avoid negative emotions. These regressive behaviors occurred especially in times of discussing traumatic experiences with the primary caregivers. As the repetitive noises disturbed the whole group members, they got the reaction they were waiting for; anger. This scenario included a blend of many immature defenses. It included regression, projection, and projective identification. It was in line with Blaustein (2010) that the child might regress as a way to express himself in inefficient way in order to regulate his negative emotions. Regression, as a defense mechanism, was not defined clearly in literature, as well as found to be outmoded by researchers in recent years; thinking that everyone knows its meaning (Maroda, 2010). Regression was defined, "in psychoanalysis, a defense mechanism in which the person returns to an immature form of coping or an earlier psychosexual stage when the person feels overwhelmed by anxiety and his or her usual coping styles are insufficient" (Matsumoto, 2009). Aron and Bushra (1998) criticized this approach of researchers against regression. They argued that there are many issues that should have been examined and requires further research about regression.

In the current study, almost all of the boys showed regressive behaviors such as repetitive hitting of objects on the floor, making disturbing noises, leaving the room with great difficulty when the workshop is finished, and clinging to one of the facilitators, repetitively demanding for attention and approval. The association of these childish repetitive behaviors and the timing of their occurrences caused them to be labeled as regressive behaviors. However, in line with Aron and Bushra (1998), it was not clear whether regression occurred only while traumatic experiences were talked about or in instances unrelated with trauma too.

When the two most prevalent defense mechanisms, projective identification and regression, in the current study were analyzed, some specific differences appeared between them. Projective identification might be more related with anger or fear, which are emotions more related with the here-and-now. Anger and fear are more of the survival circuit emotions, which are automatic and immediate (DeLoux, 2002; Saxe et. al, 2007). Regression, on the other hand, is a past-related defense by definition and literal meaning of the word as it includes reversal of the ego to the past experiences. Therefore, regression might have utilized in times of discussing the traumatic attachment experiences with the primary caregiver more than projective identification. Rather, projective identification might have been triggered by current relationship problems more than regression. However, it is an open area for further research.

In addition to projective identification and regression, ***dissociation*** was another unconscious reaction of the boys to stressful events. When the boys talked about their past, they talked about *dissociative* moments that they forgot in line with previous findings. It was very common among them. They learnt what happened or what they did from others after the event had passed. Those were the moments that they had lost emotional control. They told stories' beginnings, which included extremely intense negative emotions such as anger or fear. After feeling those extreme negative emotions, the rest of the story seemed to disappear. When they calmed down, usually they regret what happened because they realized they had behaved in an automatic manner to defend themselves without thinking about the consequences. These black out memories would usually include experiences of physical and emotional abuse applied to them and applied by them to others. Blaustein and Kinniburgh (2010) argued that these acts of violence, which end with dissociative coping strategies such as depersonalization or derealization, are results of the traumatic separation with the primary caregiver. This traumatic separation process gives way to ending up "insecure groups" similar to the traumatizing family left behind. Especially, in adolescence, the traumatized child finds negative peer groups to feel the belongingness. However, the negative peer group that the

adolescent boy identifies with re-victimizes him, as that group is not a secure base with secure intra-group relationships either.

Other than regulating emotions by immature defenses, the boys ***externalized*** or ***internalized*** negative emotions. Some of them were more prone to externalizing; some of them were more prone to internalizing. The boys who were externalizing tried to manage negative emotions by behavior. One part of externalizing corresponded to physical abuse, self-harm and substance abuse. These boys demonstrated hyperactivity, violence acts, physical abuse on peers and younger boys in the residential care. They got into fights regularly. They could not adapt to any place with rules and regulations such as school or residential care. They were labeled as “problem kid” or “deviant” in line with Blaustein and Kinniburgh (2010). They were excluded from groups of peers most of the time especially at school where they were with kids out of residential care. If they felt belonging to a group, they felt they had to obey the rules of the group even if these rules were about breaking other rules, which made them vulnerable to re-victimization by the peer group. In order to obey and not to lose a group that they felt belonging, they frequently engaged in substance abuse, ran away from the residential care to the street, or fought with others in gangs.

They mentioned that they were aware substance abuse would kill them. In addition, they admitted that even if the drug made them forgot their painful memories for a short while, they felt very bad physically and emotionally after the effects of the drug passed away. Similarly, they were aware that running away from the residential care to the street was not a solution to their problems such as boredom, school failures or friendship problems. However, they told that a friend’s suggestion should not be turned down whatever the possible consequences are. The severe peer pressure to conduct activities that they admitted being harmful for them, showed the crucial need of belonging, and need of a consistent, trustful relationship in their lives.

Another emotion strategy of externalizing emotion by behavior was ***eating problems***. The boys were mostly experiencing the failure to thrive. They did not show their ages with one or two exceptional boys. Almost all of them preferred some unhealthy fast food type of foods to more healthy ones such as vegetables or fish. It was

apparent that oily carbohydrate foods such as hamburgers or other sweet snacks provided them a quick physiological relief. In addition, whenever they were anxious because of a relationship problem, they cut down eating completely. In those cases, the lunch hour would become very challenging for the group facilitators who ate together with the boys. The boys would run away from the group; hide somewhere; and isolate themselves for a while. *Isolation* was a kind of avoidance, and another emotion regulation strategy for the boys. As part of the attachment-based therapies, when the survival reactions are triggered, first thing to do is to prevent the child from hurting himself or others (Saxe et. al, 2007; Blaustein & Kinniburg 2010). Therefore, the child's need for isolation is very easy to understand. He needs a space without any external stimulus to enter his already chaotic mental space. The problem with isolation and other overcontrol strategies might be the duration of their utilization. If the boy isolated himself to calm down, and then came back to solve the triggering problem in hand, it would have been an efficient emotion regulation strategy. However, as the boy isolates himself from the group, runs away, cuts the communication with the person that he is having problems with, he might be blocking the road of *problem solving* after he has calmed down. The other overcontrol type of emotion regulation strategies such as denial or distraction might be similar blockages to problem solving. They benefit the person in terms of quick relief, but block the way to problem solving.

One more emotion strategy was related with externalizing the emotions but in an overcontrolling manner, *distraction*. In terms of distraction, the boys were talking irrelevantly wishing the discussion topic to change; or they were focusing in a very deep concentrated manner on the handcrafts that the group was using but not listening or talking about the discussion topic meanwhile. In those occasions, the handcrafts became their goal to finish, and an appropriate excuse for not listening to the therapist or other group members. They repeatedly mentioned that they liked handcrafts such as making bracelets or painting. They liked using their bodies actively without much of a mental work. It was mostly related with their capacity to think over negative experiences and negative emotions. It might be related with Bion's *containment* of emotions (Mitchell & Black, 1995). As a child had never ben

contained by a mother who was regulating her emotions as well as the child's emotions and impulses in an efficient manner, the child could not learn to regulate and contain his own emotions and impulses. Rather, the child learnt to distract his attention by physical activities, or to shut down feeling completely. Distraction as a regulation strategy affected their attention in a deeply disturbing manner. It will be discussed in the "dysregulation in attention" section.

4.1.3 Dysregulation in Attention

The boys experienced attention and concentration disturbances very deeply. Psychological counselors label them as "hyperactive" at school and at the RC. They got bored of group exercises, especially when they included sitting, thinking and talking. Therefore, it could be said that they had great difficulty with the mental tasks, rather than physical tasks. They mentioned that they wanted to move, jump, or draw, paint. They hated thinking over emotions, and wanted the ERW to be abolished completely whenever the exercise included a mental task. The boys thought it was their personal choice not to like "thinking"; as if it was one common personality trait among them. Perry et. al (1995) stated that the emotional states might turn into personality traits as the brain functioning is "use-dependent". They meant that using inefficient emotion regulation strategies such as dissociation or the emotion state of hyperarousal might become a personality trait if the child often uses them. As a result, the boys thought they did not "like" thinking or discussing emotions, and it was a personality trait of them, which they cannot change. At the beginning of the emotion regulation intervention, they seemed hopeless about awareness, regulation or expression of emotions. However, they started to realize that emotions are natural parts of human beings, which are useful if they can be regulated efficiently. It might have happened because of the secure base that they had found in the ERW, and the secure relationships that had formed between the therapists, facilitators and the boys. It created a holding atmosphere for negative emotions to be regulated.

4.1.4 Dysregulation in Self-Perception and Relationships

It was found that the boys had very strong beliefs about their own *lack of worthiness of love*. It lies at the core of many consequences of the traumatic attachment with the primary caregiver. The lack of worthiness thoughts and emotions emanated into all kinds of their attachments; relationships with relatives, friends, caretakers, and teachers were all filled with anxiety, anger, guilt and shame.

The boys expressed their lack of worthiness belief whenever they were upset about a relationship in their current lives. The belief was verbalized as if they did not deserve to beloved. They could be understood easily: “If a person who has given birth to a child does not love that child, who else will?” The child needed a mirroring selfobject that was loving and caring according to Kohut (1984, as cited in Fonagy & Target, 2003). The selfobject would perform the *reflective functioning* to the infant by understanding, and then reflecting the infant’s experiences back to the infant in an organized, meaningful way. If empathy and affection existed in the relationship between the selfobject (the primary caregiver) and the infant, the infant would grow up to an assertive and affectionate person. If the selfobject could not perform the reflective functioning, and neglect or abuse the infant, affection would turn into overly sexualized behaviors and assertiveness would turn into aggression and hostility (Fonagy & Target, 2003).

As a result of believing they were not worthy of love, they could not hope for good relationships or a good future. At this point, the ERW came into the scene. The ERW was a workshop that argued against all of their negative self-perceptions. This argument was about emotions, impulses and self-perception. The ERW had the main aim to explore their experiences about emotion regulation difficulties first. Next, its second aim was to support the boys to develop new efficient emotion regulation skills. The discussions about psychological awareness, emotion identification, emotion regulation and emotion expression have given way to hope that feeling negative emotions are not completely bad; they can be tolerated and regulated if the person becomes aware about them. Another hope instilled in the boys was about the future. As they became aware of the personal changes they experienced, they started

to think that they might be worthy of love and respect. Their recurrent disbelief in the genuineness of the therapists and facilitators might have started to shake their self-perceptions from the bottom up.

The area that negative self-perception affected directly was relationships. In order to discuss the *relationship problems*, the boys' *need for basic trust* vs. their persecutive anxiety should be put into argument. As the boys did not believe they were worthy of love and success, they did not expect trust and genuine interest from others. In addition, the boys were extremely hypervigilant about relationship threats. They clinged upon group facilitators. However, in any minor problem in communication, they felt mistrust and even engaged in paranoia. They were suspicious about others' genuineness. Therefore, they searched for other reasons of interest for them. For example, they searched the facilitators' intention; whether they would take grades for attending the ERW or not; whether they were being paid or not; whether they attended the ERW because they feared their instructors in psychology department or not. Inability to trust was another deep disturbance that the boys showed in terms of complex trauma as expected in the literature (van der Kolk, 2001).

Another major relationship problem, besides mistrust, was *splitting*. The boys either loved or hated others. They either worshipped or humiliated them. Leahy et. al (2011) argued that emotion dysregulation, which presented itself as excessive deactivation of emotions, might be causing dissociative experiences, splitting and numbing. It was challenging for everyone around them. The boys were looking for a minor mistake, some sign of bad intention continuously so that the therapist and facilitators should have been checking their own behaviors and mood states regularly. The group members, other than the boys, should have been good-enough members in terms of emotion regulation. For if they could not regulate their emotions and impulses for one instance, the boys could easily shift to "hate". The search for a sign of bad intention or mistrust might be a result of *projective identification*. When the boys attributed a negative meaning to a loss of eye contact or a negative mimic, they started to get anxious. Becoming anxious meant becoming restless, attention problems, and the triggering of the survival circuit. When the boys

were triggered, the group mood shifted to anxiety and unhappiness. When the faces of the therapist and group facilitators became more serious as the boys got restless, they boys' expectations were fulfilled about their mistrust. The boys would start complaining about the bad intentions of the group facilitators.

In terms of relationship problems, re-victimization and victimizing others was another symptom of complex trauma (van der Kolk, 2001). Re-victimization occurred as the boys got into negative peer groups just to feel belonging as mentioned previously in the problems in emotion regulation" section. On the other hand, victimizing others was also an on-going pattern in their relationships. They applied physical abuse to their peers and younger boys in the RC, and at school. The boys mentioned that being part of a gang made them feel more powerful against other bullies. If they refused to become a member of the gang, they would be the victim. Therefore, they chose to be the abuser. Splitting mechanism worked here as well. They could not see any efficient alternatives to protect themselves as a result of the complex trauma.

4.2 The Chaotic Dysfunctional Social Politics System in Turkey

The boys who have lived and/or worked on the street at some point in their lives, and the boys who are under the risk of living on the street are under the protection of government in Turkey. The boys who are under risk are not accepted to all of the residential care facilities of government. They are only accepted to some of them because the boys who have lived and/or worked on the street are kept separated from the children who have not been in contact with the street. According to the 2014 statistics of the Ministry of Family and Social Policies, there are 12171 children currently under the protection of residential care in total.

The two RC facilities that the participant boys were living in were at a two-hour distance to the city center. One of the experienced administrators had said that they were like the dumpsite of the city (Bademci, 2010). Both the RC workers and the boys felt that they were excluded from the public. It might be related with the projective identification mechanism of the public's unconscious. In this case, the

public projected and put the bad parts of its self into the boys as if the boys were guilty of their trauma experiences. In this manner, the public might be clearing conscience without any clear, solid problem solution attempts.

In contrast to the strict rules, which were applied by physical abuse, there was uncertainty and lack of educative or recreational activities, which created a vacuum. The uncertainty was about today and the future of the boys. They felt anything could happen any time, which was very disturbing emotionally, as the boys needed safety and structure (Zulueta, 2006). A clear structure did not exist. There were very strict rules about the daily routine such as breakfast time; however, they were applied in a very cold and abusive manner. When they could not find safety and structure, the boys felt helpless and hopeless as in the same way with literature (Crittenden & DiLalla, 1988). The boys had been moved from one RC to another at very unexpected times. They had not been warned, or prepared. They were not even informed while they were on the road to the new RC that they would live in. The boys were also sent from city to city without any explanation on why. Canham (1998) told that the boys were "waiting to be found" for their voices to be heard, and their emotions to be claimed.

The workers in the RC applied physical abuse to the boys in order to protect the rules but the boys thought they deserved the abuse because they were "bad boys". As a result of complex trauma experienced in the primary caregiving system and in the residential care system, the boys had believed that they were not worthy of love. The RC continued to reinforce the negative self-perception of the boys.

In the institution, there is usually only one psychologist or a sociologist responsible for around 60-70 children. Usually psychologist or sociologists work as social workers in the RC. In Turkey, there are very few undergraduate departments on social work. It is not a popular area that students prefer. It might be because of the tough workplace conditions such as working in disadvantaged areas or lack of economical satisfaction after graduation in this area of work. As a result, psychologists or sociologists, who have a Bachelor degree, mostly work as social workers. Working with children who have lived and/or worked on the street is a very

emotionally tough work, but they are not professionally qualified for it. In addition, the governmental officers salaries in the social work services are very low. As a result, they inevitably experience burnout as previous findings demonstrate (Bademci, 2010). Canham (2000) had argued about the importance of "work discussion seminars" in the social services. He mentioned that the social workers felt useless and angry because they were not aware of the projective identification of boys with complex trauma. Working with complex trauma was an extremely difficult job when "thinking over emotions" does not take place. Therefore, in addition to informing the social workers about complex trauma, a mental space where the workers can talk about their own emotions is essential.

The vacuum in the boys' lives cannot be filled with cold, abusively applied rules and regulations. It might be filled with affection and psychosocial support. On the other hand, at the macro level, serious radical changes need to be set in to hear the voices of street boys and integrate them into the society. The urgent need of change must include both the amendment of law about child protection policies, and the application of the law. In terms of application, grand changes in the residential care system of children and young adults are needed.

4.3 The Proposed Emotion Regulation Intervention Model for Street Boys in Turkey

In this second section of discussion chapter, the proposed emotion regulation intervention model for street boys who are living in residential care will be discussed (See Figure 7). The proposed model was basically established on the theoretical background of attachment-based psychoanalytical theories. In addition to the basic theories, novel psychoanalytical approaches to trauma such as trauma systems therapy of Saxe et. al (2007), and attachment, regulation, competency model of Blaustein and Kinniburg (2010) have been taken into account. These theories focused on the treatment of complex trauma in children. Their application models' emotion regulation parts were utilized. In addition, the emotion regulation exercises were adapted to boys who have lived and/or worked in the street and currently living in residential care in Istanbul.

The child is put in the core of the model. The order or containers have been put in terms of closeness of contact during the attachment intervention. The child is in immediate contact with the therapist and the group facilitators. Next, he is contained by the organization that the ERW takes place. The structure of the organization is essentially effective. Next, he is contained by the residential care where he is living at the time of the intervention. The next contact of the boy is with the child protection system of the government, The Ministry of Social Policies and Family. Above the government, the child is protected by the law. On top of law, theory on child and emotion regulation development is placed, as it has the pressure on the law which may cause the necessary beneficial change.

4.3.1 Attachment-based Intervention

It is widely known that children need a holding environment to feel contained and safe (Blaustein & Kinniburgh, 2010; Saxe et. al, 2007, Canham, 1998). In such environments they can develop an integrated self. In order to provide a holding environment, the *caregiver management of affect*, *providing structure* and *establishing trust* were major cornerstones. Providing structure and establishing trust will be discussed in this section. Caregiver management of affect will be discussed in the following “therapist-child relationship” section separately in detail.

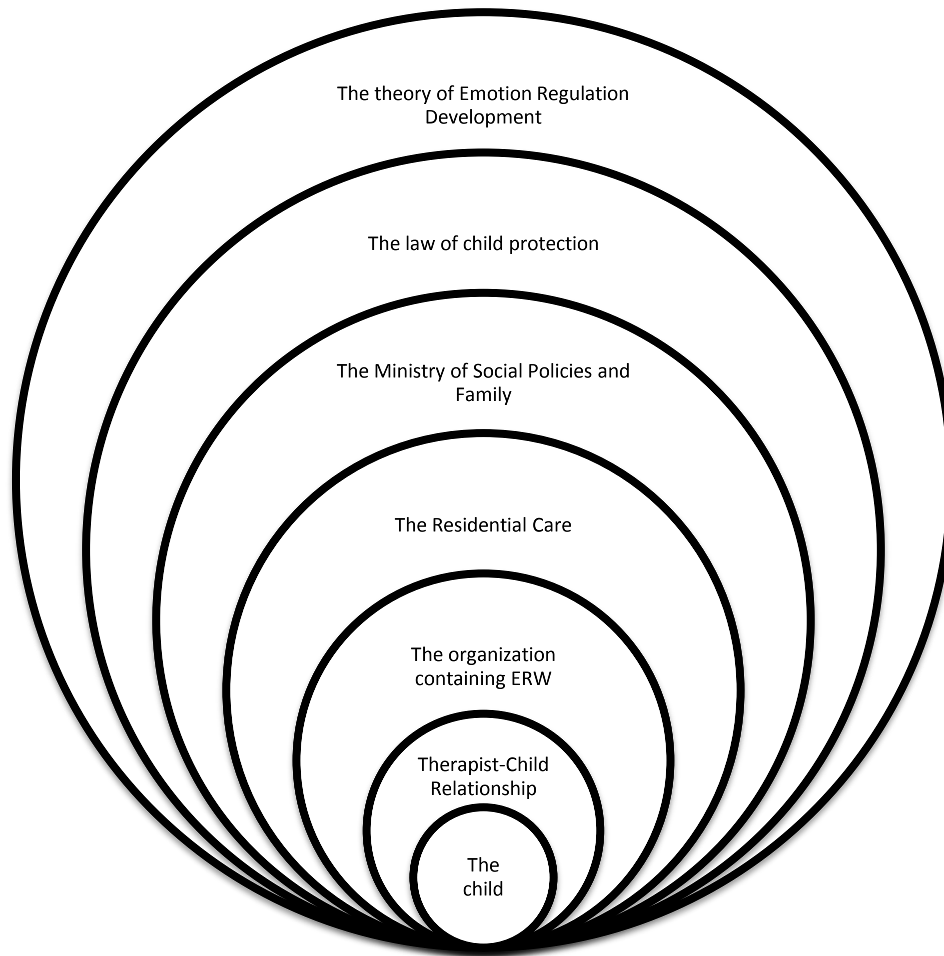

Figure 7. The Working Model of Emotion Regulation Intervention for Street Children in Turkey adopting the Attachment-Based Psychoanalytical Perspective

4.3.1.1 Providing Structure

The context of intervention and the rules and regulations were the basic important issues to be planned in order to create structure before the ERW started. The boys had been living in an unsafe and uncertain environment till the day they were born. It was a violent atmosphere at home so that they had escaped from home. During the study, they were living in residential care. In the residential care, they were still living in uncertainty and insecurity. Both the workers of residential care and their friends were physically and emotionally abusing them. They did not have much of a

safe place in their minds for today or for the future. This uncertainty and insecurity had made them hopeless. On the other hand, they put SOYAC in a contrasting place. Maltepe University SOYAC, besides being an academic opportunity, provided trust and safety to the boys. They knew that every week at the same day, at the same hour, they would be going to SOYAC. They knew the hour of lunch, the hour of afternoon meeting, and the time of leaving. Everyday, they knew the ERW was at 2 p.m. in the afternoon. It was the second workshop after lunch, and last workshop of the day. After the ERW ended, everyone including other boys from other workshops, other groups' facilitators and therapists gathered in the same room of the ERW to conduct the afternoon meeting. In the afternoon meeting, everybody thought over the activities and their emotions during the day.

In addition to the routines and rituals, there were clear rules and regulations, which added up to the structure. The boys could question the meaning of the rules, and the meanings were discussed openly in the meetings. These rules and their reasons were free to question, but compulsory to conduct. When they understood the meaning of the rules, they cooperated. It was clearly explained to them that the rules were put to guarantee the group members' safety. These rules had developed in time over the years in SOYAC as results of certain needs of group members. Some of the rules of SOYAC were following:

1. There should not be any kind of physical or verbal abuse. No one can hit, kick or swear to each other.
2. Everyone talks for himself, and not for others.
3. We take turns to talk. When someone talks, everybody listens to him/her. We do not interrupt someone talking.
5. Our relationship is limited with SOYAC boundaries. We do not meet in person. We do not contact on social media or by telephone. The boys can only contact with the administration of SOYAC. If the boys want to contact any of the volunteers (group facilitators), they should contact through the administration of SOYAC.

6. The volunteers do not smoke. The boys can only smoke one cigarette after lunch. The bus driver of RC provides their cigarettes. SOYAC does not get involved in their wishes about smoking.
7. Everybody should enter a workshop. No one can go around freely while others are in the workshops. If there is an extreme condition, the administrator of SOYAC should be informed.
8. If a boy wants to get out of the workshop session for any reason, a group facilitator accompanies him.

In the ERW, they knew the therapists and group facilitators would be the same every week. They knew that the ERW would take 1 hour and 15 minutes. Its room was determined, and never changed. The boys were chosen according to the age group. It was especially elaborated not to put boys of different age groups into the same group. Therefore one group was aged between 13-18; the other group was between 18-20 years old. The boys who were under the age of 13 were not taken to the ERW because they were new to SOYAC, and the basic trust and the secure attachment bond should have been established before they attended the ERW.

There were some rules specific of ERW in addition to SOYAC rules. These rules were reminded at the beginning of each session. These additional rules, stated below, were stated at the beginning of every session:

- Respect for the opinions, feelings and personal space of others.
- Confidentiality is a must, unless safety is a question. Things said in the group will stay in the group. The voice record will be listened and transcripted by only the group members, including the therapists, group facilitators, and the boys. It can only be used for research and development purposes of SOYAC.
- Every member of the group has the right to speak or not to speak, draw or not the draw, take part in the activities or not take part in the activities. If a member(s) chooses not to talk or participate in an activity, the member(s) will sit quietly and pay attention to the others in the group.

4.3.1.2 Establishing Trust

Confidentiality was a very sensitive issue in terms of establishing trust. Confidentiality was considered very carefully as the therapist is working on trauma with children and adolescents. The permission for emotion regulation intervention and voice recordings were taken from the ethics committee of Middle East Technical University. As most of them were not at the full legal age, informed consent should have been taken from their custodian, the Ministry of Family and Social Policies. SOYAC had a protocol with the ministry, which gave permission to conduct research and therapeutic intervention. Next, the participants' consent was taken after informing them that the aim of recording the sessions was research and development of therapeutic interventions for boys who have lived and/or worked on the street at some time in their lives, and boys living in residential care. It took the boys to get comfortable with the voice recorder put on the table. After they got used to it, they willingly took the responsibility for turning it on and off. Even some of them talked especially closer to it with a higher tone of voice in order to be heard. They wanted to be found as stated in previous studies (Canham, 1998; Canham, 2000).

The structure and the trustful relationship built up the basis for an efficient emotion regulation intervention. The safety and trust soothed the boys, so that other positive emotions and learning new skills could take a mental space in their minds.

4.3.2 Emotion Regulation Intervention

It was suggested that that the therapist's inner experience was one of the most important tools in psychotherapy by many theoreticians such as Klein and Bion (Mitchell & Black, 1995). The therapist's experience in the session in terms of emotions and cognitions interact with the patient. Many theories named it differently, but the common point was that therapy is an intersubjective process, and emotions of the therapist should be thought over (Mitchell & Black, 1995; Fonagy & Target, 2003; Canham, 2000). If thinking over the therapist's emotions is not allowed in a therapy setting, those emotions block the way of analysis (Mitchell & Black, 1995). In addition, if "thinking over emotions" is not allowed in an organization, in our case

the work place, workers experience burnout (Canham, 2000; Bademci, 2010). When the therapist's emotions were explored in the ERW, two main themes occured: The therapist's *self-regulation* and *attunement* to the boys.

4.3.2.1 Therapist's Self-Regulation

The therapist has the role of the caregiver in the therapeutic relationship. She is expected to manage her own emotions to create a secure relationship with the patient. The therapist's emotion regulation depended on many aspects in the ERW. These aspects might be the professional qualifications, educational background, experience, going through therapy herself, supervision, and her relationship with the organization in which therapy takes place.

In terms of professional qualifications, Turkish Psychological Association suggested that on top of a psychology degree, a master's degree in clinical psychology was is the minimum requirement to conduct psychotherapy in Turkey. However, the code of conduct for clinical psychologists and psychotherapists have not still got through the parliament and put into effect. In addition to the minimum professional requirement, working with complex trauma necessitate an understanding on attachment-based psychoanalytical theories especially. The therapist must be aware of the current conditions of street children in Turkey as well. When street children are taken into account, even tough the therapist will only focus on emotion regulation, knowledge on addiction and conduct problems would be beneficiary.

On the other hand, this proposed model was conducted in a group setting. Education and supervision in group therapy was of vital importance as well. Working with complex trauma is challenging even in an individual therapy setting. Blaustein and Kinniburgh (2010) suggested that their emotion regulation exercises could be adapted to group setting. However, there is not much research on how it will proceed in a group setting. Therefore, a blend of psychotherapy, group therapy, complex trauma and street children knowledge and experience are necessitated as the minimum professional qualifications.

The therapist's inner experience, irrespective of the education and experience, interacts with the patient's inner experience. During the ERW, boys' experiences on severe and chronic maltreatment by their parents evoked hard to contain emotions. The boys were experiencing great difficulty in containing these emotions because they were experiencing inner conflicts about their parents. They both loved the primary caregiver (in contrast to whatever she has done in the past) and hated her at the same time. This splitting was projected to the therapist in the session. The sessions were cancelled two times due to the boys' projective identification creating a chaotic atmosphere in the group. These two sessions were the most emotionally challenging times for the therapist during the whole intervention, as she was the researcher at the same time. In these instances, a conflict of interests could have captured the therapist because the therapy should have been conducted in a limited time, and the research would be over if enough sessions could not be conducted. On the other hand, when some of the boys got into the re-experiencing state of emotion, the group got affected, and continuing the session might have been inefficient, and even harmful for the boys. This conflict of interest, therapy vs. research, would harm the therapeutic process if the therapist were not under supervision. This psychoanalytically informed supervision focused on the therapist's inner conflicts, which gave way to solutions, and creating alternative plans. In the supervision, "thinking over" the boys' reactions to the therapist, opened the way to realize that the boys' reactions were defense mechanisms against the traumatic experiences that took over their consciousness in the ERW sessions. As supervision helped to explore the projective identification occurring in the sessions, research gained speed, and the attachment bond between the therapist and the boys got more secure and strong.

The relationship of the therapist and the organization where the ERW was conducted was another important factor for the efficiency of the therapist's self-regulation. SOYAC rules and regulations, the holding environment where the ERW took place, even the atmosphere of the room of sessions might have been effective in the therapist's emotion regulation.

4.3.2.2 Attunement as an Interpersonal Emotion Regulation Strategy

The second factor affecting the therapist and the boys' relationship was attunement. Attunement was related with the self-regulation too. However, beyond her self-regulation, she aimed at being an empathic, secure adult who did the co-regulating of their emotions around them. As the boys were not used to an attuned co-regulator, the therapist had to deal with the transference and projective identification of the boys. Therefore it was very different and much harder than tuning into a child who had a secure primary caregiver. As the boys were experiencing inability to trust, the therapist being attuned to their needs might have evoked their suspicions. After basic trust was established between the therapist and the boys, the process went more smoothly. This ongoing smooth process meant, starting and ending the sessions more easily, and conducting the planned exercises without any boy being triggered. Youell (2006) mentioned the difficulties of beginnings, endings and other transitions in life. According to Youell (2006) every ending included a loss, and every beginning included an anxiety about the unknown. In line with Klein's theory, it was argued that the anxiety during even minor transition periods in life is related with separation from the mother, which starts at the weaning. Youell (2006) states that if the infant experiences a "well-negotiated weaning", he/she will have more courage to interact with the unknown world. This well negotiation requires the mother being the secure base. Even though the mother and baby had grown a little more distant, the infant should be well aware that the mother would be there whenever he needs her. During transitions, the importance of *transitional objects* is emphasized (Winnicott, 1951, as cited in Youell, 2006). The transitional object is something that would remind the child of his safe place, probably home. There is not much of an instance that the boys brought any material with themselves that they liked to feel safer and happier. However, the transitional objects in the study might have been the peer support volunteers who had the role of group facilitators. Bademci and Karadayı (2015) had found the therapeutic aspects of of peer relationship with street boys. As the therapist was much older than the boys, the boys thought of her as an authority figure, especially in times of re-experiencing. The boys might have projected their fear for the abusing caregiver to the therapist, as they are both adults. On the other hand,

group facilitators were like older siblings. Unlike the therapist, group facilitators were more like older brothers or sisters to the boys, and the boys disclosed much of themselves in this peer interaction.

Another aspect of attunement appeared at the reconstituting state of emotion. When the boys calmed down after a re-experiencing state of emotion, they would feel that the negative emotion was contained in the ERW group setting. As previously mentioned, the trigger would generally be relationship problem. If the relationship problem was because of a relationship in the ERW, the boys felt regret for getting into the survival circuit, and experience an anger tantrum. Next, they wanted to repair the relationship problem. There the therapist needed to be accepting and repairing. By this relationship pattern, the boys started to take responsibility for relationships, sooth their guilt and shame, and repair the relationship. As forgiveness and repairment occurred, the attachment bond got stronger and safer.

4.3.2.3 Emotion Regulation Skills Development

The therapists' and group facilitators' being co-regulators for the boys by tuning into their emotional needs was the main emotion regulation intervention. This intervention had targeted the basis of emotion regulation difficulties of boys. After empowering this basis, the boys beliefs about the self and others started to change. In terms of emotion regulation intervention for complex trauma treatment, the last step was the psyhoeducation component. In this step, new emotion regulation skills would be presented and exercised in the group.

In the manual (See Appendix B), there are the weekly emotion regulation exercises. This manual explains more of the skills development component of intervention. These exercises aimed at increasing emotional awareness, identification, modulation, and expression skills.

Among different components of the psycho-educational part, the boys might have experienced the greatest difficulty at the emotion identification part. It was about understanding the type of emotions from others' faces. It was the nonverbal part of

the psychoeducation. Schore has many extensive studies on attachment trauma's effects on right brain development (Schore & Schore, 2008). It was argued that attachment bonds determine the right brain development, which is responsible for emotion regulation, as well as the implicit systems of the brain such as tone of voice, mimics, posture, and even raspiration. Therefore they called psychotherapy, not a "talking" cure but a "communicating" cure, as the projective identification and transference-countertransference processes which are all unconscious influence therapy to a great extend (Schore & Schore, 2008). Besides the skills training by utilizing the emotion recognition exercises, the therapist and group facilitators needed to be aware and in control of their mimic, gaze, posture and tone of voice in order to contact calmly in an affectionate way on a deeply unconscious level. The therapists and facilitators were well aware of the consequences of their facial expressions and other bodily reactions to emotional stimuli. However, these bodily reactions might have been even more difficult to control than the awareness of projective identification and countertransference because these bodily reactions are unconscious at a deeper level, which is more related with more primitive parts of brain. In recent years, researchers and practitioners started to pay more attention to the unconscious processes of brain. A grand theoretical approach change started to occur in psychology towards the emotional and motivational processes because most of the therapeutic efficacy studies showed that purely cognitive interventions could cause only short-term changes (Ryan, 2007). Therefore, deeper levels of interventions including more unconscious processes of emotions and motivation were searched for. At this point, the attachment-based psychoanalytical approaches, which targeted the right brain change was found to be more effective (Schore, 1994). Research has been showing the right brain activation's dominance about negative emotions' processing (Balconi & Ferrari, 2012; Schore, 2005; Schore, 2009). It was stated that the co-regulation in the attachment relationship between the primary caregiver and the infant was very similar to the co-regulation in the therapeutic relationship (Schore & Schore, 2008). These findings reflect the vitality of Kohut's theory on effects of empathic affect mirroring of the primary caregiver on the infant's self-regulation (Schore, 2009). It might be concluded that the boys in our study showed symptoms of right brain damage due to traumatic attachment

relationship. Therefore, an attachment-based therapeutic approach would be efficient in order to intervene with the development of negative emotions' regulation skills.

4.4 Conclusion

The study aimed firstly to explore the emotion regulation of boys who have lived and/or worked in Istanbul, who are living currently in the residential care. The second aim was to propose and attachment-based emotion regulation intervention model for boys living in residential care.

The street boys showed the symptoms of complex trauma severely. Their traumatic attachment with the primary caregiving system had caused serious damage to their emotion regulation. This damage was further worsened by the chaotic social service system. In contrast to the "child protection" role of the social service system in Turkey, the boys were secondarily exposed to traumatic attachment by the caregivers in the residential care. They were excluded from the society by being placed in far away residential care buildings to the city. They were experiencing exclusion in the education system as well. Even in the child protection services, they were not placed to live with children who did not have any street contact.

The study aimed at intervening the emotion regulation of street boys by taking into account the complex trauma. Purely cognitive approaches to emotion regulation intervention have been found to be superficial and short lasting. Therefore, the study took the contemporary attachment-based psychoanalytical theories as the main intervention approach. The intervention took place in a university setting, with the psychology senior students working as group facilitators. The importance of peer work with street children has been stated in literature.

The boys showed great improvements in terms of emotion regulation. They have stated their gains in terms of emotional awareness, identification, modulation and expression in various ways.

The proposed model might be adapted easily to any residential care or educational setting in Turkey. However, the prerequisites are of vital importance. The holding

environment of the organization that the ERW takes place is an important prerequisite. The child should feel safe and should trust the organization beforehand. The second most important prerequisite is the self-regulation capacity of the therapist and group facilitators. The therapist's integrated self and continuing supervision for think over the emotions inside the ERW is not only a beneficial tool, but the therapeutic intervention itself. If the therapist is not aware of the projective identification of street boys, it would hurt the therapist personally, and therapeutic work cannot progress.

In terms of the child protection system, there is a grand need of radical change. The change is essential both about the law content, and the application of law. The residential care facilities and its organizational structure needs a breakthrough considering the recent theoretical developments on children's development and emotion regulation. The children need a more predictable, safe and emotionally nurturing environment. In order to provide such an environment, the workers in that organization should be satisfied professionally with their job. As long as the turnout rates are high as today, the predictable and emotionally nurturing environment cannot be provided. Any therapeutic intervention in such an insecure setting would done for the sake of doing, not for the sake of children.

REFERENCES

Acar, H. (2010). *Sokakta yaşayan ve/veya çalıştırılan çocuklara yönelik hizmet modelinin ve il eylem planlarının değerlendirilmesi raporu.* Retrieved from http://www.unicef.org.tr/files/bilgimerkezi/doc/shcek-kitap-baskiya-hazir-rec4agus11.pdf

Ainsworth, M. D., Blehar, M. C., Waters, E., Wall, S. (1978). *Patterns of attachment: Assessed in the strange situation and at home.* NJ, USA: Lawrence Erlbaum.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders – text revision (4th ed.).* Washington, DC.

Aptekar, L. (1994). Street children in the developing world: A review of their condition. *Cross-Cultural Research: The Journal of Comparative Social Science, 28*(3), 195 – 224.

Aptekar, L. (1991) Are Colombian street children neglected? The contributions of ethnographic and ethnohistorical approaches to the study of children. *Anthropology and Education Quarterly, 22*, 326–349.

Aptekar, L. (1989). Family structure in Colombia: Its impact on understanding street children. *Journal of Ethnic Studies, 17,* 97-108.

Aptekar, L. (1988). The street children of Colombia: How families define the nature of childhood. *International Journal of Sociology of the Family, 18*, 283 – 296.

Aron, L. & Bushra, A. (1998). Mutual regression: Altered states in the psychoanalytic situation. *Journal of the American Psychoanalytic Association, 46*, 389 – 412.

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B. Cohen, C., & Blaustein, M. E. (2011). Treatment of Complex Trauma in Young Children: Developmental and Cultural Considerations in Application of the ARC Intervention Model. *Journal of Child and Adolescent Trauma, 4*, 34 – 51.

Bademci, H. Ö., Karadayı, E. F., & Zulueta, F. (2015). Attachment intervention through peer-based interaction: Working with İstanbul's street boys in a university setting. *Children and Youth Services Review, 49*, 20 – 31. doi: http://dx.doi.org/10.1016/j.childyouth.2014.12.019

Bademci, H. Ö. (2015). Sokak çocuğu olgusu: İstanbul örneğinde sokakta yaşayan ve çalışan/çalıştırılan çocuklar. In T. Dağlı (Ed.), *Çocuğa Yönelik Şiddet ve Çocuğun Korunması* (pp. 66 – 77). İstanbul: Altan Matbaası.

Bademci, H. Ö., & Karadayı, F. (2013). Working with street boys: Importance of creating a socially safe environment through social partnership, and collaboration through peer-based interaction. *Child Care in Practice, 19*(2), 162 – 180.

Bademci, H. Ö. (2012). Working with Vulnerable Children: Listening to the views of the service providers working with street children in Istanbul. *Children and Youth Services Review, 34*, 725 – 734.

Bilgin, R. (2012). Sokakta yaşayan çocukları bekleyen risk ve tehlikeler: Bir Diyarbakır örneği. *Zonguldak Karaelmas Üniversitesi Sosyal Bilimler Dergisi, 8*(15), 79 –96.

Bisson, J. I., Mcfarlane, A., & Rose, S. (2000). Psychological debriefing. In E. B. Foa, T. M. Keane, & M. J. Firedman (Eds.), *Effective treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies* (pp. 317 – 319). New York: Guilford Press.

Blaustein, M. E., & Kinniburgh, K. M. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.* New York: Guilford Press.

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

Canham, H. (1998). Growing up in residential care. In A. Briggs (Ed.), *Waiting to be Found: Papers on Children in Care* (pp. 45 – 60). London: Karnac Books.

Canham, H. (2000). Exporting the Tavistock Model to social services: Clinical, consultative and teaching aspects. In A. Briggs (Ed.), *Waiting to be Found: Papers on Children in Care* (pp. 72 - 84). London: Karnac Books.

Celik, S. S., & Baybuga, M. S. (2009). Verbal, physical, and sexual abuse among children working on the street. *Australian Journal of Advanced Nursing, 26*(4), 14–22.

Charmaz, K. (2006). *Grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, CA: Sage.

Connolly, M. (1990). Adrift in the city: A comparative study of street children in Bogotd, Colombia and Guatemala City. In N. Boxhill (Ed.), *Homeless children: The watchers and the waiters* (pp. 129 – 149). New York: Haworth Press.

Crittenden, P. M., & DiLalla, D. L. (1988). Compulsive compliance: The development of an inhibitory coping strategy in infancy. *Journal of Abnormal Child Psychology, 16,* 585 – 599.

Duyan, V. (2005). Relationships between the sociodemographic and family characteris-tics, street life experiences and the hopelessness of street children. *Childhood, 12*(4), 445 – 459.

Dybicz, P. (2005). Intervention for street children: An analysis of best practices. *International Social Work, 48,* 763 – 771.

Erdoğdu, M. Y. (2012). Sokakta çalışan çocukların depresif belirti düzeylerinin taranması: Karşılaştırılmalı çalışma. *Selçuk Üniversitesi SosyalBilimler Enstitüsü Dergisi,* 77-87.

Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology, 54*(3), 466–475

Fonagy, P., & Target, M. (2002).Early intervention, the development of self-regulation. *Psychoanalytic Inquiry, 22*, 307–335.

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization and the development of the self.* New York: Other Press.

Fraenkel, P., Upshur, E., & Huey, V. (2006). *Fresh Start for Families Surviving Domestic Violence: Children's Group (Version 1).* New York: Ackerman Institute for the Family.

Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology, 39*, 281–291.

Guest, G., MacQueen, K., & Namey, E. E. (2012). *Applied thematic analysis*. CA, USA: Sage.

Guest, G., Namey, E. E., & Mitchell, M. L. (2013). *Collecting qualitative data*. CA, USA: Sage.

Horwitz, L. (1985). Projective identification in dyads and groups. In A. D. Colman & M. H. Geller (Eds.), *Group Relations Reader 2* (pp. 21 – 35). USA: A. K. Rice Institute

JUCONI Foundation (2013). *About Juconi.* Retrieved from http://www.juconi.org.ec /who-we-are/

Kara Keskinkılıç, S. B. (2012). Sokakta çalışan çocukların eğitim ihtiyaçları. *Gazi Üniversitesi Eğitim Fakültesi Dergisi, 32*(3), 672 – 695.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change.* New York: Guilford Press.

Henwood, K. L. & Pidgeon, N. F. (2003). Grounded theory in psychological research. In P. Camic, J. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 131–155). Washington, DC: APA Publications.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* New York, USA: Delta.

Kinniburgh, K. J., Blaustein, M., & Spinazzola, J. S. (2005). Attachment, self-regulation, and competency. *Psychiatric Annals, 35*(5), 424 – 430.

Leahy, R. L., Tirch, D., & Napolitano, L. A. (2011). *Emotion regulation in psychotherapy.* New York: Guilford Press.

LeDoux, J. (2012). Rethinking the emotion. *Neuron, 73*, 653 – 676.

LeDoux, J. (2002). *Synaptic self: How our brains become who we are.* New York: Penguin Books.

Leenarts, L. E., Diehle, J., Doreleijers, T. A., Jansma, E. P., & Lindauer, R. J. L. (2013). Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: A systematic review. *European Child and Adolescent Psychiatry, 22*, 269 – 283.

Lichtenberg, J. D., Lachmann, F. M., & Fosshage, J. L. (1992). *Self and motivational systems: Toward a theory of psychoanalytic technique.* Hillsdale, NJ: Analytic Press.

Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101*, 141–149.

Linehan, M. M., Bohus, M., & Lynch, T. R. (2007). Dialectical behavior therapy for pervasive emotion dysregulation: Theoretical and practical underpinnings. In J. Gross (Ed.), *Handbook of Emotion Regulation* (pp. 581–605). New York: Guilford Press.

Lusk, M.W. (1989). Street children programs in Latin America. *Journal of Sociology and Social Welfare 16*, 55 – 73.

Luxenberg, Spinazzola, & van der Kolk (2001). Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part I: Assessment. *Directions in Psychiatry, 21*, 373-393. Long Island City, NY: The Hatherleigh Company, Ltd. Retrieved from http://www.traumacenter.org/products/pdf_files/ DESNOS.pdf

Maroda, K. J. (2010). Redefining regression: Facilitating therapeutic vulnerability. In *Psychodynamic Techniques: Working with Emotion in the Therapeutic Relationship* (pp. 56-81). New York: The Guildford Press.

Matsumoto, D. (2009). *The Cambridge dictionary of psychology*. New York: Cambridge University Press.

Mennin, D. S. (2004). Emotion regulation therapy for generalized anxiety disorder. *Clinical Psychology and Psychotherapy, 11*, 17 – 29.

Mennin, D. S., Fresco, D. M. (2010). Emotion regulation as an integrative framework for understanding and treating psychopathology. In A. M. Kring, D. & M. Sloan (Eds.), *Emotion Regulation and Psychopathology* (pp. 356–379). New York: Guilford Press.

Mennin, D. S., Heimberg, R. G., Turk, C. L., & Fresco, D. M. (2002). Applying an Emotion Regulation Framework to Integrative Approaches to Generalized Anxiety Disorder.*Clinical Psychology, 9*(1), 85–90.

Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought*. New York: Basic Books.

Özalpuk, B. (2006). *Sokakta Çalışan Çocuklar (Diyarbakır Örneği)* (Yayınlanmamış yüksek lisans tezi). Ege Üniversitesi Sosyal Bilimler Enstitüsü, İzmir.

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: How “states” become “traits.” *Infant Mental Health Journal, 16,* 271–291.

Ross, C. A. (1997). *Dissociative identity disorder.* USA: Wiley & Sons.

Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). *Collaborative treatment of traumatized children and teens.* New York: Guildford Press.

Schore, A. N. (2009). Relational Trauma and the Developing Right Brain. *Annals Of The New York Academy Of Sciences, 1159,* 189 – 203. doi:10.1111/j.1749-6632.2009.04474.x

Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: the central role of affect regulation in development and treatment. *Clinical Social Work Journal, 36*(9), 9–20.

Schore, A.N. (2005). A neuropsychoanalytic viewpoint: Commentary on paper by Steven H. Knoblauch. *Psychoanalytic Dialogues, 15,* 829-854.

Schore, A.N. (1994). *Affect regulation and the origin of the self.* New Jersey: Erlbaum.

Steiner, H., Silverman, M., Karnik, N. S., Huemer, J., Plattner, B., Clark, C. E., Blair, J. R., & Haapanen, R. (2011). Psychopathology, trauma and delinquency: Subtypes of aggression and their relevance for understanding young offenders. *Child and Adolescent Psychiatry and Mental Health, 5*(21), 1–12. Retrieved from http://www.capmh.com/content/5/1/21.

Stern, D. (1985). *The interpersonal world of the infant*. London: Karnac Books.

Stolorow, R. D. (2010). My long-distance friendship with Heinz Kohut. International *Journal of Psychoanalytic Self Psychology, 5*, 177–183. doi: 10.1080/15551021003610067

T. C. Ministry of Family and Social Policies (2014). *Child services: 2014 December end of year statistics.* Retrieved from http://cocukhizmetleri.aile.gov.tr/istatistikler

Thomas de Benitez, S. (2007). *State of the World's Street Children: Violence. Consortioum for Street Children*. UK: Great Britain.

Turkish Statistics Institution (2014). *Statistics on Child*. Ankara, Turkey: Turkish Statistical Institute Printing Division.

Tweed, A., & Charmaz, K. (2012). Grounded theory methods for mental health professionals. In D. Harper, A. R. Thompson (Eds.), *Qualitative Research*

Methods in Mental Health and Psychotherapy (pp. 131–146). United Kingdom: John Wiley & Sons.

van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma* [Kindle DX version]. New York: The Penguin Group. Available from http://amzn.com/B00G3L1C2K

van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35*(5), 401–408.

van der Kolk, B. A. (1989). The compulsion to repeat the trauma: Re-enactment, re-victimization and masochism. *Psychiatric Clinics of North America*, 12(2), 389–411.

Waddell, M. (1998). *Inside lives: Psychoanalysis and the development of personality.* Great Britain: The Red Books.

Werner, K.W. & Gross, J.J. (2010) Emotion regulation and psychopathology: A conc eptual framework. In Kring, A. & Sloan, D. (Eds.), *Emotion Regulation and Psych-opathology*. The Guilford Press, New York.

Wingert, S., Higgitt, N., & Ristock, J. (2005). Voices from the margins: Understanding street youth in Winnipeg. *Canadian Journal of Urban Research, 14*(1), 54 – 80.

Youell, B. (2006). *The Learning Relationship: Psychoanalytical Thinking in Education.* London: Karnac Books.

Zulueta, F. (2006). The treatment of psychological trauma from the perspective of attachment research. *Journal of Family Therapy, 28*, 334 – 351.

APPENDICES

A. Demographic Information Form

Rumuz:

Yaş:

Şu anda yaşadığınız şehir:

Doğduğunuz şehir:

Hayatınızın çoğunluğunu geçirdiğiniz şehir:

Okula devam ediyor musunuz? (Evet ise) Kaçıncı sınıf?

Ne kadar zamandır Ağaçlı ÇOGEM'de yaşıyorsunuz?

Ne kadar zamandır SOYAÇ (MaltepeÜniversitesi) etkinliklerine katılıyorsunuz?

Ailenizle görüşüyor musunuz? (Evet ise) Ne sıklıkla?

Ağaçlı ÇOGEM'den çıktığınız zamanlarda neler yapıyorsunuz?

Ağaçlı ÇOGEM'den çıktığınız zamanlarda gece nerede kalıyorsunuz?

B. Emotion Regulation Group Manual for Boys with Street Experience

Session One

Welcome to the Group

Note: Project coordinators from SOYAÇ and instructors from the boys' facility will be invited to participate in the first part of this opening session. The purpose of including the care givers is to: 1) engage them in the process of providing services for their children; 2) give them a real sense of how the group will work for and with their children; and 3) demonstrate, for the children, that their care givers support their participation in the group.

Goals/Expected Outcomes

Goals:

1. To set a safe and welcoming tone for the group.
2. To give children permission to talk about violence in their families if they desire.
3. To establish group norms for participants.

Expected Outcomes:

1. Children will feel comfortable with group leaders and other children.
2. Children will understand the structure of the group.
3. Children will understand, in general, the issues to be addressed in the group.
4. The topic of violence in families will begin to become more acceptable to talk about.

Outline

Welcome everyone to the group

1. Leaders introduce themselves.

2. Children are asked to introduce themselves by name, and to say if they could be an animal, what kind would they like to be, and why?
3. Leaders note that care givers will be sitting in for the first part of this session so that they will have an idea of what kinds of things children will be working on and so we can all be sure that they have given their permission for kids to take part in the group.
4. Leaders say a few words about the group: We will meet every week at this time for 10 weeks. Each session will last 1 hour. There will be a "check in" and "check out" of every session.

Exercises:

Big Puzzle

Leaders prepare a big puzzle from cardboard assuring there is a piece for each participant and for the leaders. Each receives a piece of the puzzle and is asked to write their name and something they are good at. If time permits, children can decorate their puzzle piece. Everyone puts the puzzle together and shares their puzzle piece

Group Norms and Rules

1. Establish rules for the group. Invite children to call out rules for the group that they think would be good to have agreement on. Start a list on a flip chart.
2. If not mentioned, the following rules should be added: No physical or verbal abuse or coercion. Respect for the opinions, feelings and personal space of others. Confidentiality (unless safety is a question) – things said in the group will stay in the group. Only one person speaks at a time. Pay attention to the person speaking and we don't interrupt. Respect one another and talk to each other in ways that make others feel good rather than bad. Every member of the group has the right to speak or not to speak, draw or not the draw, take part in the activities or not take part in the activities. If a member(s) chooses

not to talk or participate in an activity, the member(s) will sit quietly and pay attention to the others in the group.

3. Make sure all the children understand the rules. Give examples of how each rule works. Have children put their signature at the bottom of the rules list.

Check Out

1. Explain that checkout will happen at the end of each group. Children can participate or not.
2. Each child is invited to say what they liked or didn't like about the group.
3. Each child is invited to say anything else they feel like saying.

Check In

1. Explain check in will happen at the beginning of each session. It gives children a chance to talk about how their past week has been and how they are feeling. Ask kids to say one thing that happened during the week that was "thumbs up" (positive, enjoyable, good, etc.) and one thing that was "thumbs down" (negative, unpleasant, bad, etc.). Children can pick which to mention first, but they don't have to offer anything although the group would like to hear about their week.

Materials

Cardboard/Posterboard, Markers, Flip chart, Buttons, Clay, Paper

Session Two

Feelings

Goals/Expected Outcomes

Goals:

1. To introduce and begin to explore feelings.

Expected Outcomes:

1. Children will have an increased ability to identify feelings.
2. Children will understand that feelings are okay.
3. Children will have an increased understanding of different kinds of feelings.
4. Children will have an increased ability to express feelings.

Outline

Check In

1. Group leader re-explains the purpose of check in as set out in session #1.
2. Children invited to check in.
3. Review rules of the group.
4. Group leader introduces the subject for this session, saying in general that the group will be working on feelings - what they are, how we can tell what we are feeling and how we can act with our feelings.

Exercises: Introduce Gingerbread Boy with mouths X'ed Off

Introduce larger ready-made gingerbread kid drawing that is drawn with eyes, nose and an open mouth. Leaders will create a removable 'X' that fits over the mouth. Discuss that one way to relieve heavy emotions is to let them out, to tell. Ask children "What does this kid want to say that he/she can't say?" The gingerbread kid will be the 'mascot' of group. Children can use the kid as a

vehicle to say something they're scared to say in future sessions. Ask if anyone has a feeling that they'd like to talk about right now. If so, have them take the X off the mouth of the gingerbread kid and speak. Ask if anyone else has ever had that feeling or one like it. Ask what do they do when they have that feeling – look for internal or relational activities that provide soothing.

Check Out

Materials

Flip Chart, Markers, Paper, Boxes, Glue, Scissors. Arts and Crafts supplies, Feelings Cards, Larger ready-made gingerbread Boy/Girl with mouth X-ed off drawing

Session Three

Feelings

Goals/Expected Outcomes

Goals:

2. Continuing different emotions and how to identify them in themselves or others.

Expected Outcomes:

5. Children will have an increased ability to identify feelings.
6. Children will understand that feelings are okay.
7. Children will have an increased understanding of different kinds of feelings.
8. Children will have an increased ability to express feelings.

Outline

Check In

5. Group leader re-explains the purpose of check in as set out in session 2.
6. Children invited to check in.
7. Review rules of the group.
8. Group leader introduces the subject for this session, saying in general that the group will be working on feelings – what they are, how we can tell what we are feeling and how we can act with our feelings.

Exercises:

Iceberg

- Draw a picture of an iceberg on a flipchart (or hand out), noticing that about 90% of the ice is underwater. Relate this to feelings, noting that sometimes we only show a small amount of our feelings. Share some stories that are examples of this (sharing and not sharing feelings stories).

Me Box

- Have children decorate the outside of a box to show how they usually look to other people, especially what kind of feelings they show. Then have children decorate the inside of the box and talk about inside feelings and how they are different than or the same as what they show on the outside.

- "How do you see yourself on the outside, how to you really feel on the inside."
- Can be done relationally – "what would the box look like when you are alone?," "if some one came up to you when you were alone what would they see?," "what does the box look like when you are with your mother (outside and inside)?"
- Boxes can have other themes: secret box, wish box.
- Place different things inside the box – notion of the boxes being "full" what to choose to keep, where to place other feelings.
- Think about what child's mother's box would look like – relational aspect, what she shows on the outside and thinks about/feels on the inside etc.

- To use the box more than once, use paper in-lays for each exercise.

CheckOut

Materials

Flip Chart, Markers, Paper, Glue, Arts and Crafts supplies, Ready-made opened up cubes made of cardboards in different colors

Session Four

Talking about Abuse/Violence

Goals/Expected Outcomes

Goals:

1. To create a safe environment to talk about violence and abuse.
2. To introduce different kinds of feelings, inside and outside feelings.
3. To give children ways to cope with stress and tension associated with violence and abuse.

Expected Outcomes:

1. Children will feel comfortable with group leaders and other children talking about violence and/or abuse.
2. Children will understand that there are different kinds of feelings, ones people can see and others that are kept to themselves.
3. The secret of violence in families will begin to be broken.
4. Children will have increased ability to self soothe and have knowledge of relaxation techniques.

Outline

Check In

1. Children invited to check in.
2. Group leader introduces the subject for this session

Exercises:

Body Traces

- One group leader is invited to lie on the floor on a big piece of paper. The other group leader uses a magic marker to trace her body. This body tracing will be used in subsequent groups.
- Invite children to talk about and name different kinds of violence. Have the children say whether that kind of violence can cause inside hurt, outside hurt, or both inside and outside hurt. A group leader can start off with an example or two.
- Write the children's comments on the body trace.
- Make cartoon bubbles to create words/language.

Relaxation Exercises

- When discussing abuse, end with relaxation exercises. Talking about violence and abuse can affect how we feel, making us tense and worried. Invite children to participate in the following exercises that can help them feel a little more relaxed. The exercises are drawn from Life on the Edge by Drs. Ofra Ayalon and Muli Lahad (translated here by Dr. Ilana Amrani-Cohen). It is designed to help children develop skills for adjusting to stress due to security dangers and threats of war. It can be done in a playful way.
- For the arms and shoulder muscles: Think of yourself as if you are a lazy cat, stretching slowly. Stretch your arms forward, them up above you head, then raise your shoulders and let your hands fall slowly to your sides.
- For your shoulders and neck muscles: You are now a tortoise, stretching on a rock, calm and peaceful. Suddenly the tortoise feels danger. It sticks its head deep inside its armor. Try to pull your shoulders up to your ears and push

your head down towards your shoulders as much and as forcefully as you can. The danger has passed! You can now get out of the armor and continue to enjoy the sun on your rock.

- For the face muscles: Stretch your face from ear to ear in a big smile. Imagine that on your nose is a fly. Try to remove the fly without using your hands, by moving your nose and your face muscles. The fly has flown away and your face can rest again.
- For the belly muscles: A little elephant is approaching and in a moment will step on your belly. Prepare your belly for the pressure of the little elephant. Stretch your belly muscles as hard as you can. The elephant has left and the belly can now be relaxed.
- For the leg muscles: Imagine you are stepping with your bare feet in the mud. Try to reach your foot as deep as you can into the mud. Now, push your feet with your calves until you succeed in getting out of the mud without slipping. The feet are now relaxed and the feeling is pleasant.

Check Out

Materials

Large piece of paper, Markers, Tape

Session 5

Safety

Goals/Expected Outcomes

Goals:

1. To open up the topic of sense of safety, lack of safety and the associated experiences of family violence .

2. To identify existing sources of emotional and relational soothing that have transformed the sense of unsafety to safety in the past.
3. To provide the tools that would be helpful in creating a sense of long-term safety within themselves and between themselves and family members.

Expected Outcomes:

1. Children will begin to talk about the topic of feeling safe and unsafe.
2. Children will learn skills to increasing sense of safety.

<u>Outline</u>

Check In

1. Children invited to check in.
2. Group leader introduces the subject for this session. Discuss how everybody in group is there because violence in the family/household occurred. Children probably felt scared and/or unsafe if parents were fighting. And other things may also sometimes be scary, too. What are some things kids have found scary? What's one thing that used to scare them but doesn't anymore? And how did it change? (Probe for things that parents or other adults did/said to help "it" be not scary anymore, or things they did themselves).

Exercises:

Safe Place Drawing

Draw a picture of what makes you feel safe or a safe place. Or create a 3-D project instead. Create something that makes you feel safe (use textiles, like a safety blanket-or other crafty materials). Children can put this drawing or creation in their "Me" box to help contain that safety. Children can then discuss with the group what makes them feel safe. And how does their mom help them

feel safe when they're scared? Relate safety objects to feelings. How does your drawing make you feel? Use feeling cards.

Safety Tools

Discussion can lead to brainstorming about standard safety protocols. Telling a parent, calling 9-1-1, calling the police, telling the teacher, etc. Write list down on flip chart.

Check Out

Materials

Flip Chart

Markers

Crayons

Craypas

Collage materials

Fabric

Arts and crafts materials

Sheets of Felt

Feeling cards

Session Six

Awareness and Identification of Different Emotions

Goals/Expected Outcomes

Goals:

1. To explore and identify different kinds of feelings.
2. To identify different degrees of feelings and what we do when we have strong feelings.
3. To recognize and identify other's feelings.
4. To explore ways to feel better when not feeling good.

Expected Outcomes:

1. Children will have an increased ability to identify different kinds of feelings.
2. Children will understand that there are different kinds of feelings with different expressions.
3. Children will have an increased ability to identify other's feelings.
4. Children will have an understanding of different ways to feel better and manage strong feelings.

Outline

Check In

1. Children invited to check in.
2. Group leader introduces the subject for this session.

Exercises:

Statement Bucket

- Pass around a bucket with statements rolled up on pieces of paper inside. Children choose a piece of paper and read the statement, finishing it in their own way. Invite discussion among the children.
- Statements could include the following: I wish my family didn't……, I wish my family would….., When I get home from school……, Being a kid can be really cool because kids get to……, One thing that makes being a kid hard is….If I could go anywhere I wanted to, I would….., When I hear adults yelling I….., I feel really great when….., I feel really lousy when…..living in the shelter here is hard sometimes because…

Check Out

Materials

Large piece of paper

Paper

Pencils

Markers

Tape

Bucket/large container

Flip chart

Session 7

Asking children about emotions – Managing difficult emotions

Goals/Expected Outcomes

Goals:

1. To introduce and begin to explore and identify different kinds of feelings.
2. To identify different degrees of feelings and what we do when we have strong feelings.
3. To recognize and identify other's feelings.
4. To explore ways to feel better when not feeling good.

Expected Outcomes:

1. Children will have an increased ability to identify different kinds of feelings.
2. Children will understand that there are different kinds of feelings with different expressions.
3. Children will have an increased ability to identify other's feelings.
4. Children will have an understanding of different ways to feel better and manage strong feelings.

Outline

Check In

1. Children invited to check in.
2. Group leader introduces the subject for this session.

Exercises:

Emotion Faces

- Show other emotion faces cards and ask what they think they are feeling and thinking.

- Make labels of feelings, name them, concretize them, and talk about them.

Check Out

Materials

Emotional expressions

Cards

Session 8

Managing difficult emotions

Goals/Expected Outcomes

Goals:

1. To introduce and begin to explore and identify different kinds of feelings.
2. To identify different degrees of feelings and what we do when we have strong feelings.
3. To recognize and identify other's feelings.
4. To explore ways to feel better when not feeling good.

Expected Outcomes:

1. Children will have an increased ability to identify different kinds of feelings.
2. Children will understand that there are different kinds of feelings with different expressions.
3. Children will have an increased ability to identify other's feelings.
4. Children will have an understanding of different ways to feel better and manage strong feelings.

Outline

Check In

1. Children invited to check in.
2. Group leader introduces the subject for this session.

Exercises:

The Thermometer

- Show large drawing of a thermometer illustrating degrees of anger with space to one side of the thermometer.
- What does anger look like? Give children a variety of different faces with different levels of angry faces. Help them match the intensity of the anger shown with the degrees of anger on the thermometer and invite them to paste the face on the sheet next to the right spot on the sheet.
- Invite children to make sounds that match the different degrees of anger shown on the thermometer sheet.

What do we do when we're angry?

- Ask children and make a list of the things we do when we're angry: yell, cry, hit, sulk, talk to someone, reflect on what happened, etc.
- Explore which are better ways to handle anger and which are not so great, and why.

Check Out

Materials

Large piece of paper, other paper, pencils, markers, tape, bucket/large container, flip chart, emotion Faces Cards, thermometer drawing for each boy

Session Nine

Separation - Individuation

Goals/Expected Outcomes

Goals:

1. To review past sessions - what children learned about themselves, their family, emotions, etc.

Expected Outcomes:

1. Children will be able to reflect upon what they have learned and how they can use this information in present and future.

Outline

Check in

1. Children invited to check in.
2. Group leader introduces the subject for this session. Discuss that this is last session and will reflect on past sessions. Have a party for the group!

Snack

Exercises:

Big Puzzle

Revisit cardboard puzzle from first session. Same exercise but everybody writes down what they learned on a puzzle piece. Reflect on the entire picture when it is done.

Check Out

Materials

Paper

Markers

Cardboard/Posterboard

C. Curriculum Vitae

Adı Soyadı: İpek Güzide Pur

Web sitesi: www.ipekpur.com

E-posta: info@ipekpur.com

Öğrenim Durumu:

Derece	**Bölüm/Program**	**Üniversite**	**Yıl**
Lisans	Psikoloji	Orta Doğu Teknik Üniversitesi	2006
Y. Lisans	Klinik Psikoloji	Orta Doğu Teknik Üniversitesi	2009
Doktora	Klinik Psikoloji	Orta Doğu Teknik Üniversitesi	2015

Yüksek Lisans Tez Başlığı ve Tez Danışmanı :

Cinematherapy for Alcohol Dependent Patients (Alkol Bağımlıları için Sinematerapi). Prof. Dr. Faruk Gençöz, Orta Doğu Teknik Üniversitesi, Psikoloji Bölümü.

Doktora Tezi/S.Yeterlik Çalışması/Tıpta Uzmanlık Tezi Başlığı ve Danışmanı :

Emotion Regulation Intervention for Complex Developmental Trauma: Working with Street Children (devam etmekte). Prof. Dr. Faruk Gençöz, Orta Doğu Teknik Üniversitesi, Psikoloji Bölümü.

Görevler:

Unvanı	**Görev Yeri**	**Yıl**
Öğr. Gör.	Kavram Meslek Yüksekokulu	2008 - 2009
Öğr. Gör.	Maltepe Üniversitesi	2009 - 2010
Uzm. Psk.	Özel Boylam Psikiyatri Hastanesi	2012 - 2013
Yarı Zamanlı Öğretim Elemanı	Maltepe Üniversitesi	2013 - 2014
Uzm. Psk.	İstanbul Kalkınma Ajansı	2015
Uzm. Psk.	Ekol Psikolojik Danışmanlık	2014 - Halen

Projeler:

Uzman Klinik Psikolog (2015) – İstanbul Kalkınma Ajansı tarafından desteklenen Maltepe Üniversitesi SOYAÇ ve Sultanbeyli Kaymakamlığı ortak projesi: Gençler için Gençlerle.

Uygulamacı (2014) – Maltepe Üniversitesi SOYAÇ ve Maltepe Çocuk ve Gençlik Ceza İnfaz Kurumu tarafından ortak yürütülen infaz koruma memurları için Psikososyal Destek Projesi.

Uygulamacı (2013-2014) – Maltepe Üniversitesi SOYAÇ ve Aile ve Sosyal Politikalar Bakanlığı tarafından yürütülen Çocuklarla Birlikte Projesi.

Uygulamacı (2010) – Maltepe Üniversitesi Sokakta Yaşayan ve Çalışan Çocuklar için Araştırma ve Uygulama Merkezi (SOYAÇ) ve Çocuklara Yeniden Özgürlük Vakfı tarafından yürütülen Yeniden Özgürlük Projesi.

Bilimsel ve Mesleki Kuruluşlara Üyelikler :

Türk Psikologlar Derneği

Kognitif ve Davranış Terapileri Derneği

Ödüller :

Orta Doğu Teknik Üniversitesi, Psikoloji Lisans Programı, Yüksek Şeref Öğrencisi, 2006.

Orta Doğu Teknik Üniversitesi, Klinik Psikoloji Yüksek Lisans Programı, Yüksek Şeref Öğrencisi, 2009.

Orta Doğu Teknik Üniversitesi, Klinik Psikoloji Doktora Programı, Yüksek Şeref Öğrencisi, 2015.

TÜRKİYE Bilimsel ve Teknolojik Araştırma Kurulu, Bilim İnsanı Destekleme Programı, Yurtiçi Yüksek Lisans Bursu, 2006 – 2008.

TÜRKİYE Bilimsel ve Teknolojik Araştırma Kurulu, Bilim İnsanı Destekleme Programı, Yurtiçi Doktora Bursu, 2010 – 2015.

Son iki yılda verdiği lisans ve lisansüstü düzeydeki dersler:

Akademik Yıl	Dönem	Dersin Adı	Haftalık Saati		Öğrenci Sayısı
			Teorik	Uygulama	
2013-2014	Güz	Research Methods	3	0	37
		Statistics	2	0	37
	Bahar	Behavior Disorders	3	0	16

YAYINLAR

Uluslararası hakemli dergilerde yayınlanan makaleler (SCI & SSCI & Arts and Humanities):

Uluslararası diğer hakemli dergilerde yayınlanan makaleler:

Pur, İ. G. (2014). Emotion regulation intervention for complex developmental trauma: Working with Street children. Procedia - Social and Behavioral Sciences Journal. Paper presented at the 5th World Conference on Psychology, Counseling and Guidance: Dubrovnik, Croatia. Elsevier, doi:10.1016/j.sbspro.2014.12.471

Uluslararası bilimsel toplantılarda sunulan ve bildiri kitabında (Proceedings) basılan bildiriler:

Yazılan uluslararası kitaplar veya kitaplarda bölümler:

Ulusal hakemli dergilerde yayınlanan makaleler:

Ulusal bilimsel toplantılarda sunulan ve bildiri kitaplarında basılan bildiriler:

Pur, İ. G. (2010). Sinematerapinin Alkol Bağımlılığı Tedavisinde Ek Bir Teknik Olarak Kullanımı. 4. Psikoloji Lisansüstü Öğrencileri Kongresi'nde sunulmuş sözlü bildiri. Orta Doğu Teknik Üniversitesi, Ankara.

Pur, İ. G., Koçak, G., & Lajunen, T. (2006). Öfke ve Kaygı Bireylerin Trafikteki Davranışlarını Etkiler mi? Sürücü ve Yayaların Trafikteki Kaygı ve Öfke Seviyeleri Üzerine Bir Analiz. 14. Ulusal Psikoloji Kongresi'nde sunulmuş poster bildiri. Hacettepe Üniversitesi, Ankara.

Diğer yayınlar :

Pur, İ. G. (2014). Travmanın duygu düzenleme üzerine etkileri: Gençlerle grup çalışması. Maltepe Üniversitesi SOYAÇ ve Sultanbeyli Kaymakamlığı'nın düzenlediği Gençler için Gençlerle Sempozyumu'nda sunulmuş sözlü bildiri. Sultanbeyli Belediyesi Kültür Merkezi, İstanbul.

Pur, İ. G. (2008). "28 Gün" Adlı Filmin Psikolojik Analizi. *Psinema E-Dergi*. tarihinde http://www.psinema.org/dergi3/dergi.htm (9 Eylül 2008)

Pur, İ. G. (2008). "Rüya İçin Ağıt" Filmi ve Bağımlılık [Doç Dr. Kültegin Ögel and Uzm. Psk. Alper Aksoy ile Röportaj]. *Psinema: Sinema ve Psikoloji Dergisi, 3*. http://www.psinema.org/ dergi3/dergi.htm (18 Mart 2008)

D. Turkish Summary

BÖLÜM 1

GİRİŞ

Duygular hayatımıza anlam verir, ihtiyaçlarımızı ve hayatımızda değiştirmemiz gereken veya memnun olduğumuz alanları gösterir. Bu yüzden duygular, bizim için iyi olan yere giden yolu gösteren işaretlerdir fakat birçok insan duyguları, işlevsel yol işaretleri olarak kullanmak için gerekli becerilere sahip olmadıkları için duyguların altında ezilirler. Bu çalışmanın amacı, sokakta yaşamış ve/veya çalışmış gençlerin duygu düzenleme becerilerini araştırmak ve onlara yönelik bir "duygu düzenleme müdahale modeli" önermektir.

Sokak çocukları, ileri derecede travmatize olmuş bir popülasyondur. Bu popülasyonun yayın özellikleri, kendine zarar verme davranışları, suça eğilim ve madde bağımlılığı sorunlarıdır. Bu davranışlar, toplumda etiketlenmelerine ve dışlanmalarına sebep olmaktadır. Toplumun bu bakış açısı, onlar ile ve onlar için yapılan araştırmaların da literatürde marjinalleşmesine sebep olmuştur. Türkiye'de yapılmış sokak çocukları araştırmaları, çoğunlukla madde bağımlılığının medikal tedavisi ve sokak çocuklarının demografik özelliklerinin betimsel olarak incelendiği nicel araştırmalardan ibarettir (Bademci, 2012). Bu eğilimin tersine, sokak çocukları, ileri derecede kompleks gelişimsel travma belirtileri gösteren bir popülasyondur. Kompleks travma, tekrarlayan örüntüler halinde ihmal ve istismar içeren ebeveynlik sonucu çocuğun "yeterince iyi" bakım alamaması sonucunda çocuğun bütünleşmiş bir benlik bütünleşmiş bir benlik geliştirememesi durumudur (Schore & Schore, 2008; Saxe, Ellis, & Kaplow, 2007; Blaustein & Kinniburg, 2010). Kompleks travma, çocuğun hayatta kalması için gerekli, işlevsel duygu düzenleme becerileri geliştirmesini engeller.

Yakın zamanlı bir bağlanma temelli psikanalitik yaklaşım, duygu düzenlemeyi "bütün duyguları, altında ezilmeden ve bunalmadan, yaşayabilmek" olarak tanımlamıştır (Saxe ve ark., 2007, s. 230). Werner ve Gross (2010) duygu kavramını

beş ana özelliğini açıklamışlardır: (1) duygunun tetikleyicisi; (2) dikkat; (3) anlamlandırma; (4) tepki; (5) işlenebilirlik / esneklik. Duyguların işlenebilirlik özelliği, duyguların düzenlemesini gerekli ve mümkün kılmaktadır.

Duygu durum ise, daha durağan, belirli etkinlik, biliş, duygulanım ve ilişkisellik üzerine kurulu tekrarlayan kişisel deneyim örüntüleridir (Lichtenberg, Lachman, & Fosshage, 1992). Duygu durum, herhangi bir duyguya göre çok daha benlikle ve benliğin diğerleriyle kurduğu ilişkilerle bağlantılıdır. Saxe ve ark. (2007) duygu durumlarının üç unsurdan oluştuğunu öne sürmüştür: Farkındalık, duygulanım ve eylem. Bu unsurlar kısaca, duygunun farkına varılması, duygunun kendisi ve duygunun sebep olduğu davranışsal tepki olarak açıklanabilir.

Duygu düzenlemenin bozukluğu durumunda duygu ile başa çıkma ve duygunun işlenmesinde zorluklar açığa çıkar. Duygunun düzenlememesi, iki yönde de olabilir; duygulanımın aşırı yoğunluğu veya aşırı yoksunluğu/deaktivasyonu (Leahy, Tirch & Napolitano, 2011). Aşırı yoğun duygulanım panik, dehşet veya aciliyet hissini içerebilirken, aşırı yoksunluğu disosyatif yaşantılar, depersonalizasyon, derealizasyon, yarılma ve duygusal hissizleşme gibi yaşantılara sebep olabilir (Leahy ve ark., 2011).

Kompleks travmanın duygu düzenleme üzerine etkilerine bakıldığında, özellikle çocukluktan itibaren, uyarılmanın düzenlenememesi göze çarpmaktadır. Bu durum birçok şekilde açığa çıkabilir. van der Kolk (2015), kompleks travmanın mütabakat ile önerilmiş tanı kriterlerini sunmuştur. Bu kriterler 7 ana başlıkta özetlenmiştir: (1) Bakım verici sistem tarafından çocuk veya ergenin birden çok veya uzamış olaylar halinde olumsuz olaylara maruz kalması; (2) duygulanım ve fizyolojik düzensizlik; (3) dikkat ve davranış düzensizliği; (4) benlik ve ilişkisel düzensizlik; (5) travma sonrası stres belirtileri; (6) maruz kalma dışındaki belirtilerin en az 6 aydır var olması durumu; (7) işlevsellikte bozulmadır (van der, Kolk, 2015).

Kompleks travmanın duygulanım ile ilgili alt belirti grubuna bakıldığında, 5 ana alt belirti dikkat çekmektedir. Birincisi, korku, utanç, öfke gibi duyguların aşırı hale geldiği duygu durum hallerinin tolere edilmesi, düzenlenmesi ve o durumdan çıkılıp

sakinleşmede sorunlardır. İkincisi ise, uygu, yemek, ses-dokunma gibi uyaranlara tepkisellik gibi bedensel işlevlerin düzenlenmesinde sorunlardır. Üçüncü alt belirti, kendini sakinleştirmede işlevsel olmayan girişimlerdir (örn. Sallanma veya benzer ritmik hareketler, kompulsif mastürbasyon vs.). Dördüncü olarak, alışkanlıkla (bilinçli veya bilinçdışı) veya tepkisel kendine zarar verme davranışlarıdır. Beşinci duygulanım sorunu, amaca yönelik davranış başlatma veya sürdürmede zorluktur (van der Kolk, 2015).

Kompleks gelişimsel travma (Blaustein ve Kinniburgh, 2010) terimi van der Kolk (2005) tarafından "gelişimsel travma bozukluğu"; Saxe ve ark. (2007) "stres ve korku tarafından tetiklenen devresel bozukluk" olarak travma sonrası stres bozukluğu haricinde yeni bir bozukluk tanısı olarak önerilmiştir. Travma sonrası stres bozukluğu 2013 yılında yenilenen DSM-5 içinde artık "travma travma ile ilişkili bozukluklar" olarak bir ana başlık olmuş ve kaygı bozuklukları başlığı altından çıkmıştır, fakat halen, son 15 yıldır yoğun olarak araştırılmış kompleks travma kavramı DSM-5 tanı kriterleri kitabına girememiştir.

Kompleks travma oluşumunda birincil bakıcının çocuğu ihmal veya istismar etmesi ana rolü oynamaktadır. Çocuk, bir bakıcının ona yardımcı düzenleyici (co-regulator) olup duygu ve dürtülerini kontrol etmede ondan destek almaya ihtiyaç duyar. Bu "yardımcı düzenleyici" kendi duygu ve dürtülerini bebeğin duygu, dürtü ve ihtiyaçlarına göre ayarlar. Buna "duygulanım ayarlanması" denmektedir (Fonagy ve Target, 2002). Yardımcı düzenleyici olan bakıcı, çocuğun ihtiyaçlarını anlama ve ihtiyaçlarını giderme konusunda yetersiz kalırsa, "bağlanma travması" oluşmaktadır (Blaustein & Kinniburgh, 2010). Bağlanma travması sonucunda, çocuğun kendi dürtü ve duygularını fark edememesi, onları düzenleyememesi ve ifade edememesi durumu ise kompleks travmayı oluşturan alt başlıkların en önemlilerindendir. Çocuk güvenlik ve düzene kavuşamadığında, aşırı katı ve işlevsel olmayan duygu düzenleme stratejileri kurulmaya başlar. Bu durumda çocuk, dünyayı ve diğer insanları belirsiz, öngörülemez, tehlikeli olarak algılamaya başlar ve çaresizlik hissi bilişleri yönetmeye başlar (Crittenden & DiLalla, 1988).

Çocuğun erken gelişim döneminde, birincil bakıcısı ile arasında olan sözel olmayan iletişim onun sağ beynini etkiler (Schore ve Schore, 2008). Bakıcının ses tonu, mimikleri ve ortamın güvenliği gibi bakıcı ile bebek arasında olan sözel olmayan iletişim, bebeğin tehlike hakkında ipuçlarını kaydeder ve bu ipuçları ilerleyen yaşlarda otomatik olarak tetiklenir. Saxe ve ark. (2007), bu bilinçdışı tetiklenmeye "hayatta kalma devresi" demiştir.

Kompleks travma yaşayan kişilerin duygu düzenleme durumlarına yapılan terapötik müdahaleler incelendiğinde, yakın zamanlı bir gözden geçirme çalışmasında aşamalı yönlendirilmiş bir yaklaşımın daha etkili olduğunu bulmuştur (Leenarts, Diehle, Doreleijers, Jansma, & Lindauer, 2013). Önerilen müdahalede, dengeleme, travmatik anının çözümlenmesi, kişilik bütünlüğünün yeniden sağlanması ve rehabilitasyon aşamalarının olması gerektiği vurgulanmıştır.

Erken çocukluk dönemi ve bakıcı-bebek ilişkisinin önemi, bilinçdışı ilişkisel dinamiklerin kaydolup ileriki yaşlarda tetiklenmesi ve aşamalı bir yaklaşıma duyulan ihtiyacın ortak varış noktası bağlanma odaklı ve sistemik bir müdahale modeli geliştirilmesi olmuştur. Bağlanma odaklı psikanalitik bir kuram olan "nesne ilişkileri kuramı" birçok müdahalenin temelini oluşturmaktadır.

Bowlby'nin (1969) bebeğin hayatta kalmasını sağlayan anneye bağlanma motivasyonunu ve bebeğin bu ilişki sayesinde çevreye uyum sağlamasını açıklaması ile bağlanma kuramının temelleri atılmıştır. Bowlby (1988) bebeğin annesi sayesinde kendilik ve diğerlerine dair içsel çalışma modelleri geliştirdiğini söylemiştir. Bu kuram, annenin bebeğine bir güvenli üs sağlayarak onun duygusal ve fiziksel olarak beslendiğini hissetmesini sağladığını söyler. Bebek, anneden ayrılacağını hissettiği her an "ayrılma anksiyetesi" yaşar (Bowlby, 1988). Bowlby'ye göre hayattaki kaygıların birçoğunun temelinde bu anneden "ayrılma anksiyetesi" yatar (Mitchell & Black, 1995). Ayrılmaya verilen öfke, üzüntü, panic gibi tepkiler psikolojik travma ile büyük benzerlik göstermektedir (Lindemann, 1944, Zulueta, 2006).

Freud, kişinin yaşadığı duyguları diğer bir kişiye yansıtması durumunun bir savunma mekanizması olduğunu söylemiştir. Klein, yansıtma mekanizmasını bir adım öteye

taşımıştır. Klein'a göre kişinin hayatındaki en temel duygu düzenleme zorluğu, saldırganlığın düzenlemesi ve kapsanmasıdır (Mitchell & Black, 1995). Eğer saldırganlık kapsanamazsa, kişi kendi içindeki "kötü" kısmı başka birisine yansıtarak o diğer kişiden nefret etmeye başlar. Buna Klein, "yansıtmalı özdeşim" demiştir (Mitchell & Black, 1995).

Bu çalışmada da kompleks travmanın duygu düzenleme kısmına müdahale amacıyla, iki bağlanma temelli terapi modeli temel olarak alınmıştır: Travma Sistemleri Terapisi (Saxe ve ark., 2007) ve Bağlanma, Düzenleme ve Yeterlilik Modeli (Blaustein ve Kinniburgh, 2010).

Travma Sistemleri Terapisi (TST), bir ofis-temelli, bireysel terapötik yaklaşımdır ve psikanalitik ve sistem perspektiflerindendir. TST, travmatik stresin, bir duygu düzenleme bozukluğu ve önceki düzenli duygu durumuna dönememe durumu olduğunu savunur. TST uygulayan terapist, bireyi öncelikle kendi bağlanma ve benlik gelişimi aşamalarına göre, yaşadığı sistem içinde değenlendirir; gerekli sistemler ile irtibat halinde bireye müdahale eder; ve aynı terapi modelini farklı ülkelerde de uygulayabilir (Saxe ve ark., 2007). TST'ye göre terapide kişinin 4 duygu durum hali bulunmalıdır. Bu duygu durum halleri şunlardır: (1) Düzenlenen hal (duyguların yönetildiği sakin durum); (2) Yüksek-devir hal (olumsuz yoğun duyguların tetiklendiği an ve düzenlenmenin bozulmaya başlaması); (3) Yeniden deneyimleme hali (kişinin duygu düzenleme kontrolünü tamamen yitirdiği, önceden yaşanan travmatik olaylar ile aynı duyguların açığa çıktığı durum); (4) Düzene geri dönme hali (sakinleşmeye, farkındalık sağlamaya ve düzenlemeye yeniden başlanılan an).

TST, terapistin her duygu halinde farklı müdahalelerde bulunmasını önermiştir. Birinci aşamada, düzenlenen haldeyken kişi yeni işlevsel duygu düzenleme becerileri öğrenebilir. En etkili beceri geliştirme müdahalesi bu basamakta olmalıdır. İkinci basamak olan yüksek-devir halde, terapist, kişinin yeniden deneyimleme haline girmesini önlemeye çalışır. Bu amaçla, önceki tetiklenmelerdeki durumları belirler ve duygusal farkındalığı arttırır. Bu aşamada, duygusal farkındalık ve duygu tanıma becerileri arttırılmalıdır. Üçüncü aşama olan yeniden deneyimlemede, terapistin rolü

travmatik deneyimlerindeki duygu ve biliş haline dönmüş olan kişinin kendisine veya başkalarına zarar vermesini önlemektir. Bu aşamada terapist, aileden veya diğer yardımcılardan destek alabilir. Kişi sakinken önceki yeniden deneyimleme anlarının konuşulması ve başarılı düzenleme girişimlerinin takdir edilmesi büyük önem taşımaktadır (Saxe ve ark., 2007).

Bir diğer bağlanma temelli duygu düzenleme terapi modeli, Bağlanma, Düzenleme ve Yeterlilik Modeli'dir (ARC, Blaustein & Kinniburgh, 2010). Bu modele göre müdahalede ilk adım, travmatik anının yeniden yaşanmasına sebep olan tetikleyicileri bulmaktır. İkinci adım ise, güvenlik-arama davranışları ve ihtiyaç giderme stratejilerini araştırmaktır. Üçüncü adım, erken yetersiz bakım vermenin gelişimsel bozukluklar üzerindeki etkisini anlamaktır. Travmatize olmuş çocuklar, olumsuz bir benlik algısına sahiptir. Çoğunlukla dil, dikkat ve konsantrasyon ile ilgili sorunlar yaşamaktalardır. Bu sorunlar, çocukların kendilerini olumsuz algılamalarına sebep olmaktadır (Blaustein & Kinniburgh, 2010).

ARC modelinin bağlanma bileşeni dahilinde, çocuğun rutin ve ritüeller geliştirmesine yardımcı olacak yapılandırılmış bir ortam verilmesi, bakıcının kendi duygu düzenlemesini yeterince iyi yapıyor olması ve çocuğun olumlu davranışları için takdir ve pekiştirme yapılıyor olması önemlidir (Kinniburgh et. al, 2005). Düzenleme bileşeni dahilinde yapılacak müdahaleler, duygular hakkında psiko-eğitim, duyguları tanıma, duygu ifadesi ve duygu düzenleme becerilerinin arttırılması amaçlarını taşımaktadır. Çocuğun gelişimsel yeterlilikleri, çeşitlik alanlar gözetilerek (duygusal, bilişsel, ilişkisel vb.) pekiştirilmelidir. ARC modelinin son bileşeni ise "travma deneyimi bütünleştirilmesidir". Bu aşamada, önceki aşamalarda edinilmiş yeni becerilerin hayata geçirilmesi hedeflenir. Aynı zamanda, travmatik anıların ve bu anıları hatırlatan tetikleyicilerin belirlenmesi kadar, kendilik algısı ve bilişleri üzerinde çalışılması bu aşamanın hedeflerindendir (Arvidson ve ark., 2011).

Sokak çocukları kavramı, kompleks travma belirtilerinin çoğunu gösteren bir popülasyon olarak literatürde geçmektedir. Aptekar (1994), sokak çocuklarının toplum tarafından melek ya da şeytan olarak etiketlendiklerini söylemiştir. Sokak çocuklarının ortaya çıkmasının sebepleri olarak, aile içi şiddet, ihmal, istismar, aile

patolojileri, fakirlik ve modernizasyon öne sürülmüştür (Aptekar, 1994; Bademci, 2015). UNICEF (2006) verilerine göre Türkiye'de 42000 sokak çocuğu bulunmaktadır. Aptekar (1994) sokak çocuklarının aslında çoğunlukla erkek çocuklar olduğunu bulmuştur. Kız çocuklarının seks işçiliği için kaçırılıp kullanılmaları, ev işlerinde daha çok ihtiyaç duyulmaları; erkek odaklı aileyapısı sonucu kız çocukların aileye daha bağımlı hale getirildiklerinden kaynaklı olabileceği öne sürülmüştür (Aptekar, 1994). Bademci (2015) kurum çalışanlarıyla yaptığı çalışması sonucu, kız çocuklarının daha çok sokaktan kaçırıldıkları bulgusuna rastlamıştır.

Sokak çocukları ile ilgili bir yanlış kanı, sokağa kaçmanın bir hata olarak görülmesidir. Aslında bir sokak çocuğunun sokakta yaşamaya başlaması, aile içindeki istismara çocuğun kendisi için bulduğu bir çözümdür (Aptekar, 1989; Blaustein & Kinniburgh, 2010; Bademci, 2015; Connoly, 1990). Her ne kadar sokakta şiddete maruz kalma ve evsiz olma durumları olsa da, sokak çocuklarının psikolojik dayanıklılıkları ile ilgili araştırma sonuçları dikkat çekicidir (Aptekar, 1994; Thomas de Benitez, 2007; Dybicz, 2005). Sokağa kaçmış çocukların, evde kalan kardeşlerine göre, şiddete karşı çok daha yüksek dayanıklılık gösterdikleri ve daha iyi bir ruh sağlığına sahip oldukları bulunmuştur (Thomas de Benitez, 2007).

Duyan'a göre, (2005), Türkiye'de sokak çocuklarının ilk ortaya çıkması 1950'lerdedir. Şehirleşme ve kapitalist sisteme hızla ayak uydurmaya çalışan ülke ekonomisinin çektiği zorluklar ve fakirlik sokak çocuklarının oluşmasına sebep olmuş olabilir. Türkiye'de şimdiye kadar sokak çocukları hakkında yapılmış araştırmalar iki ana yol izlemiştir. Birinci yol, sokak çocuklarının madde bağımlılık tedavileri üzerinedir. İkinci yol ise, sokak çocuklarının demografik bilgilerinin betimlendiği istatistiki araştırmalardır. Henüz alanda, sokak çocuklarının duygu düzenleme sorunları ve yaşamış oldukları kompleks travma hakkında bir farkındalık ve araştırma bulunmamaktadır. Bu bakımdan, bu doktora tezi araştırması Türkiye'de sokak çocukları alanında çalışanlara, dünyada bulunan etkililiği ispatlanmış örneklerden faydalanarak ülke kültürüne adapte edilmiş bir elkitabı sunarak ışık tutmayı ve bir psikolojik müdahale modeli önermeyi amaçlamıştır.

BÖLÜM 2

YÖNTEM

Katılımcılar

Çalışmaya 12 sokakta çalışmış ve/veya yaşamış genç katılmıştır. Katılımcılar, çalışma sırasında devlete bağlı çocuk ve gençlik merkezlerinde yatılı olarak kalmaktalardı. Katılımcı olarak, en az 1 yıldır Maltepe Üniversitesi Sokakta Yaşayan ve Çalışan Çocuklar için Uygulama ve Araştırma Merkezi'ne (SOYAÇ) gelmekte olan gençlerden istekli olanlar alınmıştır. En az 1 yıldır SOYAÇ'a gelmekte olan gençlerin alınmasının sebebi, gençlerin bu kurum ile güvenli bir bağ kurmuş olmaları ve ARC modelinin en temel bileşeni olan bağlanmanın alt amaçlarının sağlanmış olmasıydı.

Katılımcılar, 14-19 yaş aralığındaydı. Katılımcıların tamamının erkek olmasının sebebi, SOYAÇ'a en az 1 yıldır gelmekte olan katılımcıların tamamının erkek olmasıydı. Katılımcıların çoğunluğu açık ortaokul ve açık liseye devam etmekteydi. Sadece bir katılımcı genç, okuma yazma bilmiyordu. Katılımcı gençler, yaş grubuna göre iki farklı kurumdan gelmekteydi. Kurumlardan biri 18 yaşa kadar sokak deneyimi olan gençlerin yatılı kaldığı bir Çocuk ve Gençlik Merkezi'ydi (ÇOGEM). Diğeri ise, 18 yaş ve üzeri gençlerin yatılı kaldığı ve mesleki eğitimler aldığı İstanbul Büyükşehir Belediyesi'ne bağlı bir kurumdu. Grup 14-17 yaş aralığındakiler ve 18-19 yaş aralığındaki katılımcılar ile iki ayrı grup halinde yürütülmüştür.

Katılımcı gençlerin dışında grubun üyeleri, terapist, yardımcı terapist ve iki grup kolaylaştırıcısıydı. Grup kolaylaştırıcılar, psikoloji bölümü lisans 4. Sınıf öğrencileriydi.

Ölçüm Araçları

Değerlendirmenin önkoşulu güvene dayalı bir ilişki temeli oluşturulmasıydı. Sokak çocuklarının ileri derecede hassas durumları göz önünde bulundurulduğunda, değerlendirici ile aralarında öncelikle bir güven ilişkisinin kurulmasının önemi

büyüktü. Sonuç olarak, değerlendiricinin gençle kurduğu ilişkinin kendisi bir ölçüm aracı olarak görülmüştür (Zulueta, 2006).

Katılımcılara, duygu düzenleme müdahalesi (DDM) başlamadan önce uygulanmak üzere bir demografik bilgi formu oluşturulmuştur (Bkz. Appendix A). Bu form, yaş, eğitim düzeyi, aile ilişkileri gibi alanlardan bilgi toplama amacıyla ucu açık sorulardan oluşmuştur. Bu form haricinde, katılımcılara herhangi bir nicel değerlendirme yapılmamıştır.

Duygu düzenleme müdahalesi (DDM) için Saxe et. Al (2007) ve Blaustein ve Kinniburgh'un (2010) duygu düzenleme eğitimlerinden faydalanılmıştır. Buna ek olarak, Ackerman Enstitüsü Müdürü Peter Fraenkel ile kişisel iletişime geçilerek anneleri tarafından fiziksel istismar edilmiş çocuklar ve aileleri ile çalışan terapistler için geliştirilmiş elkitabının kullanımı ile ilgili izin alınmıştır (Fraenkel, Uphurand Huey, 2006). Bu elkitabı anneler ve çocukları ile yürütülen iki ayrı grup çalışmasının çocuklar ile uygulanan kısmını içermektedir. Bu çalışma kapsamında, Fraenkel ve ark.'nın (2006) elkitabı Türkçe'ye çevrilmiş, içindeki egzersizler ve oyunlar Türk kültürüne ve devlet koruması altında yaşayan sokak geçmişi olan çocuklar ve gençlere uygulanması amacıyla adapte edilmiştir (Bkz. Appendix B).

İşlem

Grup süreci toplam 12 hafta sürmüştür. Aynı elkitabı iki yaş grubuna ayrı ayrı uygulanmıştır. 14-18 yaş grubunda 8, 18-19 yaş grubunda 4 katılımcı olmuştur.

Grup çalışması başlamadan önce, iki hafta boyunca grup kolaylaştırıcısı psikoloji öğrencilerine grup kuralları, kompleks travma, duygu düzenleme ve bağımlılık gibi eğitimler almışlardır. Sonrasında uygulamanın ilk haftasında tanışma ve ısınma egzersizi uygulanmıştır. 2-9. Seanslar boyunca öncelikle ısınma konuşması, sonrasında 10 dakikalık bir haftanın konusu ile ilgili psiko-eğitim ve en son da grup egzersizi ve kapanış konuşması yapılmıştır. Son 2 hafta, özellikle ayrılma anksiyetesi ile baş etmek adına, gençlerle duygu düzenleme grubu bittikten sonrası için planları ve gelecek hakkında konuşulmuştur.

Veri Toplama Araçları ve Analiz

Veri toplama aşaması, DDM'den önce başlamış ve müdahale boyunca devam etmiştir. Veri şunlardan oluşmuştur:

- Grup kolaylaştırıcılar tarafından yapılan derinlemesine görüşmeler
- Seansların ses kaydı dökümleri
- Grup kolaylaştırıcıların tuttuğu gözlem raporları
- Terapistlerin süpervizyon raporları
- DDM egzersizlerinde üretilmiş el işleri ve resim, kutu gibi diğer ürünler.

Her seans sonunda terapistler ve grup kolaylaştırıcıların katıldığı bir grup süpervizyonu yapılmıştır. Bu süpervizyon sırasında, seansın ana temaları belirlenmiştir. Sonrasında grup kolaylaştırıcıları tarafından seansların ses kayıtlarının yazılı dökümü alınmış ve haftalık gözlem raporları yazılmıştır. Uygulama sonunda, tüm veriler bir araya getirilip içerik analizi uygulanmıştır. İçerik analizi sırasında, bir nitel analiz bilgisayar programı olan MAXQDA 11'den faydalanılmıştır.

Analiz yöntemi olarak bir tümevarımsal tematik analiz türü olan *temellendirilmiş kuram* (grounded theory) yöntemi seçilmiştir (Glaser & Straus 1967, aktaran Guest, Namey, & Mitchell, 2013). Temellendirilmiş kuram yöntemi, özellikle sokak çocuklarının yaşadığı kompleks travmanın çok hassas ve Türkiye için çok yeni bir konu olması sebebiyle seçilmiştir. Bu alanda Türkiye'de henüz yapılmış bir yayın yoktur. Dolayısıyla, bu çalışmada temellendirilmiş kuram kullanılarak çocukların sözlerinde yatan kuram araştırılmış ve onların ifadelerinin toplum tarafından duyulması amaçlanmıştır. Bu yöntem ile, yazılı metinler, resimler ve DDM'de üretilmiş el işlerinin fotoğrafları kod birimlerine çevrilmiştir. Bu kod birimleri, *devamlı karşılaştırma* tekniği (constant comparison) ile gözden geçirilmiş ve ana temalar belirlenmiştir. Temellendirilmiş kuram yönteminin temel amacı, yazılı verinin şeffaf ve güvenilir bir şekilde tematik hale getirilmesidir (Guest, MacQueen, & Namey, 2012).

BÖLÜM 3

BULGULAR

Bulgular bölümü iki kısımdan oluşmuştur. İlk kısımda, katılımcı gençlerin betimleyici özellikleri, sokakta yaşamaya giden gelişimsel yollar ve yaşadıkları kompleks travmanın duygu düzenleme boyutu detaylı şekilde sunulmuştur. İkinci kısımda ise, Türkiye'deki sokakta çalışan ve/veya yaşayan ve kompleks travma riski olan çocuk ve gençlerin duygu düzenleme sorunlarına müdahale için kullanılabilecek yeni bir müdahale modeli önerilmiştir.

3.1 Sokak Çocuklarının Psikolojik Yapısı: Kompleks Gelişimsel Travma

Katılımcıların çalışma sırasındaki duygusal işlevselliklerinin üç farklı tema çevresinde toplandığı bulunmuştur. Bunlar bağlanma sorunları, benlik ve duygu düzenleme sorunları ve yeterlilik inançlarındaki sorunlardır. Her başlık altında bireysel, grup ve sistem seviyesinde analiz yapılmıştır. Bireysel dinamiklerde çocuk veya gencin deneyimleri, grup seviyesinde anne-bebek ilişkisi veya terapist-çocuk ilişkisi incelenmiştir. Sistem seviyesinde ise gençlerin yaşamakta olduğu yurt, öğrenim gördükleri okul ve içinde bulundukları toplum ile ilgili temalar değerlendirilmiştir.

Bağlanma Sorunları

Bağlanma ile ilgili konular incelendiğinde, birincil bakıcı ile olan ilişkisinde çocuğun travmatik bağlanma yaşadığı görülmüştür. Travmatik bağlanmada en önemli unsurun, bakıcının kendi duygu düzenleme sorunları olduğu düşünülmüştür. Birincil bakıcının duygusal farkındalığının düşük olması, kendini sakinleştirme veya duygu toleransı gibi becerilerinin eksikliği çocuğu ile güvenli bir bağ kuramamasına sebep olmuştur. Çocukların birincil bakıcı tarafından istismar edilmeleri, çocukların aile hakkında konuşmaktan mutsuz olmalarına ve kaçınmalarına sebep olmaktaydı. Bir seansta, egzersiz kapsamında bir kutudan rastgele boşluk doldurma içeren cümleler çekerek doldurmalarının istendiği egzersiz sırasında gencin ***"bütün cümle tamamlama soruları aile hakkında mı?"*** diye sorması ve sonrasında görmeden

çekmesi gereken kağıtları tek tek açarak aile hakkında olmayan cümleler bulmaya çalışması dikkat çekiciydi. Bir diğer genç, şiddete maruz kalmakla ilgili bir konunun tartışıldığı seansta, 7 yaşındayken kahvaltı masasında kuzeniyle tartıştığı için annesi tarafından bıçaklandığını anlatması birincil bakıcı ile çocuk arasındaki travmatik bağlanmanın en çarpıcı örneğiydi.

Gençlerin hepsi ekonomik olarak dezavantajlı ailelerden gelmişti. Bazı aileler çocuğa, onun ihtiyaçlarını maddi olarak karşılayamadıklarını söyleyerek yurda bırakmışlardı. Gençlerin bazıları geçmişte zaman zaman sokakta aileleri tarafından çalıştırılmıştı, fakat sokakta çalıştırılmak evden sokağa kaçmaya doğrudan sebep olmuyordu. Daha çok, aile içi şiddet ve çocuğun özellikle birincil bakıcı ile olan istismar ve ihmale dayalı ilişkisinin evden kaçmaya sebep olduğu bulunmuştur. Bu konu, gençlerin güncel hayatlarında kendi duygu düzenleme stratejilerinden çok daha ön plandadır. Bu sebeple, bağlanma ilişkisi üzerine konuların açıldığı seanslarda gençlerin çok zorlandığı ve çeşitli savunma mekanizmaları yoluyla konu üzerine düşünmek ve konuşmaktan çekindikleri gözlenmiştir.

Sistem düzeyinde, çocukların travmatik bağlanma örüntüsünün bir devamını yurtta ve okulda da yaşadıkları bulunmuştur. Yurtta yöneticiler, sosyal servis çalışanları ve hatta bakıcılar tarafından fiziksel istismara uğradıklarını belirtmişlerdir. Gençler, bu örüntüye kendi ailelerinde içselleştirdiklerinden, şu an yurtta maruz kaldıkları istismarı hak ettiklerini düşünmekteydiler. Bir gencin gruptaki bir diğer arkadaşına bu konuda, ***“bak güzel güzel söyleseler de biz anlamıyoruz, o da bizi dövüyor. Anca böyle anlıyoruz”*** demesi dikkat çekici olmuştur. Bir diğer genç de bu konuda, “ben yataktan kalkmadığım için beni yere fırlatıyor... şaka yapıyor aslında” demesi de fiziksel istismarı hak ettiğini ve aslında bunun ciddi bir davranış olmadığına dair bir düşünceyi yansıtmıştır. İstismarın bu şekilde içselleştirilmesi, gençlerin yaşıtları ve kendilerinden yaşça küçüklere de fiziksel istismar uygulamalarına sebep olmaktadır.

Sistem içinde çocukların sürekli bir belirsizlik içinde yaşadıkları bulunmuştur. Bu belirsizlik özellikle, kurumda kuruma götürülme konusunda açığa çıkmaktadır. Örneğin bir genç, ***“bana hastaneye götürüyoruz seni dediler, söyleselerdi bari eşyalarımı da alırdım”*** şeklinde bir kurumda diğer kuruma gece vakti, habersiz ve

önceden hiçbir uyarıda bulunulmadan götürülmesi, kurum ile çocuklar arasında oluşmuş travmatik bağlanmanın sebeplerinden en önemlisidir.

Çocuk ve gençlerin kaldığı yurtların şehir merkezinde en az 2 saat uzaklıkta olması dikkat çekicidir. İki yurt da, küçük bir bahçe içinde, rehabilitasyon amacıyla kurulmuştur, fakat şu anda çocukların şehirden uzak tutulmasından başka herhangi bir amaca hizmet etmemektelerdir. Gençler, toplumun onlardan kurtulmak istediği için bu şekilde uzak yerlerde yurtlar yapıldığını düşünmektelerdir. Şehir merkezinde olan tek yurdun da İstanbul'un ekonomik olarak dezavantajlı, yasal olmayan maddelerin ticaretinin ve cinsel işçiliğin yoğun olarak yapıldığı bir bölgede olması da çocuklara, sistemin onları umursamadığını ve toplumun iyiliği için onları ***"kurban ettiği"***ni hissettirmektedir. Gruptaki bir gencin küçük kardeşinin beklenmedik bir şekilde, şehir merkezindeki bu uygunsuz mahalledeki yurda gönderilmiş olmasıyla ilgili genç, ***"kardeşim oraya gönderildi, onu kurban ettiler"*** demiştir.

Sistemle ilgili bir diğer konu yaşadıkları yurtlarda gençlerin hissettiği boşluk ve sıkıntı duygusudur. Bu kurumlarda, gençlerin sadece temel bakımları sağlanmaktadır. Herhangi bir rehabilitasyon aktivitesi bulunmamaktadır. Bir genç bunu, "okula gitmeyenler sadece oturuyor. Başka hiçbir şey yok... Sadece okul ve SOYAÇ" şeklinde ifade etmiştir. Bu boşluk, gençlere anlamsızlık ve değersizlik hissettirmekte ve yurttan sokağa kaçmalarına sebep olmaktadır.

"Yurttan kaçınca dünya benim."

Gençlerin öğrenci olmaları hayatlarında büyük bir fark yaratmaktadır. Özellikle okuma yazma bilmeyen gençlerin DDM'de kendilerini ifade etmekte çok zorlandıkları ve çekingen kaldıkları gözlenmiştir. Bu durumda, özellikle utanç duygusu şeklinde fark edilmektedir.

"Boşluk doldurma cümlesini çektikten sonra onun için ben okudum. Sırası gelmeden hemen önce bana baktı ve bir şey demek onun için okumamı istediğini anladım. Gülümsedim ve başımla onayladım. O da gülümseyerek teşekkür etti. Hiç konuşma geçmedi" (Bir grup kolaylaştırıcısının raporundan).

Bütün sistemle ilgili anlamsızlık, belirsizlik ve pekiştirilen değersizlik inancı sayesinde gençler kurumlar ile bir güvenli bağ kuramamaktadır. Bir gencin güvenli yer egzersizinde, "benim güvenim yerim sokak... Eğer orası da güvenli değilse, benim hiç yok" demesi dikkat çekicidir.

Duygu Düzenleme Sorunları

Gençlerin duygu düzenleme sorunlarının temelinde, birincil bakıcılarının duygu düzenlemede yetersiz kalmaları ve bebeklik döneminden itibaren çocuğa bir yardımcı düzenleyicilik yapamamaları yatmaktadır. Gençlerin ebeveynleri ile olan ilişkilerinin ağır derecede olumsuz olduğu bulunmuştur. Yoğun ihmal ve istismara maruz kalmaları, gençlerin katı ve işlevsel olmayan duygu düzenleme stratejileri geliştirmelerine sebep olmuştur.

"Babam hep beni sokağa atardı; hep 'git başımdan' derdi".

Bazı gençler halen ailelerinden en az bir kişiyle iletişim halindelerdi, fakat bu devam eden ilişkinin de çocuğu örseleyici olduğu gözlenmiştir. Halen iletişimde olan aile üyelerinin de istismarcı ve çoğunlulukla madde bağımlılığı benzeri yasal olmayan işler içinde oldukları bulunmuştur. Sistemin bu bakımdan, çocukları korumakta yetersiz kaldığı açığa çıkmıştır.

"Babamı kendime örnek aldım. Her türlüsünü kullanırdı, ot içerdi, krize girerdi... Hepsini gördüm. Bunun içinde büyüdüm. Babam yaptı, annem yaptı. Maddeyle ilgili her şeyi biliyorum".

"Bir keresinde odadaki dumandan bayılmıştım. Çok küçüktüm. İki üç kere içime çekince düşmüşüm".

Bir diğer duygu düzenlemeyi kötü etkileyen bağlanma örüntüsünün "parçalanmış aile" olduğu görülmüştür. Birincil bakıcının aileyi terk etmesi veya ölmesi durumlarına sıklıkla rastlanmıştır. Bu durum ekonomik zorluklar ve birincil bakıcının kendi duygu düzenleme sorunların kaynaklı olabilir. Parçalanmış ailenin çözüm yolu olarak çocuğu yurda bırakması ve yaşanılan kayıpla baş edemeyen aile

üyelerinin evden kaçmayı bir çözüm olarak görmesi, sağlıklı olmayan ortama verilen sağlıklı tepkiler olarak görülebilir.

Çocuk koruma sistemi içinde kurallar ve sınırların eksikliği ve kurum çalışanlarının duygu düzenlemedeki kişisel yetersizlikleri de çocuklara yansımaktadır. Kurallar katı bir şekilde fiziksel şiddet yoluyla uygulanmakta, çocuğun duygusal ihtiyaçları görmezlikten gelinmektedir. Ödüllendirme ve takdir bulunmamakta fakat cezalandırma fiziksel şiddet ve mahrum bırakma yollarıyla uygulanmaktadır. Gençler, aynı yurtta kalan küçük öz kardeşlerini bile korumamakta ve kardeşlerinin hayatta kalmayı ve güçlü olmayı yalnız başlarına öğrenmeleri gerektiğini söylemektelerdir.

Sokak Çocuklarının Duygu Düzenleme Sorunları

Gençlerin çok hızlı bir örüntüyle duygu durum değişikliği gösterdiği gözlenmiştir. Gençlerin bu kızlı duygu durum değişikliklerinin temelinde yapının/sınırların eksikliği, grubun olumsuz duygu durumundan çabuk etkilenmeleri ve ayrılma anksiyetesinin yattığı bulunmuştur.

DDM'nin çok belirli kurallara ve programa sahip olması çocuklar için rahatlatıcı olarak bulunmuştur. Örneğin programın sarsıldığı günlerde, gençlerin çok hızlı bir şekilde tetiklendiği ve olumsuz duyguların hızlı bir şekilde yoğunlaştığı fark edilmiştir. Grupta bir kişinin olumsuz bir duyguya kapılması, yansıtma mekanizması yoluyla diğer gençler tarafından hemen alınmış ve grubun duygu durumu olumsuza dönmüştür. Bir önceki atölyenin olmaması veya DDM'de gençlerden birinin yakın olduğu arkadaşının bir günlüğüne olmaması grubun gidişatını etkilemekteydi. Adeta bulaşıcı bir şekilde grupta olumsuz duygu durumu yayılmakta ve grup egzersizleri bundan olumsuz etkilenmekteydi. Bir üçüncü tetikleyici de ayrılma anksiyetesiydi. Yine bir grup üyesinin bir sebeple o gün grupta olmaması veya bir atölyenin habersiz iptal edilmiş olması, gençlerin DDM'ye geldiklerinde baştan itibaren olumsuz bir duygu durumunda olmalarına sebep olmaktaydı. Ayrılma anksiyetesi, terk edilme düşüncelerini uyandırmakta ve değersizlik inançlarını tetiklemekteydi.

"Kimse bizi sevmiyor. Hepsi yapmacık, bizi kullanmak istiyorlar" (Bir grup kolaylaştırıcı, grup çalışmasına geç kaldığında bir genç tarafından söylenen söz).

Hızla tekrarlayan duygu durum değişimlerinin doğrusal bir yol izlemekten çok daha döngüsel bir yol izlediği ve gençlerin bir yeniden deneyimle durumundan sonra yeniden tetiklenebildiği ve ikinci kez yeniden deneyimleme durumuna girebildikleri gözlenmiştir.

Bu durumla başa çıkmak için gençler çeşitli duygu düzenleme stratejileri geliştirmişlerdir. Bunlar üç ana başlıkta toplanmıştır: Olgun olmayan savunma mekanizmaları, açık davranışlar, aşırı kontrol. Olgun olmayan savunma mekanizmalarından, gençlerin en çok yansıtmalı özdeşim, regresyon ve disosyan mekanizmalarını kullandıkları bulunmuştur. Açık davranış olarak kendine zarar verme davranışları, madde bağımlılığı, yeme bozuklukları ve eyleme dökme davranışları açığa çıkmıştır. Aşırı kontrol stratejileri ise kendini yalıtma ve dikkat dağıtma şeklinde gözlenmiştir. Bütün bu işlevsel olmayan duygu düzenleme stratejilerinden en ağırlıklı olarak kullanılan yansıtmalı özdeşim mekanizmasıydı. Gençlerin, geçmişte yaşadıkları ve yurtta halen yaşamakta oldukları fiziksel istismar öyküleri, onların bunu hak ettiklerine inanmalarına sebep olmuştu. Bu hak etme bilişi, onların bilinçdışı bir şekilde diğer insanları provoke etmelerine, kızdırmalarına ve aynı saldırgan tavrı beklemelerine sebep olmaktaydı. Bu noktada terapistin ve grup kolaylaştırıcılarının psikanalitik olarak bilgilendirilmiş olmaları büyük önem taşımaktadır. Yapılan seans sonrası süpervizyonlarda, gençlerin yaptığı provokasyonlar duygusal ve düşünsel olarak ele alınmıştır. Terapistlerin duygusal tepkileri ve gençlere verilmesi gereken tepkiler detaylı tartışılmıştır. Bu süpervizyonlar sayesinde, terapist ve kolaylaştırıcıların provoke olmamaları ve çocuğa yardımcı olabilmelerinin yolu açılmıştır.

Yeterlilik Sorunları

Genel olarak gençlerin yeterlilikleri çok düşüktü. Sevgiyi veya başarıyı hak ettiklerini düşünmüyorlardı. Bir gencin "hangi hayvan olmak isterdiniz?" sorusuna,

"Hindistan'da inek olmak isterdim, o zaman herkes bana tapardı" demesi, değersizlik ve yetersizlikle ilgili inançlarını gösteren çarpıcı bir örnekti.

Diğer insanların onlara değer vermediğine inançları çok kuvvetli olduğundan, sevgi gösteren insanların ilgisini yapmacık bulmaktalardı. Bir gencin, bu konuda "annem bile beni istemedi" demesi, gencin diğerlerinin sevgisini hak etmediğine dair inancının kuvvetli oluşuna bir örnekti.

Okul ve yurt sistemlerinde gençlerin yeterliliklerini arttırmaya yönelik herhangi bir sistem bulunmamaktaydı. Gençler bu kurumlarda, daha çok "hayatta kalma" yönünde ihtiyaçlarını karşılamaktadırlar. Diğer kendini geliştirmeye yönelik herhangi bir etkinlik bulamamaktalardır.

3.2. Sokakta Çalışmış ve/veya Yaşamış Gençler için Duygu Düzenleme Müdahale Modeli

Bağlanma Temelli Müdahale

DDM'nin bağlanma odaklı olmasının temelinde öncelikle temel güven ilişkisinin kurulması yatmaktadır. Temel güven ilişkisinin kurulmasından sonra ancak yapılan müdahale sokak yaşantısı olan çocuklar için etkili olabilir. Temel güven sağlandıktan sonra, terapistin gençlerin duygularına karşı hassas ve empatik olması, gencin duygu durumuna göre uyumlanması (attunement) önemlidir. Bu noktada, terapistin mesleki yeterlilikleri ve kendi duygularını düzenleme becerileri hayati öneme sahiptir. Mesleki yeterlilik olarak, terapistin savunma mekanizmalarının bilincinde psikanalitik olarak bilgilendirilmiş bir eğitim almış olması, kompleks travma hakkında bilgili olması ve dünyada Türkiye'de sokak çocuklarının durumu ve müdahale modelleri hakkında ilgili ve eğitimli olması gerekmektedir. Yansıtmalı özdeşim, aktarım-karşı aktarım konusunda tek başına eğitim yeterli değildir. Terapistin, duygu düzenleme müdahalesi boyunca kendi duyguları ve grupta açığa çıkan duygularla ilgili süpervizyon alıyor olması da gerekmektedir.

Bir diğer bağlanma üzerinde etkili konu, gizlilik ilkesidir. Sokak çocuklarının insanlara güven konusunda yaşadıkları sorunlar, onların bazı durumlarda aşırı

şüpheci ve hatta paranoid davranışlar göstermelerine sebep olabilmektedir. Bu sebeple, terapistin gizlilik ilkesi hakkında DDM grubuna katılanları bilgilendirmesi ve etik ilkeler dahilinde uygulamayı gerçekleştirmesi büyük önem taşımaktadır.

Terapist-çocuk/genç ilişkisinde, terapistin gencin olumsuz duygularını kapsayan bir rolü vardır. Gençlerin grup içinde yaşadıkları kaygının anlaşılması ve bunu yatıştırmaya yönelik eylemlerde bulunulması gerekmektedir. Örneğin, bu amaçla terapist DDM başlamadan tanışma partisine katılmış, sabah ve öğlen toplantılarında bulunmuş ve sadece 1 saat 15 dakikalık bir müdahalede değil, gün boyu onların yanında olarak varlığını hissettirmiştir. Bir diğer kapsayıcı duruş, terapistin gençlerin DDM ile ilgili düşüncelerini sahiplenip önemseyerek DDM'yionlara göre uyumlandırmasıdır. Örneğin gençlerin ***"mesela bugün hiçbirimiz duygu atölyesi yapmak istemezsek ne yapacaksınız?"*** diyerek terapistin onların ihtiyaçlarının ve taleplerinin farkında olup olmadığı konusunda sorular sormaları dikkat çekiciydi.

Terapistin sistem içinde bir güvenli köprü oluşturması da sistemik yaklaşım bakımından önemliydi. Terapistin, çalışmanın başından itibaren kurum çalışanları ile iletişim halinde olması grubun daha güvenli olmasını sağlamış olabilir. Terapist, hem DDM içinde hem de DDM dışında SOYAÇ içinde aktif rol almış, toplantı ve süpervizyonlara katılmış olması hem gençlerin hem de kurum çalışanlarının güvenini kazanmasına sebep olmuştur.

Duygu Düzenleme Müdahalesi

DDM'nin uygulanmasında, gençler sakin ve öğrenmeye açık oldukları anlarda, DDM elkitabındaki egzersizlerin eyleme geçirilmesi büyük önem taşımıştır. Bu egzersizler ile gençlerin katı, işlevsel olmayan duygu düzenleme stratejileri yumuşatılarak, yeni becerilerle yer değiştirmesi hedeflenmiştir. DDM ilerledikçe gençlerin duygusal farkındalığının arttığı gözlenmiştir. Örneğin bir gencin, ***"Sıkıldığımda F. Hanım İle kahve içerim, sonra geri gelirim"*** demesi, artık ihtiyacının ve duygusunu nasıl düzenleyeceğinin etkili bir yolunu bulduğunu göstermiştir. Gençlerin tetiklenme anları da aynı şekilde önemli bulunmuştur. DDM sırasında bir kez tetiklenme yaşayan bir gencin bir sonraki seanstan önce tetikleyiciyi bulması, onun bir sonraki

tetiklenmesini önleyebilen bir deneyim olmuştur. Bu noktada, gencin kendine veya başkalarına zarar vermeden yeniden deneyimle halini atlatması büyük önem taşımaktadır. Bunu atlattığını gören gencin kendine güven artmakta ve kendi güvende hissetmektedir. Aynı şekilde, kuralların belirli olması ve gelecek haftaki egzersizin önceden onlara söylenmesi, geleceği daha belirli ve kontrollü kıldığından, gençleri rahatlatmaktadır. Bu rahatlama, grubun ve terapist-genç ilişkisinin de daha kapsayıcı olmasını sağlamaktadır.

DDM içinde kurumun da gence güvenli ve yapılandırılmış bir ortam sunmasının hayati önemi vardır. Çocuk,birincil bakıcı tarafından kapsanmaktadır. Birincil bakıcı-çocuk ilişkisi ise kurum bakımı tarafından kapsanmaktadır. SOYAC kurum bakımını ve çocuğu kapsamaktadır. Son olarak da DDM, SOYAC ve diğer alt nesneleri kapsamaktadır. Eğer çocuk bu iç içe geçmiş kapsanma şemaları içinde kurum veya DDM'nin yer aldığı organizasyon tarafından kapsanmadığını hissederse DDM'nin bu çalışma ile aynı etkiye sahip olması beklenmemelidir.

Duygu Düzenleme Müdahalesinin Nihai Amacı Olarak Yeterlilik

Yeterlilik, bütün DDM ve SOYAC aktivitelerinin en temel hedefiydi. DDM dahilindeki egzersizlerin duygusal farkındalık, duygu tanıma, duygu düzenleme ve duygu ifadesini arttırarak benlik bütünlüğünü geliştirmesi ve yeterlilik inancının artması hedeflenmekteydi.

Yeterliliği arttırmaya yönelik doğrudan bir müdahale, DDM boyunca gençlerin güçlü yanlarına odaklanılması ve bunların takdir ile pekiştirilmesiydi. Şimdiye kadar otorite figürleri tarafından sadece cezalandırılan ve güçlü yanlarına odaklanılmayan çocuklar ve gençler, bu yeni tutum ile karşılaştıklarında yeterlilik inançlarını geliştirebilecek bir ortama sahip olmuşlardı. Önceden güvenli yerinin sokak olduğunu söyleyen genç veya kaygılandığında kalbinin hızlı atmasından hoşlanmadığını söyleyen genç, bu yanlarını zayıflık olarak görmekteydi. Halbuki yurttaki arkadaşlarıyla birlikte oturduğunda sevdiği televizyon odasının da "güvenli yeri" olabileceğini DDM sırasında öğrenen genç, olumlu kişilik özelliklerinin de

farkına vardıkça hem bunu fark etmesine yardımcı olan terapötik gruba daha çok bağlanmış hem de yeterlilik inancı artmıştır.

Yeterlilik inancının en çok ortaya çıktığı alanlardan biri de grup kolaylaştırıcı ile ilişkileriydi. Herhangi bir anlaşmazlık durumunda, gençler, ***"Bize kimse değer vermiyor, onlar da diğer herkes gibi. Bu işleri diye bizimle ilgileniyorlar"*** şeklinde güvensizlik ve değersizlik inançlarını ortaya koyuyorlardı. Bu durumlarda, sorun yaşadıkları kişiyle birebir iletişim kurmaları ve gruptan ve ses, ışık gibi uyaranlardan daha uzak, daha az uyaran olan bir ortamda sakinleşmeleri önem taşımaktaydı.

Bir gencin, DDM hakkında söylemiş olduğu, "Burada hiç aklıma gelmemiş şeyleri düşündüm. Duyguları konuşmak bana tamamen yeni bir şeydi. Şimdi mutluyum, umut doluyum. Burası benim hayallerimi değiştirdi" demesi, yeterliliğinin arttığına dair dikkat çekici bir örnektir.

BÖLÜM 4

TARTIŞMA

Tartışma bölümü iki ana kısımdan oluşmuştur. İlk kısım İstanbul'da sokakta çalışmış ve/veya yaşamış gençlerin kompleks travma yaşantılarının açığa çıkması; ikinci kısım ise önerilen duygu düzenleme müdahale modelinin tartışılmasıdır.

İstanbul'da Sokakta Yaşamış ve/veya Çalışmış Gençlerde Kompleks Travmanın Dışavurumu

Çalışmaya katılan, geçmişte sokakta yaşamış ve/veya çalışmış gençlerin kompleks travma belirtilerini gösterdikleri bulunmuştur (Luxenberg et. al, 2001; van der Kolk, 2005; Saxe et. al, 2007; Blaustein, 2010). Altı belirti boyutundan (Luxenberg et. al, 2001) her birinde gençler ağır zorluklar göstermiştir.

Maruz kalma alt boyutu birincil bakıcının çocuğunu istismarı ve ayrılma ile ilgili sorunlar olarak kendini göstermiştir. Gençlerin bebeklik ve çocukluk dönemleri boyunca, devlet koruması altına alındıktan sonra dahi ebeveynleri tarafından istismar edildikleri görülmektedir. Kurum bakımı da bu travmatizasyonu sürdürmüştür. Blaustein ve Kinniburgh (2010)'un modelinde travma bütünselleştirmesi son adım olsa da, duygu düzenleme basamağında da gençlerin ebeveynleri ile ilgili konular açığa çıkmış ve bu noktada terapistin müdahaleleri gerekmiştir. Travma sonrası stres bozukluğu tedavisinde semptomların normalleştirilmesi büyük önem taşır (Bisson, McFarlane, & Rose, 2000). DDM içinde böyle bir amaç olmadığı halde, gençlerin grup içinde birbirlerine semptom normalleştirmesi sağladıkları ve birbirlerini yatıştırdıkları gözlenmiştir. Blaustein ve Kinniburgh (2010)'un modeli bireysel terapi için önerilmiş olsa da, egzersizlerin gruba adapte edilebileceği öne sürülmüştür. Bu açıdan bakıldığında, grup ortamında DDM yapılmasının semptomların normalleştirilmesinde etkili olduğu söylenebilir.

Birincil bakıcının kendi duygu düzenlemesinde yetersiz olması ve çocuğunu istismar etmiş olması, gençlerin birincil bakıcıları tarafından hiçbir zaman kapsanmış hissetmediklerini düşündürmektedir. Bu durum Bion'un birincil bakıcının kapsayıcılığı ile ilgili teorisi ile açıklanabilir (Fonagy & Target, 2002; Mitchell & Black, 1995). Buna Bion "alfa fonksiyonunun tersine dönmesi" olarak adlandırmıştır (1962, aktaran Waddell, 1999). Bu durum, kapsanması gereken çocuk kapsanmadığında, annesinin onu ihmal veya istismar ederek kendi ihtiyaçlarını çocuk üzerinden karşılamaya başlamasından ibarettir.

Duyguların ve dürtülerin düzenlenmesi boyutunda, kuram ile uyumlu olarak gençlerin yeterince güvenli bir ortam tarafından kapsanmış hissetmedikleri, bu yüzden de çok katı ve işlevsel olmayan duygu düzenleme stratejileri kullandıkları bulunmuştur (Saxe et. al, 2007). Hızlı bir şekilde duygu durum hali değişen gençler, duygularını ve dürtülerini yönetmekte büyük zorluk yaşamaktadır. Gençler, tetiklendikleri anlarda, "hayatta kalma devresi" ne girmekte ve otonomik sinir sistemi tepkileriyle bilinçdışı savunma mekanizmaları uygulamaktalardır (LeDoux, 2002).

Tetikleyiciler incelendiğinde, yapılandırılmış kurallar ve rutinler olmaması, grubun duygu durumunun olumsuz olması gibi temalar öne çıkmıştır. Grubun duygu durumunun özellikle yansıtmalı özdeşim mekanizmasına sebep olduğu ve gençlerin arkadaşlarının olumsuz duygulanımlarına karşı aşırı hassas oldukları önceki çalışmalarda da bulunmuştur (Canham, 2000).

Duygu düzenleme stratejileri incelendiğinde, kompleks travma yaşayan gençlerin tetiklenme anlarında regresyon yaşadıkları bilinmektedir (Blaustein, 2010). Regresyon son zamanlarda modası geçmiş, herkesin bildiği varsayılan bir savunma mekanizmasıdır (Maroda, 2010). Aron ve Bushra (1998) regresyon araştırmalarındaki eksikliklere dikkat çekmiş ve yeni araştırmalara olan ihtiyacı vurgulamıştır. Çalışmaya katılan gençler de, olumsuz duygulanıma kapıldıkları anlarda tekrarlayan ritmik davranışlar göstermiş; bunların regresyon belirtileri olduğu düşünülmüştür.

Gençler yine literatürde belirtildiği gibi, kompleks travmanın etkisiyle yeme bozuklukları, kendine zarar verme ve madde kullanımı gibi açık davranışlarla da duygu düzenlemeye çalışmaktadır (Blaustein ve Kinniburgh, 2010).

Bir diğer kompleks travma boyutu olan dikkatte bozukluklar da çalışmaya katılan gençlerin yoğun olarak sorun yaşadıkları bir konuydu. Özellikle gençler, dikkat dağınıklığı, hiperaktivite, konsantrasyon sıkıntıları gibi sorunlarla baş etmeye çalışıyorlardı. Bu sebepler, eğitim sisteminin dışında kalmalarına sebep olmuştur. Perry (1995), duygu durumların zamanla kişilik özelliklerine dönüştüğünü söylemiştir. Aynı şekilde, sokak geçmişi olan gençler de kendilerinin okulu sevmediğini ve asla dikkatlerini toplayamayacaklarını, bunun bir kişilik özelliği olduğunu düşünmektelerdi.

Kompleks travmanın benlik algısı ve ilişkilere yansımaları da sokak geçmişi olan gençlerde açıkça görülmekteydi. Gençler, yoğun olarak sevilmediği hak etmediklerini düşünmekte ve ilişkilerine hep güvensizlik ve şüphe ile yaklaşmaktalardı. Bu konu Kohut'un kendilik nesne kuramı ile açıklanabilir. Doğru ve yeterli bir şekilde yansıtma işlevi görmemiş bir bebek, kendilik nesnesi ile sevgi ve şefkate dayalı bir ilişki kuramaz (Fonagy & Target, 2003). Bu eksiklik, ihmal ve istismar olarak açığa çıkabilir. Sonuç olarak, şefkat yerini aşırı cinselleşmiş davranışlara ve girişkenlik yerini saldırganlık ve düşmancıllığa dönüşür.

Türkiye'deki Kaotik, İşlemeyen Sosyal Politikalar Sistemi

Çocuk ve gençlerin sistem içinde kaybolmuş gibi hissetmeleri de literatürde önceki çalışmalarla desteklenmektedir. Bir yakın zamanlı araştırma, sosyal servis çalışanlarının da kendilerini dışlanmış ve değersiz hissettiklerini ortaya koymuştur (Bademci, 2010). Katı kuralların fiziksel şiddetle uygulanması gençlerin güvenlik ve yapı ihtiyacını karşılamamaktadır (Zulueta, 2006). Bunun sonucunda gençler, kendilerini umutsuz ve mutsuz hissetmektedir (Crittenden & DiLalla, 1988).

Kurum çalışanlarının çok fazla yönetimsel işinin olması çocuklarla birebir ilgilenememelerine ve tükenme yaşamalarına sebep olmaktadır (Bademci, 2010).

Bunun sonucunda gençlerinde belirttiği üzere, çalışanlar olumsuz duygularını gençlere yansıtmaktalardır (Canham, 2000). Bu yansıtma ile başa çıkmanın tek yolu, çalışanların mesleki tatmin sağlayacakları yeterli eğitim, maaş gibi somut ihtiyaçlarının karşılanmasının yanı sıra, mutlaka çocuklarla ilişkilerinde yaşadıkları kendi duygularının üzerine düşünecekleri bir grup süpervizyonu alıyor olmalarıdır.

Türkiye'deki Sokak Çocukları için Önerilen Duygu Düzenleme Müdahale Modeli

Önerilen model, bağlanma ve sistemik temelli bir yaklaşımı benimsemiştir. Saxe et. al (2007) ve Blaustein ve Kinniburgh'un (2010) kompleks travma tedavi modelleri üzerine kurulmuştur.

Çocukların yetiştirildikleri sırada, güvenli ve kapsandıklarını hissettikleri bir ortam büyümeleri büyük önem taşımaktadır (Blaustein & Kinniburgh, 2010; Saxe et. al, 2007; Canham, 1998). Bağlanma temelli yaklaşımdan DDM'ye alınan en önemli parça, terapistin kendi duygu düzenleme becerilerinin yeterli olması, güvenli ve yapılandırılmış bir ortamda uygulanmasıdır. Terapistin kendi duygu düzenleme becerilerini geliştirmesi mesleki ve kişisel gelişim konusudur ve bu çeşitli yollarla olabilir. Bu noktada terapistin de süpervizyon alıyor olması ve psikanalitik olarak bilgilendirilmiş olması büyük önem taşımaktadır. Bu gerçekleşmezse, yansıtmalı özdeşim mekanizmasının devreye girmesi ve terapistin tükenme yaşaması kaçınılmazdır.

Yapısallaştırılmış bir ortamda uygulanması, terapistin olduğu kadar, DDM'nin yer aldığı kurumun da güvenli olması ve sınırları belli olmasına dayanmaktadır. DDM'nin haftanın hep aynı günü, aynı saate, aynı yerde olması ve aynı grup üyeleriyle gerçekleşmesi bu yapının temel taşlarıdır. Kuralların grubun başında her seans tekrar konuşulması uygulamayı kolaylaştırabilir.

Uygulama sırasında yaş grubu da önem taşımaktadır. 18 yaş ve altı, 18 yaş ve üstü grubun ayrı alınması önem taşımaktadır. Sokak geçmişi olan gençlerin yaşıtlarına ve kendilerinden küçüklere fiziksel şiddet uygulama ihtimali göz önünde

bulundurularak, öncelikle her grup üyesinin kendini güvende hissetmesi sağlanmalıdır.

Uygulamanın gizlilik ilkesini uygulaması ve temel güvenin sağlanması, beceri eğitiminden daha önemlidir. Bu iki durum olmadan beceri eğitimi yüzeysel kalacaktır.

Terapistin kendi duygu düzenlemesini sağlamasının yanı sıra, çocuğun duygularına uyumlanabiliyor olması önemlidir. Youell (2006), her bireyin başlangıç ve bitişlerde ayrılma anksiyetesi yaşadığını öne sürmüştür. Dolayısıyla, terapistin seans başlarında ve sonlarında sakin kalması, terapinin başında kendini gruba alıştırması, grup sonlanırken ayrılmanın yumuşak bir şekilde yapılması, terapistin kendi duygu düzenlemesi kadar önemlidir. Bu noktada, önerilen modeled grup kolaylaştırıcıların rolü büyüktür. Bademci ve Karadayı (2015) sokak yaşantısı olan gençlerle çalışırken yaşıt ilişkisinin önemini vurgulamıştır. Gençler, otorite figürlerinden korkarken, yaşıtları ile daha eşit ve şefkatli bir iletişim kurabilmektedir. Bu amaçla, terapistin yanı sıra, gençlere yaşça daha yakın bir gruo kolaylaştırıcı ekip olması, grup dinamiğini yumuşatabilir.

DDM'nin çok hayati bir parçası, duygu düzenleme becerileri gelişimidir. Bu gelişim kapsamında psiko-eğitim ve grup egzersizleri bulunmaktadır. Grup egzersizleri sırasında gençlerin özellikle duygu tanıma ile ilgili sorunları olduğu açığa çıkmış ve bu alanda psiko-eğitim yapılmıştır. Schore ve Schore'un da (2008) önerdiği üzere, travmatik bağlanma özellikle sağ beyinde hasara sebep olmakta ve kompleks travma yaşayan çocukların duygu tanımada ve duygu düzenlemede sorun yaşamalarına sebep olmaktadır. DDM sırasında, terapistin ve grup kolaylaştırıların ses tonu, oturuşu, mimikleri de büyük önem taşımaktadır. Çocuklar, ihmal ve istismar deneyimlerinin tetiklendiği anlarda özellikle sözel olmayan iletişim yollarında karşı aşırı hassas olabilmektedir. Bu sırada, bütün grup üyelerinin kendi duygularının kontrolünde ve bilinçli bir şekilde sakin kalmaları gerekmektedir. Yapılan çalışmalar, konuşulan konudan da fazla, terapistin ses tonu ve duruşu gibi sözel olmayan iletişimlerin sağ beyin iyileşmesinde etkili olduğunu göstermiştir (Schore & Schore, 2008).

Sonuç

Bu çalışma sokakta yaşamış ve çalışmış gençlerin duygu düzenleme stratejilerini araştırmış ve onlar için bir duygu düzenleme müdahale modeli önermiştir. Birincil bakıcıları tarafından ihmal ve istismar edilen gençlerin, halen yaşamakta oldukları kurum bakımında da istismar edilmeye devam edildikleri bulunmuştur. Önerilen duygu düzenleme modeli, sadece çocuğun duygu düzenleme stratejilerini güçlendirmeyi değil, çocuğun kendini güvenli ve yapılandırılmış bir sistem içinde kapsanmış hissetmesini de amaçlamaktadır. Kurum çalışanlarının ve DDM'yi uygulayacak uzmanların kendi duygu düzenleme becerilerini geliştirmiş ve psikanalitik olarak bilgilendirilmiş; kendi duyguları üzerine düşünebilen ve ifade edebilen kişiler olmaları önem taşımaktadır. Çocuklar kendilerini güvende hissettikleri bir ortam dahilinde, önerilmiş olan DDM elkitabı kolaylıkla uygulanabilir.

E. TEZ FOTOKOPİSİ İZİN FORMU

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