A case report about the Support for the step Family accepted child evacuated from Fukushima after the great disaster in Japan.

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ABSTRACT. This presentation will describe about the a foster home caused by a disaster of Japan. Many families escaped from area of disaster especially from Fukushima, the area of nuclear disaster. And some of the families, have a situation can’t allow to move, decided to let their children live far place, at foster parents. National Foundation of Brief therapy/Japan have given free counseling for them, and all of the case indicated SFA. The most important of this case is the “compliments to Foster Mother”. Therapist complimented her carefully. About the “hit and bite and kick “, direct Foster Mother below. When the boy hit ex, please ignore and leave from him. But when he “doesn’t”, please hug and talk to him. About the phone, tell the real mother not talk after 9pm and suggest “indirect compliments” that Foster Mother tell Real Mother about the good point of the boy and Real Mother tell the boy on the phone. Then, After 1 month after, There is no problem, no hit and bite, and phone 2 times to RM per day. He enjoying to play the “foster brother and father” everyday. He refused to eat vegetables, but eat all now. He feel pleased to help cooking and housekeeping. The relationship of FM and RM become very good. The therapist praised her effort heartily.

KEY WORDS: The step family who received evacuee child, Mental health about the step child, Great East Japan Earthquake

Introduction

This case report will discuss the possibilities of family-focused, rather than individual-focused, support for those forced to evacuate or accept evacuees after the Great East Japan earthquake. National Foundation Brief Therapy (NFBT) has provided indefinite free counseling service, since April 2011, for evacuee families from the disrupted area due to the Great East Japan Earthquake (GEJE) to their relative’s house, and the host families. Since NFBT has expertise in problem of family and system, and I have many experiences of interview researches and counseling activities (Ikuta 2009).

As a member of National Foundation of Brief Therapy, I started offering free unlimited phone counseling for evacuees staying with their relatives and foster families of child evacuees in April, 2011. Some of our clients mentioned that it was the only support offered to evacuees living with their relatives. The phone counseling was clearly a much-needed “niche” of evacuee support. By the counseling services and study, it was studied that the main factors that host families handled their accommodation well were indicated as follows that evacuee family had, 1) Initiative 2) a low level of reliance on support of information and

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money. And in addition, host families just wanted to receive the words, “thank you” from evacuees, and “good job!” from their relatives (Ikuta, 2014).

This case report was one of the case of the free counseling services, but had specialty about the Foster family of a Child Evacuee Affected by the Fukushima Nuclear Accident. This presentation will describe about the a foster home caused by a disaster of Japan.

Many families escaped from area of disaster especially from Fukushima, the area of nuclear disaster. And some of the families, have a situation can’t allow to move, decided to let their children live far place, at foster parents.

National Foundation of Brief therapy/Japan have given free counseling for them. and all of the case indicated SFA. I’ll present about the problem and solution of the foster families on the case report.

Methods

We also offered service to a foster family of a child evacuee, they were struggling with issues of family dynamics. Because they could not come for in-person counseling, they requested counseling over the phone. The following is the record of support we provided to the foster family. The foster mother was the one who was calling.

Background:

The child evacuee, A, was a boy at early elementary school-age. He was evacuated to a prefecture far from his home at the request of his mother who was concerned about the impact of the Fukushima nuclear accident. According to his mother, one of the reasons she had decided to evacuate him, even though their home was not in immediate proximity to the nuclear plants, was the lack of consensus with his grandparents, who also lived with them, over risk of radiation exposure. Despite A’s mother’s continuous pleading, his grandparents would feed him vegetables grown in their yard and let him play outside freely. When his mother tried to discuss the matter with them, she was told to stop being too sensitive, and they would end up in arguments. All this led to his mother believing it was not a safe environment for her son. As clearly expected in this situation, A’s grandparents were strongly against his evacuation.

The foster family consisted of three members, the father in his early 40s, the mother in her late 30s, and their son in a higher-grade at elementary school. They saw posts seeking foster families for child evacuees on Twitter after the earthquake and volunteered through a prefectural agency.

Session #1: Early June

A was staying up late speaking with his mother on the mobile phone his mother had given him in the bedroom he shared with the three members of the foster family. According to the foster mother, most of his conversation was “attempts to keep his mother on the phone longer.” For instance, he would ask his mother, “What should I wear to school tomorrow?” When his mother answered, he would respond with another question, “Why?” The
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Conversation would continue this way for two or three hours. Even when the foster mother suggested A to go to the living room to take his mother’s phone calls, he would refuse, saying, “I don’t want to be alone.”

A also had difficulty getting up in the morning, which was causing the foster mother’s exhaustion because she had to try to wake him up repeatedly. A called his mother approximately fifteen times a day, even during the daytime. On some mornings, he would still be on the phone when he had to leave for school. The foster mother did not know how to handle the situation as she did not feel it was right to let her own son leave without A.

The whole family had tried to be patient and understanding, believing A must be homesick being away from his own family. However, after two weeks, all the family members were growing tired. One night, her son even yelled at A, “Shut up! I can’t sleep!”

The foster mother was concerned that A might be suffering from trauma over the nuclear accident and being sent away from his own family. She asked for advice on whether she should speak to him about his behavior or she and her family should accept the situation for the time being. She expressed a sense of guilt for feeling burdened by “such trivial matters” and said that she might be a cold and unkind person who was not qualified to be a foster parent.

I first started by complimenting the client and her family for enduring A’s long phone calls in the same room every night for two weeks. I also mentioned I was deeply impressed that she had not just endured those phone calls but was observant enough to recognize A’s “attempts to keep his mother on the phone longer” and that she was speaking in a calm manner without being carried away by emotions as she told me about the situation.

I told her, “I’m sure many families volunteered to take him in, and I can clearly understand why the agency trusted and chose you among them. You have been handling the situation wonderfully. I could not come up with any better ways.” I told her that, after all they have done, they had no need to feel guilty for their sense of exhaustion, and suggested speaking with A’s mother and asking her to finish the evening phone calls by 9pm so A could get up in time for school the following morning.

The foster mother said that she was glad to have the opportunity to receive assurance from an expert and that she would try speaking with A’s mother.

Session #2: Early September

In the past three months living with the foster family, A had gradually gotten used to his new home and stopped calling his mother as often. However, they were recently having a new problem of A being extremely defiant and violent with the foster mother. He would hit her for no reason, and when she told him to stop, he would hit and kick her even harder. Her body was bruised all over. Her husband believed it might be a reaction to the environment change, since A was not living with his grandparents who had “spoiled” him.
The foster mother consulted with a mother of A’s classmate, who was involved in foster family support, and was told, “No matter what he does, just accept it with love. Never scold him and give him many hugs.” She also read an expert’s opinion on the Internet that said adults needed to be patient with traumatized children and accept their problematic behavior without any reaction.

However, the foster mother did not feel she could endure A’s harsh bursts of violence any longer. She felt as if she had failed as a foster mother because she was not loving enough. She felt she had reached her limit and was nearly giving up on fostering A.

When I asked her why she had not called sooner, she said, “I was trying to sustain myself. I cried, but I told myself the violence would stop if I remained patient and loving enough.”

I repeatedly offered compliments and listed up examples of her patience and excellent ways of handling the situation. In addition to the compliments, I provided the following interventions: 1) To ignore the information she received from the fellow mother and the Internet; 2) To simply offer no reaction and leave when A starts hitting her; 3) To compliment A excessively when he shows no problematic behavior. Parent training techniques were incorporated in these interventions.

Session #3: One week after Session #2

According to the foster mother, A had stopped showing any problematic behavior. She said, “After I spoke with you, whenever he started getting violent with me, I ignored him without any reaction, turned my back to him, and left the room. Meanwhile, when he wasn’t violent, I praised him for everything, even for the most trivial things such as finishing his meal and being good at playing with his toys. I started doing these on the day I called you. The following day, he was already much less violent. In three days, he had completely stopped. A looks happier lately, and I’m less harsh to my own son because I’m less stressed. Our days are much more peaceful now.”

Follow-up: Early December, 2011

A seemed calm and comfortable living with his foster family. The foster mother had learned to sense his feelings and thoughts from subtle clues such as his facial expressions and gestures. She found complimenting him very effective and had continued to do so often. A had grown really close to the foster father, and they would sometimes go out alone on weekends. Trust was growing among them, and the foster mother said she felt true affection for A.

Session #4: Late February, 2012

A’s mother had decided to move to the prefecture where the foster family lived. She was going to move in with A in prefectural public housing. A seemed reluctant to leave the foster family. He said, “Mom can come and live with us, too.” When the foster mother told him the date of his mother’s relocation, A stopped calling and taking calls from his mother. Even when the foster mother answered the phone and
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urged him to speak with his mother, A refused. He became emotionally unstable and started speaking in a very rough manner. A’s mother seemed too occupied with the job change and move to pay much attention to her son’s state.

The foster mother requested advice, so I told her that her decision to believe in A’s adaptability and watch over him without interfering seemed to be the best way possible. I also informed her that if he had any problems after moving in with his mother, she could call us again or refer his mother to us.

Discussion

In this case, the first and foremost priority was to recognize the effort of the client and offer her compliments on her excellent work as a foster mother. As seen in other clients, she and her family were enduring more than necessary because they were too concerned with the feelings of the child evacuee. It was apparent that the client needed assurance and advice from an expert.

I chose to offer parent-training intervention instead of advising the client to “be patient and accept the child’s problematic behavior” based on my experience as a psychotherapist at a children’s home. At the children’s home, I had met many staff members who was considering quitting because they believed they were “not loving enough” to accept children’s problematic behavior and, hence, “not qualified to play the mother role.” Advice that lowers self-esteem and self-efficacy of those in the mother role leads to burnout and ultimately has negative impact upon the children in their care.

In addition, in this case, I incorporated parent training (behavior therapy) into family therapy (brief therapy). According to the theory of behavior therapy, when the parent “lovingly” responds to the child’s problematic behavior, it only fulfills the child’s attention-seeking need and encourages the same behavior. Therefore, in this case, systematically ignoring the child’s negative behavior to eliminate it was quite effective.

One of the advantages of parent training is that it offers clear and detailed programs of instruction on how to bring about the desired results. Moreover, the client can earn a sense of achievement as they actually practice the techniques they learn and see improvements.

It can be extremely stressful, both physically and psychologically, to accept and live with evacuees, even for those of the highest integrity, whether they are relatives or foster families. As therapists, we need to help reduce their feeling of guilt and provide them with a holding environment. By providing such support to those accepting evacuees, we can contribute to continuous care and support for evacuees.

Reference
