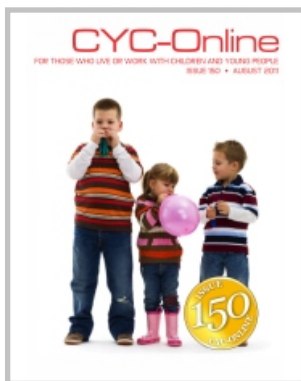


# CYC-Online

FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE  
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**ISSUE 150: AUGUST 2011**

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# Historical Connections

I was at a conference recently (IFCO in Victoria) and enjoyed many fine connections and discussions. One of the discussions I had was about how all over the world indigenous people are ensuring or reclaiming their history, including their connections to what one person called their mythological history.

Connected to this was a comment a woman made in one of the presentations on how indigenous children who are disconnected from their history, lineage or deep past are called, by her, 'lost children' – as in when people are disconnected from their history they are disconnected, and therefore, lost.

It got me to thinking ... My grandfather on my mother's side was a Swede and my grandmother on my father's side was a Scot. My other two grandparents were of English descent.

Now, Norse mythology is filled with connections to the world before the time of humans, of course. And Scottish history includes a deep history of connectedness with beings of the world. What these beings or connections might include is not important for the moment. That there is this history is what is important.

You, see, these reflections and stimulation helped me to realize how I, as a North American of European descent, am disconnected from my own mythological and historical past – the past of 'my people' if I may be so bold as to use such a term. Sometimes when I am at meetings

where indigenous people reflect on their deep history and connection to the world before human beings (think of 'creation' stories), I find myself wishing that I, too, had such a past. This week I realized that I do, but I am disconnected from it.

Now, don't get me wrong, I am not discounting European religious mythology which provides connections for many people, although it seems to me to be quite recent compared to much indigenous mythology. I am just reflecting on what I am calling deep history, for want of a different term.

Larry Brendtro likes to say that 'disconnected people are dangerous people'. Hmm, I wonder if this disconnectedness, this 'lostness', might help to explain some of the aggressive approach evidenced by Europeans as they spread throughout the world? And I wonder if it might not explain some of the 'existential loneliness' expressed by some European philosophers.

I don't have an answer here, just some wonderings.

And I wonder, too, of course, if we should not consider connecting all children and young people, not just indigenous youth, to their own deep history. After all, we were all once, somewhere, indigenous people were we not? And that seems, for me, to be my missing connection.

I think I will begin some new learning.

— Thom

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# Why Focusing on Control Backfires: A Systems Perspective

Karen VanderVen

*A narrow focus on reward and punishment works against creating a rich milieu of activities and relationships. Principles from systems theory show why external controls fail.*

**O**n the occasion of John, in residential care, not making his bed, take a look at the following two scenarios:

## Scenario I:

*“John didn’t make his bed again” laments Jim, a childcare worker, to his colleague Jason, continuing, “Well, that’s 20 points off. I guess that means he can’t go outside to play ball.” Later John is found in the bathroom, throwing soap bars and hurling towels. Jason and Jim need to apply a physical restraint to John, who yells, “I hate it here!”*

This scenario is a prototype of what is all too common today: the prevalence of point and level systems used to control children and youth in various settings. Point and level systems are so common that there is barely a need to describe them. In general, points are awarded for behavior that matches

pre-set criteria. Their practices are to find infractions, encourage compliance, reward, punish, and take away. Acquisition of points is connected to levels that in turn enable access to greater “privileges,” such as more interesting activities and opportunities to interact with adults; however, all too often the results are that the undesired behavior escalates into a more unmanageable situation.

## Scenario II:

*“Hey, John! You must have had a restless night. Look at that sheet! More twists than a pretzel. C’m on over, give me a hand, and let’s get it straightened out. Want you to sleep well tonight so you ‘refresh for*

*tomorrow’s game. And let’s get it done now so we can get out to practice. John grumbles and rolls his eyes*



*heavenward but comes over and picks up an end of the sheet.*

This response is an attempt to replicate how Fritz Redl and David Wineman might have handled an “unmade bed” situation with the youngsters at Pioneer House, the treatment program in Detroit that was the subject of their classic work, *The Aggressive Child (1957)* which encompassed two books, *Children Who Hate and Controls from Within*.

There were no point and level systems at Pioneer House. Nor were there the insights from dynamical systems theory that have provided completely different insights and altered practices in behavioral sciences (e.g., Butz, 1997).

Both the past (the work of Redl and Wineman) and the present (non-linear dynamical systems theory) offer perspectives that show the ineffectiveness of point and level systems and lead towards relational and activity oriented approaches in development of internal controls.

### **Perspectives on Activities**

#### *Promises and Rewards*

Redl and Wineman (1957) acknowledge that offering rewards so that children may receive something they find pleasurable is a common practice among educators and parents. They also acknowledge that even for essentially normal children with intact egos, these practices may be only marginal. They continue to indicate that such practices are totally unsuitable for the disturbed youngsters of Pioneer House, whose anti-adult stance is well entrenched. The idea of

youngsters “deserving” rewards or positive experiences for which they were not able to make the connection between the reward and their own prior action would only re-affirm their perception of adults as mean and depriving just as they may have actually experienced them in the past.

Yet, today, the promise-reward premise is rife in a wide array of group treatment, residential, and educational programs, especially as wrapped up in the current argot point and level system. Not surprisingly, these systems simply reinforce the youths’ distrust of and disengagement from adults rather than encourage positive change (e.g., VanderVen, 1995,2000).

#### *Gratification Grants Without Strings Attached*

The idea that children and youth in treatment need to feel that the adults want them to have fun, whether or not they deserve it, is one that is extremely hard to convey today. As Redl and Wineman (1957) say of the children:

*Satisfaction and gratification are not a bribe or reward thrown at them for the production of good or for the avoidance of bad behavior but are a basic part of their accepted diet which they can expect as securely guaranteed even in times which involve trouble. (p. 297)*

Somehow, so many today feel that programmed activities, meager as they may be, must somehow be deserved and so they are attached to the ubiquitous point and level system, to be earned. As one well meaning, but sadly uninformed youth



worker said in a workshop on activity programming, "But if I can't take activities away, then what can I take away?"

In some settings, more complex or challenging activities-and often more attractive ones-are attached to levels that must be earned by acquisition of points. If a child goes down a level for some infraction, then he or she can no longer participate in the higher level activity, thus precluding the opportunity to deepen his or her interest or develop a higher skill level. Furthermore, the allowed activities at the lowest level are usually the least growth producing (e.g., watching television). So a youngster cannot go swimming, play basketball, take a walk, make a birdhouse, paint a picture, or play a musical instrument, but rather must sit passively or act out.

## Relationships

### *Defenses Against Change*

It is not easy to form helpful relationships with disturbed children and youth. In their discussions of the disturbed ego, referring to the almost impenetrable methods delinquent and disturbed youngsters use to maintain their delinquent perceptions and actions, Redl and Wineman show how even the most well-meaning and kind adults are resisted. When adults impose and implement a point and level system, however, there is no opportunity to view them even as decent, caring, and giving, thus continuing to fuel and justify the youngsters' perception of adults as exactly the opposite. At least in the point-and-level-free environment, where caring, interesting and engaging ac-

tivities, and acceptance do not have to be earned as part of a rigid accounting process, there is a chance, difficult as it is, that the delinquent ego may finally be reached.

If the youngsters come to like the adult, that is the first step in change. Such change is not complete, however, unless the youngster internalizes the positive characteristics of the adult. If the adult is seen as an arbitrary dispenser of privileges and favors, especially that of his or her own attention and caring without the barrier of an external construct, then even this first ingredient of the potential for change is lost. Certainly the possibility of positive identification is negated. So should we then be working for development of a negative identification in which the image of a punitive, rejecting, and withholding adult is incorporated? Point and level systems may control at the moment, but they do little to ensure real change.

### *Escape Into Virtue*

Another way delinquents resist the influence of adults is by "escape into virtue," literally behaving well (Redl and Wineman, 1957, p. 167). However, this easier to manage behavior may be meaningless because it is superficial compliance. Fox (1994) has suggested that point and level systems encourage superficial compliance and trick adults into thinking that their control efforts are really working. What they actually do is drive the aberrant behavior deeper, so that the youngsters can keep it out of sight of the adults. Even the so-called rewards given for earning points may work for a while until the youngsters realize it is not worth the effort, happily



reverting to their previous resistance behaviors, both overt and covert. This dynamic, of course, drives the youth even further beyond the reach of the adults.

## **Relationships and Activities**

### *Strangulation Of Love, Activity and Dependency Needs*

Control methods such as point and level systems thus fly directly in the face of meeting basic needs for being loved and for engaging in interesting activities-both of which are crucial for healthy development (e.g., VanderVen, 1999). Redl and Wineman (1957) consider this theme by quoting Diogenes as saying, "The safest way of not getting involved ... is to stop wanting anything" (p. 173). They continue to indicate that under continued punishment, many children "actually develop, as a counter technique, a real withdrawal from activity need, a taste for passive day-dreaming which, once developed, makes them safe. They don't have to change; they just don't mind this form of punishment any more" (p. 173).

This is just like the reports of those finally acknowledging that point and level systems do not work. The youngsters just stop wanting whatever the rewards are, even the activities that have to be earned. And, what do they do instead? Just as Redl and Wineman (1957) point out, they learn how to "be happy by newly discovered pleasures of daydreaming, dozing, or the proud planning of future revenge" (p. 173). This certainly is not treatment.

Redl and Wineman knew it back in the 50s: The core elements of treatment and positive child and youth development are

relationships and activities and the interaction between the two. Activities situate and mediate relationships. Relationships support new interests and skill development. Together these comprise programming. Redl and Wineman (1957) put it so beautifully: "Programming as a Full Fledged Therapeutic Tool" (p. 318). Children and youth should not have to earn their treatment.

## **Non-Linear Dynamical Systems**

If Redl and Wineman did not have the language of "point and level systems," they also did not have that of "non-linear dynamical systems theory," also known as "chaos theory." Had they known about this new worldview, however, they would have seen it as a rationale that supported their thinking and actions such as those described above.

The following discussion, albeit brief and simplified, will focus on some of the concepts of dynamical systems theory that are particularly applicable to understanding the dynamics of control approaches such as point and level systems in child and youth work and will provide still another rationale for their ineffectiveness.

### *Recursion*

For insights concerning the powerful concept of recursion, thanks go to the famous anthropologist Gregory Bateson (e.g., Bateson, 1972; Bateson & Bateson, 1987; Harries-Jones, 1995). Recursion is a concept in the subfield of cybernetics which is "a branch of mathematics concerned with problems of control" (Bateson & Bateson, 1987, p. 207) and the relationship between inputs and outputs in

a system. Attempts to control a complex system—for example, a classroom, a group or a residential program—can lead to recursion effects. These usually are increased misbehaviors leading to stronger control methods, with a continuing cycle of escalation. Helpful in understanding recursion is the concept of feedback, a word more common in usage. In this context it means essentially that new information is being fed into a system which then changes the nature of the system. In “negative feedback,” a characteristic of a recursive system, information about the outcome of a previous input is used to “adjust the mechanism governing future functioning” (p. 208).

Thus in recursion, information from a system is fed back on itself, thereby changing the nature of the system and affecting the initial input. Often recursion effects are responsible for unanticipated or paradoxical outcomes (VanderVen, 1994). This is often why people are so surprised when their “logical” approaches do not give the expected result. For example, consider the example of pest control by pesticides. While the immediate outcome was fewer pests, the continued recursive cycle led to the ability of pests to withstand the pesticides as well as the increase in the number of pests and their ability to resist pesticides. Stronger pesticides are then needed in the hope of controlling the ever more resistant strains. Another example is the attempt to control child abuse. Certain practices, such as forbidding touch where it is really not necessary to do so, have created new forms of “secondary child abuse,” depriving youngsters of developmentally

necessary caring from adults (VanderVen, 1994).

In these recursive phenomena, then, attempts at control actually create more out of control situations which require stronger control measures and lead to the continued creation of uncontrolled behaviors.

With reference to point and level systems, an example of the recursion phenomenon can be found in the observation by many that youngsters found ever more adult-resistant and creative and unconstructive ways of evading the system. Some examples have already been mentioned, including when the rewards offered no longer are attractive to the youngsters. Others include such covert activities as trying to get others in trouble so that they, rather than the instigators, are penalized. Even some staff, reveling in the power awarding points can give them, come to pleasure in seeing how many points they can levy in a culture that nurtures such actions.

#### *Attractors*

In addition to recursion dynamics, another dynamical systems concept is that of the attractor. An attractor in a system is the source of energy that drives the system and to which its development constantly reverts. When a point and level system is in place, it becomes the attractor in the setting’s system, drawing focus and energy towards it and ultimately becoming the shaper or frame of the culture and practices. Everything—contact with adults, permitted activities, peer interactions, even assessment for discharge—is oriented towards how many points a child

or youth has. Like bad money driving out the good, the point and level system takes over and becomes a culture of its own (e.g., VanderVen, 2000).

Language reflects culture. When a point and level system is the attractor, even the language reflects its pervasiveness. In “pointese,” the conversation revolves around “consequences,” “privileges,” and the like. As this language becomes entrenched, it serves further to establish the point and level system attractor, and contributes to the ever escalating strength of the pOints and levels to drive the system.

### *Disequilibrium*

In human services, control efforts are often used to bring things into stability or equilibrium as a desired target of change. If only things were better organized. If only there were no misbehavior. In fact, disequilibrium is the condition under which change occurs. Disequilibrium does not mean lack of structure or focus, but rather, applied to a child and youth program, a setting that is dynamic where there is both an inherent structure and an open-endedness allowing emergence to take place. In other words, practices take individuality and context into consideration, rather than using a “one size fits all” approach.

This phenomenon is also relevant to many other instances in human services where even well meaning attempts to control, manage, or intervene in an undesirable situation or event have led to unanticipated results that can be damaging in new ways. The example mentioned before is child sexual abuse, in which “no

touch” policies came into being as well as over-scrutiny in which even the most well-meaning adults could become suspect if they so much as put an arm around a shoulder or a pat on the back (e.g., VanderVen, 1994).

For disequilibrium to be a favored condition in a group setting, there needs to be the ability to tolerate ambiguity, to accept misbehavior (as was done at Pioneer House), and especially to have time on one’s side. True change in both a program and a personality takes, as Redl and Wineman point out, a considerable amount of time. Where there are short-term and short-lived efforts, a control-oriented culture thrives and does not take advantage of the dynamics of disequilibrium in which over time new, exciting, and often productive, occurrences evolve.

### **Towards the Future**

Taking the clinical and developmental wisdom of Redl and Wineman into account, along with a dynamical systems perspective, one can consider their implications for practice.

The arguments advanced both in this article and the others to follow are compelling. Punishment and deprivation of activities and relationships by their having to be earned do not work and create a similarly negative culture that shapes a very unproductive and unpleasant environment. When challenged to replace their point and level systems with more constructive approaches, people often lament, “But then what can we do?” *Controls from Within* offers a response to this question.

We can offer so much of ourselves and our interests our favorite activities-to help children and youth build strengths and develop into healthy and well functioning adults. We can offer the potential of relationships even though they may at times, especially in the earlier stages, be fraught with conflict. We can learn through proper professional preparation and on-going learning to better understand the dynamics of troubled and neglected youngsters and know how best to meet their needs. We should not take from them something they never had. We should not punish them for doing things we have never taught them not to do. By doing these things we take away from ourselves as well.

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# Commandment 3: Become a Conscious Practitioner

Gerry Fewster



## The Pathway to Hell

If you're like most of us, you came into this profession with the best of intentions. You cast aside the lure of fame and fortune because you were looking for something with 'meaning'. You 'cared'. You wanted to 'make a difference' - to help kids overcome their troubles and live their lives to the full in a just and humane society.

It's possible that none of these reasons fit for you, but having interviewed hundreds of CYC applicants, I can attest to their commonality. As a rule, they are all acceptable motives for employment in the field, but left without further examination and qualification, they only serve to assure us that the pathway to Hell can, indeed, be paved with good intentions.

It's not that people entering this profession are hiding anything about their

motives - at least not consciously. For the most part, they simply accept their own explanations and remain unaware of what stirs them on the inside. With no inner sense of direction, they become fodder for whatever economic, political and professional agendas are floating around 'out there'. Once inducted into some system of beliefs and practices, they are quickly dispatched to the front-line where survival depends upon their willingness and ability to match the expectations of those with the knowledge and the power. The successful ones may eventually become 'experts' themselves, regurgitating the handed-down 'truths' designed to perpetuate whatever system they represent.

In many ways, they are like kids who blindly follow the religious beliefs and practices of their parents. They may act from a solid sense of commitment, but not from a place of awareness. Their befuddled belief is that if they can make things right for others so they can be right for themselves. It's a lost cause and the most predictable outcome is 'burn-out'.

. Then there are the rebels, the self-appointed advocates who enter the field bent on representing kids against the forces of oppression. Even within their places of employment, they will oppose anything they consider to be the imposition of authority. While their reasons may appear to be more apparent, they are no closer to the truth of their own intentions and actions than those who faithfully toe the party line. What they fail to see is that the roots of their rebellion have nothing to do with the plight of the kids they set out to protect and liberate. Beneath their self-righteous hostility lie feelings of repression and resentment that came about long before they entered the ranks of child and youth care. What they really need is the courage to confront their own discontent and take action on their own behalf rather than use the kids as convenient foils.

If you find all this to be an unwarranted cynical attack on the well-meaning folks who come into our profession to help kids, I can only assume the cap fits and I fully understand. But if we are to assist kids in resolving their developmental injuries, the onus is upon us to deal with our own stuff along the way. There's no way of saying this nicely and tactfully. On the other hand, those of us who deal with

angry kids on a daily basis shouldn't need to be protected from such allegations. As guides, we must understand our own developmental interruptions and discover the internal resources we need to create the lives we want. ***Self-awareness isn't an adjunct to child and youth care practice, it's the very heart of the enterprise.*** If we unwittingly impose our own issues onto our young 'clients' we simply stir more confusion into the relational casserole. Unaware of the motives behind our actions we treat others as objects to be manipulated in our unconscious schemes.

Only by coming to know our Selves can we come to know others as separate and unique beings. And only by understanding why we make the choices we make, can we take responsibility to act in the best interests of the kids in our care. While we may follow pre-designed intervention prescriptions and strategies, the nature of our work takes us directly into the everyday world of our clients where we are constantly making decisions in response to that, frequently chaotic, arena. Here our primary guiding instrument is our own authentic sense of Self and this we must nurture, develop and fine-tune with the tenacity and precision of a skilled surgeon. If "heal thyself" is a precondition for medical practice, then "know thy Self" is an equally essential quality for effective child and youth care.

### **Loitering With Intent**

I'm not debunking those nice little clichés we use when asked about our reasons for being in this profession. The search for 'meaning' is generally consid-



ered to be a basic human pursuit (see Viktor Frankl) and is firmly embedded in effective child and youth care (see Thom Garfat). The verb 'to care' transforms meaning into feelings that can be expressed in action. And wanting to 'make a difference' is a very laudable quest that incorporates both meaning and caring. But, to return to my original stance, these are unsatisfying explanations that fail to offer what child and youth care practitioners most need – Self-awareness. On the other hand, they can be used as points of departure for those who set off in search of the Grail.

If you tell me you're searching for "meaning" in your life, the implication is that something is missing –something that might give you satisfaction and fulfillment. So what is it? What do you need to fill the void? And why would you expect to find it in the conflicts and confusions of kid's lives rather than in a museum, airport traffic control tower or fashion design center? Then comes the question of where the 'meaning' might be found in this congested space? If you're looking to the kids to provide the missing piece you're heading into a black hole. What they need most is to be seen and heard by someone who is at one with his or her sense of Self – not folks who are scrabbling around looking for their own bits and pieces. So I have a few suggestions to make. Begin by going back into your childhood and search for the missing pieces (see the previous articles in this series). You'll know when you find them. Develop a personal plan to give yourself what you didn't get. Remember it can only come from you. Consider the proposition that 'meaning'

isn't something to be discovered but something to be created; it's a sense of purpose that can only be ground from direct engagement in life - and the only possible creator is you. Now you can move in child and youth care, or any other interactive arena, as the author of your own life while supporting others in doing likewise.

If you tell me you "care" about kids, without being able to identify what it is about them that warrants your caring, the implication is your concern is about some ideal that, if explored, would say more about **you** than the kids you purport to care about. Taking a close look at this ideal might be the first step toward transforming 'caring' from an impersonal abstraction to an interpersonal experience. You may discover that it's not about kids at all but some moral notion of how the world 'should' be. If children are indeed the focus, is your concern about kids in general or about Robbie Fowler who just robbed the grocery store? If it's about Robbie, then you have identified a human object for your caring and, if you have a solid sense of Self, your actions are likely to be relational. I may also care about Robbie, but for very different reasons. On the other hand, I may regard him as a wretched little plonker who steals the purses of old ladies. In other words, the reasons we care about another human being are to be found in ourselves. Only when we know what belongs to us can we begin to know where we end and the other begins. This is the boundary that enables us to care about children as fellow travelers on their own unique developmental pathway.



If you tell me you want to “make a difference” you’re playing with a Pandora’s Box crammed with hidden and disguised intentions. So where do you go from here, given that pretty well every Tyrant who has ever declared war on humanity has carried some version of this banner into battle? Well, you might want to begin by bracketing off your ideas about ‘right’ and ‘wrong’ or ‘good’ and ‘bad.’ Get down to the nitty-gritty. What do you want to change? If you want to change the quality of life on the planet, go out into the desert and ponder on your delusions of grandeur. If you want to make a change in your community, you may wish to consider running for Mayor or joining the Rotarians. If you want to make a difference in other people’s lives, forget it. This isn’t only a lost cause – it’s a gesture of unadulterated arrogance.

Now comes an even more critical question – why do you want to make this difference rather than that difference? Specifically, what’s the agenda and what’s the anticipated payoff? Are you still trying to please Mommy or are you now scrambling to reserve a bed for yourself in that group home in the sky? If you examine your motives to their roots, you’ll probably discover you’re actually reacting to the most powerful infantile malady of all – the universal fear of abandonment. This isn’t a rational fear created by the mind, it’s a survival issue held in the body that dates back to the very first time Mommy was not there for you – often during the first trimester of pregnancy. The unspoken primal motive is – *If only I can please or fix Mommy, she will be there for me and I won’t die.*

For those of us in the helping professions, this awareness is critical. The compelling urge to ‘make a difference’ by pleasing or fixing others inevitably involves giving up the Self – the most essential element in child and youth care practice. And, because the fear of abandonment is so deeply rooted and established pre-verbally, it can never be fully eradicated. The best we can do is to recognize this enduring formula for frustration, resentment and burnout before too much damage is done. The trouble is that even acknowledging our ‘addiction’ can be a challenge because there are so many seductive rationalizations to disguise the dis-ease and justify the behaviors, e.g.: “It’s better to give than to receive” (a pretentious violation of relational reciprocity); “I like to help others less fortunate than myself” (So, what makes you so fortunate?); “He’s being recognized for giving his life to others” (usually posthumous); “I’m happy when I can make you happy” (good luck, sucker); “She’s such a self-less person” (probably untreatable), “I help other’s because that’s who I am” (Come off it – who are you really?) etc. etc.

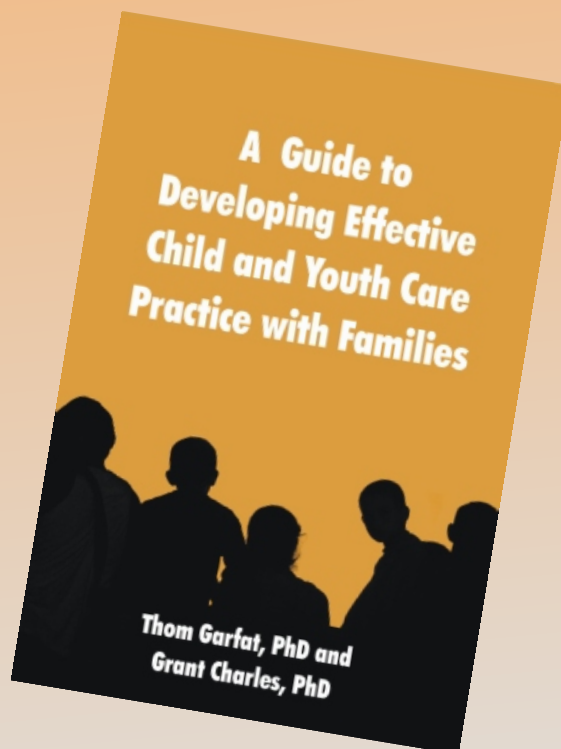
If you can’t relate to this common strategy for ‘making a difference’ please think again. If, after close examination, you remain convinced that it doesn’t apply to you, there are three possible reasons: 1. You are one of those rare and unfortunate individuals who ‘enjoyed’ impeccable connections with your primary caregivers; 2. You are still in denial, or 3. You lack any significant feelings of empathy (a psychopath). In all cases, you should **not** be working in child and youth care. If you’re like the rest of us, your only course of ac-

tion is to become acutely aware whenever the urge takes you and create a nice flexible boundary for your Self. If you don't, then you will not only give your Self away but you will impose your insatiable needs on others, diminishing them in the process. Not a very effective formula for relationships is it?

### **Traveling Together**

Having said all this, I want to stress my belief that there are acts of helping, caring and loving that are not driven by unconscious motives – and this is the quality of interaction we should be working toward. This doesn't mean we should have all our subconscious stuff sorted out before we enter the world of human relationships or join the ranks of child and youth care. On the contrary, these matters only come to light in the cut and thrust of daily life and I know of no better context for addressing our early childhood interruptions than a residential program for delightfully disturbed kids. If we remain aware, we will enter that world, not as experts or fixers, but as fellow human beings with all our own doubts, fears and confusion. The key is to remain curious and know that every moment is saturated in opportunities for learning. How lucky we are!

*This is the fourth in a series of ten articles. If you have read this article, please email the author at: [fewster@seaside.net](mailto:fewster@seaside.net) You don't have to make any comments although these would certainly be appreciated. All responses will be acknowledged by the author.*



## **A Guide to Developing Effective Child and Youth Care Practice with Families**

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# Growing Our Cultural Center

Mark Krueger

Recently I was reading about the cultural center Albert Camus created with his colleagues in Algiers in the 1930s. It was a place where Arab, Italian, Spanish, and French could gather to learn from literature, music, and theatre. During a period of political and social strife, they believed this would advance society and serve as powerful source for political discourse, and activism. By watching and discussing a Chekhov play, for instance, not only would their lives be enriched, they would also gain insight for relating and acting together to improve social conditions.

I often go to an independent book store and art center in our community. It serves as a gathering place for people of all classes and backgrounds in a relatively poor section of town. On visits one is surrounded by evocative sounds, words, and pictures of culture. On Saturday evenings they hold poetry readings. Many of the presentations are followed by discussions with the performers. Sometimes people provide food, wine, and other goodies. On Sundays they have folk, rock, rap, and classical music concerts. The room where performances are held is also an art gallery.

Reading Camus reminded me that

these centers are in and of themselves places and sources of social and political change. In our community if the center were to disappear, the neighborhood would truly be a different place. Something very important would be lost. While the impact cannot be easily measured, almost every one of the regular supporters agrees, it pulls us together in way that cannot be found anywhere else. The connections and discourse inspired in our gatherings can't be found elsewhere. So, we fight to preserve it; we give both our time and our money to a place that presents many sides to issues and life in multiple forms. It is a place that helps bind together the community.

This makes me wonder, where is the cultural center for *our* field? Is it here on [cyc-net.org](http://cyc-net.org)? Probably more than anywhere else, yes it is. There is a wealth of material to be accessed and read here. Our field can be seen evolving without borders. Common problems and solutions are shared. Issues are addressed. Some issues are left unaddressed, but at least they have been raised. People are telling their stories and writing their opinions. How to (s) are presented. New approaches and ways of thinking are introduced. Photos and art represent our work in action.

Is this enough however? Is our cultural center being sufficiently developed with philosophy, history, music, theatre, art, and literature? Have we invited in outside voices, or are we still rather insular? Are the discussions enriched by the insights of people in other fields who have looked at similar issues from different perspectives? Can we see, hear, feel, debate child and youth care in its multiple forms, places, contexts, and cultures? Are we open to outside criticism and discourse?

My answer to all these questions is probably not enough. More pictures, songs, dances, plays, novels, stories, rituals, critical thinking, and collective action grounded in the real, often open-ended, mixed genre, rich accounts of our challenging work are needed. We can be more informed by music, art, philosophy, film, and literature in our work.

This will help us show the dualities and moral dilemmas that are often left unsaid or not shown in approaches and models not suited for our non linear, outside the box work. A good book, movie, theory, painting, or way of thinking is often open ended. The authors, writers, filmmakers raise questions knowing there are many more to be asked. These are not just good tunes or stories, rather thoughtful pieces that show rather than tell. We see their pictures and images as real at a point in

time, knowing the rest is left to us to make better choices for ourselves and others. Or we just see something in a different light.



As we grow into the future, our cultural center will need more of all this to give us the legitimacy of a profession that is serious about trying to know and define itself as a human endeavor full of struggles, challenges, and differences that are part of being human. A field in which a play, film, painting, critical discourse, narrative and story is not just a metaphor for the work, but our very work with youth, and the way we show and discuss it in its multiple new forms along with what we have already learned.

# Reconnecting Takes Faith

Lizzie Simon

*Fostering self-esteem is not an easy task, and I do not pretend to have all of the answers. However, I do have some suggestions for those living and working with a bipolar young person — or any young person who has a mental illness or physical disability to cope with.*

In the weeks after I was diagnosed with Bipolar Affective Disorder in January of 1994, life moved sluggishly. On the “stabilizing” anti-psychotic treatment, my mind, soft and syrupy, was numb; my body, dizzy and off-center, moved with trepidation.

I was not suffering, nor was I screaming, hallucinating, or roaming dark streets. My parents seemed relieved, but shaken still.

One day, my mother returned from errands to find me sitting in the kitchen, listless. She told me that she had visited a massage therapist, and that she had told this woman my story — how I had been so depressed after getting

into Columbia College early, how ironic this was, and how the psychiatrist prescribed Paxil; how I returned back to Paris alone where I had been finishing high school, how the Paxil quickly made me manic there, and how I returned home psychotic. The therapist had asked my mother if this wasn’t the worst thing that had ever happened to her.

My mom looked at me — well, at the remains of what had been me — and told me how she had replied to her massage therapist, “Yes, this is the worst thing that

has ever happened to me.”

An incredible rage rose in my body as she told the story, and a surge of passion broke through my drug-in-





duced complacency, as I said to myself, “THIS HAPPENED TO ME!”

And besides, I thought, what was she doing telling her massage therapist things I hadn’t told my closest friends yet? At the time, I bottled those feelings, allowing them to work like a boomerang, assaulting the sender in short time. I bolted to my bedroom.

I felt that my mother had no capacity to respect my trauma, that narcissistically, she had to see everything in terms of herself. In retrospect, I realize she had merely communicated her message in the wrong way. She was really trying to say something like, “Lizzie, when you’re in pain, I feel it. Let me share this pain for you.” Our interaction highlights difficult and important aspects of the adolescent mental health experience, which may seem altogether obvious to you: Communication is a monumental task, perspectives will vary, and silence harms.

\* \* \*

So before I share any insights about the experience of being a bipolar young woman, I must state that each young person’s experience with mental illness is thoroughly unique. My stories may open your mind and increase your sensitivity, but the young bipolar person in your life should be honored with his or her own narrative. Furthermore, the most helpful people in the young survivor’s life will be the ones who will be extremely reticent with their assumptions and generalizations about both adolescence and mental illness. Throw down your clinical books and cultural assumptions, for you

know nothing of an episode unless it’s yours.

That being said, I believe, however paradoxically, that there are many commonalities between young bipolar people. For all of us, the age of diagnosis is cataclysmically simultaneous with adolescence. As if identity, acne, heartbreak, sex, and drugs weren’t enough to deal with, young bipolars have the monumental task of acclimatizing their condition into their lives and into their plans for the future.

Unfortunately, truth in diagnosis cannot come in small doses. Typically, young bipolar people are only diagnosed after they’ve had a horrific episode. I was utterly devastated by my most violent manic episode, which occurred all over Paris just before my eighteenth birthday. Though I always knew, growing up, that something was very wrong with my mind, my episode at age 17 had been in extreme degrees that I had never experienced before. There’s that to deal with, and the diagnosis swiftly follows. Reactions to being diagnosed vary; it seemed to me to be more of a prison sentence than a relief.

Imagine that you are 17. You got your driver’s license a year ago. Your friends are planning the prom. You think about college and dating a lot. What goes through your mind when a doctor tells you that you have a condition that will not go away and that will get worse? What are you thinking when he or she tells you that you will have to pop some pills for the rest of your life?

\* \* \*

Unfortunately, it remains difficult to separate how being on lithium changed my personality from how having been through a severely traumatic experience changed my personality. Everything was just dramatically different. After diagnosis, I could not conceive of dealing with those kinds of disruptions for the rest of my life. I could not imagine taking pills every day. I was overwhelmed, anti-psychoticized, emotionally spent, and extremely low on faith. I was more than moderately suicidal, and tired of hearing my parents' sobs. I was resentful of advice and attention and hateful of medicine. I was terrified about what I would tell people, and I was remembering bits and pieces of my episodes more and more as days went by. The smallest tasks, from getting dressed to reading an article, tormented me.

As critical as this postdiagnosis period is, and as important as support is during this time of stress, the plain fact is that these issues softened into a comfortable numb as soon as I had been on lithium for a few days. The only advice during this period — and I mean the absolutely only helpful words I appreciated — were from my father, who told me something which sounds utterly cliché but which somehow took root in my brain. “Lizzie,” he said, “just take things one day at a time.”

\* \* \*

Reconnecting takes time, and it takes faith. When I say “it takes faith,” I mean, of course, that faith is necessary: faith that self-trust can regenerate, faith that medicine will work, faith that a

“normal” life is still within grasp, faith that someone will support you. However, the literal meaning of “takes” applies as well. Reconnecting can mercilessly steal and squander faith.

When a young person suffers from mental illness, his or her entire family experiences the reconnection period. I remember this as an ordeal in the beginning stages, mostly because I felt so guilty watching my family fall apart.

Unfortunately, I have not felt the homecoming that one might expect from support groups. The people I met on a couple of my encounters were much older and much more damaged. They were not role models but disturbing harbingers of despair.

\* \* \*

Interestingly enough, I have discovered profound understanding and compassion from an unlikely source: one of my best friends who lives with diabetes. She experiences the consuming consciousness of illness and maintenance. She, too, has been to the brink and returned. And she, thankfully, not only listens to my complaints and fears but feels validated by them. When we talk, there is no pressure to resolve conflicts but only the unsaid voice that calls for honesty and release. It is a unique friendship, which could not be as strong or rewarding had we not both experienced chronic illness.

My relationship with her has opened my mind to many of the possible cross-correlations between Bipolar Affective Disorder and other illnesses or disabilities. My advice would be similar for



most conditions: listen to your child/patient; listen for what she or he is saying and listen for what she or he is hiding. Encourage your child/patient's power in decision making, and give credit for survival skills. Ask the difficult questions, even the ones which make you squirm or sob. Encourage your child/patient to talk about his or her illness, and let yourself be a sounding board for rehearsals of this sort.

And get some support for yourself, for goodness sake!

It is crucial to remember that the illness is biological, but the experience of it is profoundly psychological. Though adolescence certainly takes a pretty serious toll on one's self-esteem, being bipolar exacerbates any kernels of self-loathing or self-doubt in a young person. I believed for a very long time (and I suppose I still do to a certain extent) that I was damaged permanently. I felt damaged intrinsically, the victim of a shoddy deal of genetic cards. I also had a keen intuition that I could not regain what I had lost from what I had seen, from what I had been. Trauma robs the child of innocence and can work like a cancer on the individual.

The notion that I was "damaged goods" manifested itself in a number of different ways. For example, I smoked marijuana several times a day for months after I was diagnosed. My first serious relationship after my diagnosis was abusive, and that experience marked me in yet another way. I drank quite a bit after that, stopped taking care of my health, and had another episode two years after my diagnosis. I developed a theory that lithium made me stupid, and predictably, my grades went down. As extreme as this

may sound, I looked and seemed fine to everyone around me. Do not forget for a second that I was the friend people wanted to have and the daughter who was so easy to brag about. If my illness was ever mentioned, it was framed in the terms of, "Amazing, what a survivor. She handles everything with such ease." This was all true, of course, and I still maintain that surviving my first episode is my greatest personal accomplishment. Still, I always felt that I had no license to discuss my reality. I didn't want to disappoint anyone.

\* \* \*

Fostering self-esteem is not an easy task, and I do not pretend to have all of the answers. However, I do have some suggestions for those living and working with a bipolar young person — or *any* young person who has a mental illness or physical disability to cope with.

First, when a young person is diagnosed with the illness, he or she should be provided with as much literature on the subject as possible. And if you love the young bipolar person in your life, you will read as much as you possibly can yourself. Kay Jamison and Patty Duke's books have helped me enormously. Implicit in this suggestion is my demand that more writing needs to be done.

Second, survivors must be encouraged by family and friends to talk about what they are going through. People can be incredibly idiotic and insensitive to mental health issues, and there really aren't any mental health role-models in popular culture. People generally address

maintenance issues with me, while my heart, mind, and soul stay troubled on more spiritual issues. I worry about what I'll do when I become pregnant. I worry about the toll lithium has taken on my creativity. I worry that I will forever be dependent on medicine and reliant on others to take care of me. While a friend or doctor can easily help me with my pill taking, it takes an incredible individual to sit by while very real fears haunt me. It has been so important to talk about what I'm afraid of, what I'm tired of, what I saw, heard, and felt when I was manic and when I was depressed. No matter how much those events were figments of an excess or lack of serotonin, things looked, sounded, and felt absolutely real to me. The friends I cherish most are the ones who don't tire of hearing about my discoveries about lithium and being bipolar. My silence on these subjects created my deafening sense of damage.

Third, I know better than anyone that I am tough, strong, smart, resilient, and resistant to turbulence. But often I am utterly terrified, and during these times I need extra attention and extra support. Ironically, it is at these times that asking for help is most difficult. I am willing to bet that at the back of every young bipolar person's mind is the haunting fear of going crazy again. Unfortunately, I always felt rewarded by my parents, friends, and doctors if I did not mention my illness or my difficulties coping. To them, this was a sign of my sanity. I was encouraged, in countless ways, to "get over it." Young bipolar people need to feel like all of the people in their lives are on their team in good times and bad. I have often thought

that I deserve a pat on the back for every day I endure.

It is very important for those sitting in the circle of support to remember that their support only begins at diagnosis, and it shouldn't end just because the young bipolar person seems stable. Going crazy (and that is the language I choose to use about my own life) was the most earth-shattering event in my life. It reframed the way I thought about my past and dramatically altered my forming self-definition. Not a day has passed since my diagnosis three years ago that I have not thought about my condition. The act of swallowing pills is unrelenting as a reminder, as are shaky hands, desperate thirst, and flashbacks. I can only speak for myself, but I still find it profoundly insulting and alienating for anyone to underestimate the permanence this illness has in my life.

Though I have criticized my parents, they have been altogether willing to let me educate them. I joke with people by saying that I have raised them well, but I know it is only because they are extraordinarily sensitive and loving people that we are able to have the positive, open relationship that we have. I have put them through more tears and anguish than the rest of my family combined, but they have simply refused to give up on me. Because of my family, I simply refuse to give up on me.

From: *Reaching Today's Youth*, Vol.2, Issue 1, pp3-5



# A Brighter Future for Young People

The Kibble Centre in Paisley is one of Scotland's leading child and youth care organisations. Young people are referred to us from across Scotland, and we operate at the intersection of child welfare, mental health and youth justice. Our uniquely integrated array of preventative and rehabilitative services encompasses intensive residential and community services, a full educational curriculum, throughcare and aftercare, intensive fostering and a secure unit.

## Tackling Youth Unemployment



*"I never wanted a career until I started here..."*

KibblePLUS participant

In cyc/online no 146 Kiaras Gharabaghi highlighted the steady increase in youth unemployment in OECD countries, despite fluctuating unemployment in the general population. Kibble has been attempting to tackle this issue since 2005, through its KibbleWorks and KibblePLUS portfolio of social enterprises. We offer training and employment for disadvantaged young people (16 to 24) in construction, recycling, catering, mechanics, gardening, ICT, multimedia, events organising, administration, promotional goods production and general trades. We don't claim to have all the answers, but we are trying to make a difference! We believe that social enterprise is the most appropriate model to use, and we know we are delivering positive outcomes to the young people. However, financial viability and sustainability of the enterprises are still fragile and dependent on external funding sources. We are hoping to work with cyc-net to build a knowledge exchange network, one strand of which will share approaches to tackling youth unemployment, particularly those with a care or custody background. If you would like to learn more, please contact [lesley.fuller@kibble.org](mailto:lesley.fuller@kibble.org)

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## Partners in Child and Youth Care

Many of our staff are regular readers and contributors to cyc-net. For our type of work, it is the most comprehensive and contemporary web resource we have come across, and we are looking at ways of increasing awareness of the site and its contents.

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# Generations

Kiaras Gharabaghi

This decade will be a time of transition in the field of child and youth care, certainly in North America but perhaps elsewhere too. The transition will unfold gradually, quietly, in a very dignified manner, but eventually what will emerge is a field that has lost its foundation. The field will survive, create new foundations (likely ones that will leak a little more) and slowly erase its past to find comfort in its present. I am never quite sure whether it is rude, impolite, unprofessional or just plain weird to write about the topic of generations, but I feel it is an important one for us to start thinking about. And I also want to write about this topic because I feel I owe a great debt to my friends and colleagues who have created this field as I know it; they have made it easy for me to step into something where there really was nothing, or at least not much.

I want to talk, ever so briefly, about the trailblazers of the child and youth care field who have impacted me significantly, personally and professionally, and who are reaching an age where perhaps other interests, other priorities, including health and relationships, quite rightly take over and demand their presence more so than our field. I think it is important for the

culture and the soul of a community to acknowledge, and also to thank its leaders and elders. I do realize, of course, that my trailblazers may not be yours, or may not include all of yours; so many individuals have contributed to this field at international, national and local levels. Some have contributed their ideas and theories while others have contributed through their program designs, their approaches to engaging young people every day and their presence amongst practitioners. All I can do is encourage all of you to think about those who inspired you and to find ways of acknowledging their contributions. Let us not lose a generation that advanced our field enormously; they have taught us not only much in terms of child and youth care practice, but also, and perhaps more importantly, they have shown us how to become a community, a collection of individuals with common goals and visions that are centered around a deep respect and admiration for the everyday resistance, fight and struggle of young people around the world.

**Jack Phelan** is a story teller like no other; I have learned from Jack about the many impossible, improbable and altogether illegal events and experiences of

the early organizers within the field in both Canada and the US. From substance use to break and enters, from generous helpings of alcohol to love stories with many complications, Jack can tell the stories of early child and youth care conferences, events and gathering in such a way that one yearns to have been there. But once the story telling is all done, Jack can also shift into what for me have been the most dynamic and immediately relevant workshops ever about actually doing child and youth care. As a teacher, an author and a story teller, Jack's contributions to this field have been invaluable, diverse and difficult to replicate.

**Thom Garfat** is a frequent character in Jack's stories, but he is also the ultimate story teller in prose. On CYC-Net, in what is now the *Relational Child and Youth Care Practice* journal, in countless articles and books, Thom has been conveying the nuances of being with oneself and young people with heart, love and soul that is astonishing. Thom has also been the chief promoter of relatively new entrants into the field, sharing his resources with them, connecting them with others around the world and offering opportunities to them to shine and to find their own way in this field. From a Canadian perspective, Thom is a treasure that keeps on giving. Being with Thom, informally and just because, is in and of itself confirmation of the value and the specialness of this community.

**Mark Krueger** has been the poet of this field for many years, and it turns out that poetry and child and youth care practice have much in common. Mark's ability

to connect everyday events in the life of a self-proclaimed social democrat to the nuances of being with young people has expanded the foundations of this field immeasurably. And Mark's courage to speak up on behalf of children and youth at times when few others did, including during the second wave of military attacks on Iraqi children, youth and families, is admirable. He rages against corporate dominance in the publishing industry and still finds time to invite child and youth care colleagues to his place in New Mexico and throw one heck of a party (Jack can tell the stories...)

**Karen Vanderven**, recently retired from the University of Pittsburgh, has contributed to this field a foundation for playing with children and youth in the absence of external control measures. For every child and youth care practitioner who feels inhibited by or frustrated with the everyday requirements of the job, especially in residential care settings, Karen's adamant position on letting go of control and substituting with as much play as possible will surely reignite the passion for being with kids. Between Scuba diving and taking down point and level systems wherever she finds them, Karen provided us with the foundation we needed to actually be with kids rather than just talk about what that might be like.

**Gerry Fewster** is, for me at least, the bad boy of the field who will wake us up whenever we appear to be dozing off in a fit of complacency for mediocre services and practices. Gerry inspires resistance and rebellion mixed with literary excel-

lence and a desire to hit hard and fast when things are not quite right. Rough around the edges and soft around the heart Gerry inspires by his cunningly chosen titles alone. His battle against the hidden power brokers within our field at the helms of pharmaceutical companies is just one example of Gerry's approach to life: if he doesn't like it, we'll all know about it. For me, Gerry has held our field to a higher standard of debate and challenge than it otherwise would have reached.

**Lorraine Fox** has written much in this field, has spoken frequently at conferences and has lent her voice on CYC-Net and elsewhere to debates and discussions about broad, systemic issues in our field as well as detailed, specific and everyday sorts of issues faced by practitioners. She has provided the classic contribution to the field questioning the merits of forcing young people to be compliant, and she has provided some of the most compelling arguments against labeling and pathologizing kids who challenge our sensibilities. Lorraine has, for me at least, provided the field with an everyday wisdom that was and continues to be desperately needed.

**Brian Gannon** is the guy who has made possible some of the most important debates in our field over the past fifteen years through his commitment and everyday stewardship of CYC-Net, as well as through his own contributions about working and being with young people. Brian models for all of us the best of what our community can offer; unassuming, humble but absolutely first class service to

the field's community, to kids and to a global audience of concerned citizens.

These are just seven of the people who have inspired me to keep trying to contribute something to the field as well. What they have in common is their membership in a generation of contributors to our field that really got us started. They too based their work and their thinking on the generation that came before them, but it is their generation that has explicitly and consistently promoted child and youth care practice as a field of knowledge, of research, and of practice in its own right. Life catches up with all of us; as we move through the ages, we set new goals, develop new ambitions and, I suspect, we become more conscious about where our time and attention is focused. I know these seven wonderful people well enough to understand that none will entirely lose sight of our field, but all will gradually look to share their presence where it impacts them the most.

What I wanted to do this month, with this contribution to CYC-Net, is to acknowledge my gratitude, my respect and my admiration for the generation ahead of me, so that the culture and soul of my community continues to transcend the presence by connecting what lies ahead with the path already travelled.

Thank you my friends,

Kiaras

# Naming Our Losses

**Joanne Tamming**

*Child and youth care practitioners are generally prepared to recognize and deal with the issues of change, loss, and grief when they occur within the lives of their clients. Yet professionals are rarely encouraged to identify, examine, and work through these same issues when they arise within their own lives. This denial of personal experience is detrimental to the creation of open and effective relationships. In this article, the writer suggests that change, loss, and grief are integral aspects of professional practice and explores ways in which child and youth care practitioners might acquire the permission, curiosity, and skills to bring their own experience into the equation.*

In becoming professionals, child and youth care practitioners are usually taught how to *acquire* things – not what to do when they lose them (James & Friedman, 1998). They are expected to *acquire* theories and techniques that will enable them to work effectively with their clients. And in the process they *acquire* a language that reflects their unique place in the scheme of things. For themselves, most seek to *acquire* the respect and recognition that will identify them within an established profession.

Above all, they must learn how to become involved in the lives of children and youth through something called a “professional relationship.” They are expected to know about “transference” and “counter-transference,” how to separate personal from professional issues, how to practice stress management, and how to identify and respond to traumatic situations (Ontario Ministry of Education and Training, 1996).



As Catherine Andrew (2000) noted, “my training as a child and youth care practitioner and counselor had taught me about neutrality and creating a healthy professional space between myself and their [clients’] pain” (p. 70).

From the outside, the practitioner’s ability to offer effective care and support for others, particularly those who have experienced loss and grief, is seen to be a reflection of his or her worth as a professional. Whatever a practitioner has acquired

along the way is considered to be the resources he or she needs to do the job. Yet in child and youth care, where the relationship is central, it might be argued that the richest professional resource is the personal experience of the practitioner. When it comes to the common difficulties associated with change, loss, and grief, this



is a matter of critical importance.

This raises the question of the effectiveness of professionals engaged in loss and grief work who have not been encouraged and trained to deal with their own losses. This is not just a matter of acknowledging deep-rooted injury or trauma; it is also about acknowledging and working through the everyday changes that occur within the world of professional practice. In child and youth care, these constant shifts and challenges are often known and predictable. By understanding the nature of such changes and the options for responding, the self-aware practitioner can bring valuable experience into his or her understanding of what might be happening within the life of the client.

### **Defining the Issues**

Words such as “loss” and “grief,” in addition to the phrase “a significant life change,” are key to the discussion. Webster’s Dictionary defines “loss” as “a decrease in the amount, magnitude or degree of something.” Loss is an unavoidable and natural part of life for everyone, regardless of age, gender, nationality, wealth, ethnic background, education, or intelligence (School of Population Health, 2001). Grief is “the normal and natural reaction to loss of any kind. Grief is the conflicting feeling caused by the end or change in a familiar pattern of behavior” (James & Friedman, 1998, p. 3). The grieving experience is a process of reacting emotionally, physically, psychologically, and relationally to life losses. In order for loss and grief emotions to emerge, a particular event or change needs to have occurred.

A significant life change is “an event or occurrence, a loss or gain, positive or negative, but one which after it happens, a person’s life is never quite the same, and cannot go back to the way life was before the event” (Dyer, 1998, p. 1).

The interaction and degree of loss, grief, and significant life change are unique for each person, including each child and youth care practitioner. In a broader sense, however, there are qualities and characteristics of this profession that often trigger such issues and influence how each person relates to the world, both inside and outside the workplace

### **Significant Life Changes**

The concept of loss might be framed within the equation: Change = Loss = Grief (Weiss, 1998, p. 31). Loss is triggered by a change of life events and circumstances. In child and youth care, a practitioner’s personal relationships may change through the diminished time and energy available for family and friends. Structural downsizing, promotion, reorganization, and mergers within the workplace are reflections of an ever-changing context. Heavier or lighter caseloads, cutbacks, erratic work hours, wage adjustments, and client comings and goings all contribute to the day-to-day reality. At the same time, changes that affect the personal world – marriages, deaths, births, relocations – make their own contribution to the accumulation of issues that, if left unacknowledged, will never be adequately addressed. As a professional, the child and youth care practitioner may be expected to grieve quietly and separately from the workplace, skillfully

detaching personal from professional issues in accordance with some external principle (as in Ontario's *Apprenticeship Training Standards* [Ontario Ministry of Education and Training, 1996]).

#### *Losses*

With each change comes a loss. In child and youth care, the practitioner may experience a sense of loss around an infinite variety of circumstantial shifts, but the following have become common, if not predictable.

*The loss of a work schedule compatible with the schedules of significant others:*

Child and youth care practitioners may be expected to work, or be available, for any period of time within any given day. In addition, they may be required to work at night, over weekends and during traditional holiday periods. As Krueger (1986) has said, "schedules can become very taxing ... if they are filled with overtime and if they interfere constantly with their personal lives" (pp. 43-44). The long-term effects of this loss of predictable contact with friends, family, and others is difficult to assess, but there is no doubt that there is a price to be paid.

*The loss of supervision due to the time constraints of the work:* Traditionally, supervision is a time for any professional to receive feedback, be affirmed, identify problems, review goals, and grow personally and professionally. But in child and youth care, as Krueger (1986a) points out, "something always seems to be ready to impinge upon supervision (a crisis with the kids, a shortage of coverage, the supervisor is called away, etc.)" (p. 47). In his book *Careless to Caring* (1986a), Krueger

observes, "a significant number of caregivers never fulfill their role potential because the care-giving system is unable to provide them with the status, financial incentives, supervision and training needed" (p. 16). Later in the same text he notes, "It is not uncommon to hear caregivers state that 'the only time I see my supervisor is at staffings, after a crisis situation, or at my annual evaluation' ... not many administrators can honestly state that their caregivers receive adequate supervision" (p. 34).

*The loss of a supportive team experience:* In training, many practitioners become accustomed to a learning environment that is supportive and nurturing. This is considered to be essential where the experience involves considerable personal challenge and risk. Unfortunately, in many work contexts, where the pressures are even greater, the practitioner may well find herself or himself working in relative isolation, despite the illusion of being a member of a team. To return once again to the words of Krueger (1986b), "the lack of time and resources have also been identified as the major deterrents to team work. Add to this the job stress which is inevitable when workers must confront, assert and compromise and it becomes apparent why some people struggle more than grow with teams" (p. 62).

*The loss of identity, self concept, and permission to express feelings:* While those who design professional standards might insist that practitioners learn how to detach themselves from other people's problems, the fact remains that many issues raised by clients are similar to those experienced personally by the worker. If

the practitioner is unable to acknowledge and express the thoughts and feelings associated with this connection, then he or she is effectively cutting off from the experience of self. The effects of this repression or denial can have severe consequences for both parties in the relationship. Again, Krueger (1986a) has identified the problem. He states, “managers and team members often assume or pretend they are not affected. This is a terrible burden to put on the agency and the individuals. No-one can perform effectively in an environment where personal problems are repressed or denied” (pp. 77-78). Similarly, Levine and Doueck (1995) report the story of one practitioner who, having listened to a client disclose a situation of family abuse, declared, “I was angry. I was exhausted” “I had to work really hard to keep those [feelings] in check” (p. 98). In their analysis they concluded, “therapists may even reject clients in the same way that an angry client might reject a therapist” (p. 98).

*The loss of being vulnerable:* In his book *Being in Child Care: A Journey into Self*, Fewster (1990) states, “personal vulnerability is the most potent state for all-learning. We fear the judgments that others might make and we run back behind our disguises. Babies offer an openness that we [professionals] lose as we ... grow up” (p. 52). The implication is that a practitioner who cannot take the risk to become vulnerable loses the capacity to experience the fullness of relationships. Since child and youth care is essentially about relationships, the loss of vulnerability has profound implications.

*The loss of personal values, beliefs, and world view:* In many situations a worker may feel coerced into compromising values and personal beliefs in order to remain with a particular agency and work within its mandate. According to Krueger (1986a), “every team member brings a unique set of beliefs and values to the team. Some of these can be compromised and others can’t. Team members can’t function in an environment where most of their basic beliefs are inconsistent with the prevailing beliefs at their center” (p. 79). Even the most deeply rooted structure of values and beliefs – a world view that stems from our earliest formative experiences – can be challenged, if not compromised, when working with clients and colleagues who see things very differently. Beliefs and strategies concerning “discipline,” for example, can create considerable explicit or implicit tensions that affect relationships and the working environment. When a person’s world view is threatened in some way, the potential for loss is pervasive and profound.

*The loss of status, decision-making power, and respect:* In many organizational designs, child and youth care professionals are considered to be on the lowest rungs of the decision-making ladder. A loss of personal efficacy, a loss of voice, is detrimental to the well-being of any individual, but for those who work with clients who themselves feel disempowered, like children, the consequences are particularly tragic. Yet as Krueger (1986b) points out, “youth care agencies often consciously and/or unconsciously perpetuate situations which make it hard for caregivers to become more involved in the organization

... Most agencies still place an inordinate amount of decision-making power in the hands of individuals with the highest employment standards, but the least opportunity to spend time with youth” (p. 44). The hierarchy reflects the status quo, and those in the most powerful positions (e.g., administrators, psychiatrists, psychologists, social workers) are rarely willing to relinquish their powers to those of lower rank. In such contexts, child and youth care practitioners may have every reason to believe that their voices are seldom heard and their opinions count for little in the overall scheme.

*The loss of energy, self-esteem, and personal autonomy:* According to Krueger (1986b), “many [child and youth care workers] enter the field with innovative ideas and a strong desire to improve treatment conditions. Instead of receiving support, they face resistance to change. Caregivers in these situations lose their energy for the job very early” (p. 28). Along with this loss of energy, practitioners may come to doubt themselves and their competency. They find themselves facing impossible odds in bringing about change either in their work environment or within the lives of their clients, and end up feeling defeated and worthless. In describing the experiences of one worker, Fewster (1990) explains how “she continued to attribute a youngster’s lack of response to her own lack of skills” (p. 82). In the same text, Fewster reflects upon the commonly destructive image of the practitioner as a “people pleaser,” being obsessed with the expectations and judgments of others. The task is hopeless since, however much the practitioner may

struggle to match such expectations, the goal of changing other people’s lives or meeting their expectations can never be accomplished. The loss of energy, esteem, and autonomy that arises from this struggle is often referred to as “burn-out.”

*The loss of equitable remuneration and life-style choices:* While few child and youth care professionals begin with vast accumulations of wealth, it is not unusual for them to experience a diminishing balance between income and expenditures. Compared with other human service professions, wages and salaries in child and youth care are notoriously low. This often means that child and youth care professionals are unable to keep up with their friends and acquaintances in supporting a desired life-style – a loss of equivalency and even contact. Wages also have ramifications for the practitioner’s longevity within a particular agency and within the field as a whole. As Krueger (1986b) points out, “the average salary ... is hardly enough to support even a very moderate life-style and certainly not enough to raise a family ... salaries are not commensurate with role potential [so] caregivers often leave the field long before they are able to reach the potential that is inherent in the role” (pp. 43-34).

*The loss of opportunity for education and training:* Lack of training within an agency is often attributed to lack of financial resources and time. This lack of training might also reflect a lack of valuing of and recognition for the practitioner, who has every reason to expect ongoing professional development. Either way, the opportunities that many workers enjoyed in school and in their training are no lon-

ger available once they step into the world of professional practice.

*The loss of health and innocence:* Child and youth care professionals are constantly exposed to the distress of others. Without the necessary support, it is not unusual for practitioners to sense that the world is no longer a safe and innocent place to be. Facing this loss, they may become desensitized to the traumas of others, displaying the signs and symptoms of having experienced and internalized these losses but lacking the tools to deal with them. Symptoms may manifest themselves in conditions of emotional or physical burn-out, secondary trauma, clinical depression, post-traumatic stress disorder, or poor coping strategies such as drug or alcohol abuse, nicotine addiction, overeating, or lack of exercise.

*The loss of relationships and a sense of belonging:* Shift work, low wages, and job stress, if not managed and balanced, can become toxic to relationships. Partners or spouses may not understand the stressors associated with the work, and relationships may change drastically. The high turnover within the profession creates additional losses of relationships with co-workers, children and youth, and families. In such circumstances, the practitioner may sense a loss of belonging and security. Additionally, there may be a loss of trust within relationships with clients. There are many situations in which practitioners are obliged to make “reports” on their clients, which can cause an irreparable rift in the connection. In the words of Levine and Doueck (1995), “clients who are reported by their therapists frequently feel a sense of betrayal and loss

of trust. Many will refuse to continue treatment with the therapist who made the report” (p. 92).

### *Grief*

Among child and youth care practitioners, reactions or responses to any of the above losses may vary considerably. Practitioners might express emotional symptoms of helplessness, sadness, depression, or shame. They might experience grief at a *spiritual* level, losing faith in God or other beliefs, having witnessed the pain of their clients’ lives. The grief might be dealt with *cognitively* by dwelling in a confused state, wrestling with short attention span or suffering from short-term memory loss. Grief might manifest itself in physical symptoms like headaches, nausea, or lack of energy. Behaviourally, they might become immobilized or display severe mood swings, become tearful, withdraw socially, experience a shift in sleeping patterns, become disorganized, or become restless in the workplace (Outreach Grief Services, 1999). Any or all of these responses are normal and natural. In the final analysis, it is their own knowledge of these responses that will enable practitioners to recognize the diversity of experiences that are evident in clients and co-workers who experience grief.

### **The Journey Towards Healing**

By identifying their own personal and professional life changes, child and youth care practitioners are able to come to terms with the grief process. By opening the dialogue and mastering the language of grief and loss with clients and co-workers,

they are able to find the *sameness* within the diversity – without losing the person in the process. As Wholey (1992) points out, “while the events of each individual’s life may differ, the *process* of life is the same for all of us” (p. 6). It is important for practitioners, along with their clients and co-workers, to connect with each other, understand, and give space for each other’s grief rituals and cultural expressions of loss.

Acknowledging loss is empowering, not crippling. It is a process of healing. The space of healing must be one that allows the individual to laugh and to cry, giving permission to forget about the grief when the mood fits. The space should allow the person to acknowledge feeling scared at times. The space should allow for fun amidst the grief without external judgment. The healing space should encourage the person to talk and talk, until he or she feels the emotions of grief lift (Specialist Education Services, 1998). And all of this applies as much to the practitioner as it does to her or his clients.

James and Friedman (1998) have outlined the universal healing strategies for people dealing with loss and grief. Their suggestions include keeping a journal, getting lots of rest, eating healthily, focusing on physical activity, accepting the reality of what happened, going through the pain, and recognizing that the loss is final. Above all, they suggest, it is important to remember to celebrate the small steps and the small victories in moving through the grieving process. People in general, and professional “helpers” in particular, should be encouraged to be very aware of not getting lost in intellectualizing losses

and ignoring the associated feelings.

Child and youth care workers who are willing to identify and explore their own feelings of loss and grief are more able to deal with the same issues as they arise in the lives of their clients and even their co-workers. From their own understanding, they are able to respect the grieving person’s need for privacy. They are prepared to create opportunities for others to share feelings and to give permission for the expression of emotions, whether tears or laughter. In their own place of grief, they are able to share with others and let their own needs be known. They can acknowledge their own tears, anger, sadness, and disappointment without looking to others for the solution. They will understand that such feelings of sadness and loss will recur, even after the intense period of grief is over, and that is quite natural and acceptable (University of Michigan, 2001).

### **Insights for the Child and Youth Care Profession**

Loss and grief work is about sharing what one knows about the issue with the assurance that whoever is listening can understand from their own experience without judgment. In the words of Mark Krueger (1986b), “knowledge sharing is one of the most important facets of personal growth and in development in the care giving movement as a whole. There is nothing more inspiring or powerful ... the rewards are plentiful” (p. 104). Along similar lines, a practitioner in Fewster’s *Being in Child Care: A Journey into Self* (1990) is reported as saying, “child and youth care must develop on the basis of its own ex-



perience ... at the most fundamental level, child and youth care workers must begin by valuing their individual experience and subjecting it to personal reflection and analysis. Unfortunately, most of my colleagues seem to invalidate their own direct experience” (pp. 140-143). In the same text, Fewster concludes, “among all the helping professionals, only child and youth care workers have the courage and the privilege to immerse themselves in the everyday life world of their clients. If they can take the risk to be themselves and acquire the skills and confidence to speak directly to the youngsters in their care, they can become therapists par excellence” (p. 133).

To conclude, it is evident that all child and youth care practitioners encounter personal and professional losses while travelling the professional pathway. The professional journey is about embracing both the losses and the gains encountered along the way. The sense of loss and grief is not only about people who leave or die; it is also about things and events that are no longer available. By acknowledging and exploring these experiences a practitioner learns how to be with others – clients, family members, friends, and co-workers – who share the same life-process. In this way, ongoing personal and professional growth is assured and the potential for all future relationships is enhanced.

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# Mindful Care

## The pilot of a new mental health service for young people who are looked after away from home in Moray

Jenny Makinson, Christopher Wiles, Debbie Jones and Sheila Erskine

### Introduction

It is well documented that children and young people who are looked after away from home have significantly high rates of mental health problems coupled with poor psychological adjustment and general levels of emotional wellbeing (McCann et al., 1996; Minnis & Devine, 2001; Minnis et al., 2001; Hill & Watkins, 2003; Meltzer et al., 2004; Rodrigues, 2004; Ford et al., 2007). A range of conduct, emotional and hyperkinetic disorders appear most common in this population, and co-morbidity

rates are noticeably high (Meltzer et al., 2004). Furthermore, only a small proportion of this at-risk population is likely to be accessing Child and Adolescent Mental Health Services (CAMHS) (Dimigen et al., 1999). Barriers to successful CAMHS input occur at several stages within the process, from identification and referral of mental health problems through to the engagement of the young person and effective interventions for their specific constellation of behaviours and symptoms (Blower et al., 2004; Mount, Lister &

Bennun, 2004).

The picture of outcomes of care for these young people is also indicative of health and social services' considerable failure in supporting adequately their mental health and wellbeing. Some examples include higher rates of early pregnancy and lone parenting, lower academic and career success, and greater likelihood of substance misuse (Chambers et al., 2002).

In response to the widely accepted requirement for better mental health services for this group of young people, several recent policies and good practice guidelines have been developed and some core themes have emerged. These include preventative and early intervention models, standardised screening for mental health problems, improved assessment of the presenting problem, steps to engage the young person in a collaborative and non-stigmatising manner, the provision of mental health training for residential practitioners, and very saliently, good multi-agency working (Mount, Lister & Bennun, 2004; Blower et al., 2004; Bunting, 2006; Scott & Hill, 2006; Stanley 2007). In terms of translating the above considerations into a concrete format for service development, *The mental health of children and young people: A framework for prevention, promotion and care* (Scottish Executive, 2004) provides key guidelines and objectives for mental health promotion and care, with specific emphasis on the vulnerability of young people who are living away from home. This document is supported by *Delivering for mental health* (Scottish Executive, 2006), outlining objectives for CAMHS teams including the provision of general mental health training

to residential practitioners and the provision of consultation, advice and joint working practices. The Mindful Care pilot project was developed to try and meet some of these needs.

### **The local context**

In the Moray local authority area, there were 120 children and young people looked after away from home on 31st March 2008 in a variety of kinship, foster and residential care placements. Within this, twelve individuals (10 percent) were placed in residential accommodation within Moray. As an area, Moray has no local authority-provided residential provision. All of these children reside in *Action for Children* (AFC) units commissioned by the local authority. This project is a joint initiative between the AFC residential care service in Moray and the associated CAMHS team, targeting this population of children and young people

### **Methodology**

#### *Phase one – Training*

The training package consisted of the Young Minds national inter-agency training resource (Catchpole, Goosey & Webb, 2006) and some additional presentations. These presentations consisted of a review of relevant literature, the use and validity of the Strengths and Difficulties Questionnaire (Goodman, 1997) for this population, attachment systems in children in care, and an introduction to Reactive Attachment Disorder. Case studies were designed which reflected the needs of this group of children, and several informal discussion topics were

included specifically geared to the trainees' work environment.

Twenty-six participants took part in this study. Two failed to complete the two-day course due to illness and were omitted from the analysis, giving a total of 24 subjects. The total sample consisted of one residential services manager, two unit managers, two senior project workers and 19 residential child care practitioners. All participants were recruited internally by AFC's residential services manager for Moray, and were written to in advance of the training to inform them of the programme content and arrangements. The effect of the training was measured using a questionnaire of eleven questions designed to measure the ascribed training outcomes of *Mental health of children and young people: A framework for prevention, promotion and care*, as well as learning objectives of the Young Minds national inter-agency training resource. This was administered immediately before, immediately after, and three months following the training course. At the three-month follow-up, 21 of the participants returned the final questionnaire, of which 20 did so within the correct timescale and were included in the analysis for the follow-up stage.

#### *Phase two – Introduction of the Strengths and Difficulties Questionnaire (SDQ)*

An overview of the SDQ was given during training, specifically concerning its potential use in a new protocol for AFC's residential service supported by the CAMHS team. Following this, an agreement was made between both agencies to hold a trial for a new system. This aimed

to obtain a completed SDQ by the referring social worker upon entry into care, from the key worker and young person within two weeks of the placement, an additional joint SDQ made by the 'team view' produced at the in-house residential review meeting, and repeat versions from both the key worker and young person when required, such as to address specific concerns arising from the young person's presentation. It was anticipated that in addition to aiding internal practice in residential units, issues arising from the completion of these questionnaires could be supported through consultation with the CAMHS team.

#### *Phase three – Consultation*

A new consultation service was developed and piloted for six months following the completion of the training programme evaluation. This service was specifically for AFC residential care staff, and usually involved the presence of the young person's key worker and unit manager. These individuals could also invite other relevant contributors by mutual agreement, such as social work staff. Each of the three AFC units were offered a monthly consultation session concerning an individual of their choice, with the Consultant Clinical Psychologist who delivered the training, the Systemic Psychotherapist, and if applicable, any other CAMHS team members who may have the young person on their caseload.

## **Results**

#### *Training Programme*

Statistical analysis of the data indicated that there was a statistically significant in-



crease in the subjects' questionnaire scores across the three time points (Pre-training, Post-training and three-month follow-up). This demonstrated that the training was effective in immediately increasing knowledge and confidence levels tested by the questionnaires. Specifically, training created a significant increase in levels of understanding of specific mental health issues and the broader emotional and mental health of children who are looked after away from home, within a developmental context. There was an increased level of confidence in identifying and supporting those with mental health difficulties, in general and also in terms of protective factors. The training also created an increase in perceived ability to obtain specialist support and work collaboratively within the local service system. Additionally, trained staff were more aware of the impact of stress on individuals, the importance of their own contribution to those children they work with, and were more able to address their own emotional needs. At three-month follow-up, there was no significant decrease in the subjects' ratings from levels achieved post-training. It can therefore be concluded that the effect of the training was sustained after three months.

#### *Staff attitudes on the training*

The post-training questionnaire included questions to measure how acceptable and relevant the training was to the participants, and also to gauge 'customer satisfaction'. All participants reported the training to have clear objectives, and felt that the trainers facilitated discussion around topics. When

asked if the training was relevant to their role, three-quarters of participants stated that this was 'very much' the case, and the remaining quarter felt it was still 'mostly relevant'. In terms of the overall perception of the training, almost all individuals stated that it was either 'good' or 'excellent'.

#### *SDQ and consultation model implementation*

Although no quantitative evaluation of these aspects of the Mindful Care pilot project was carried out, two review meetings were held to discuss the progress and outcomes of this phase, at three and six-month time-points. These reviews were attended by the Service Manager from AFC, and Consultant Clinical Psychologist, the Systemic Psychotherapist and the Trainee Clinical Associate Psychologist from the CAMHS team.

With regards to the integration of SDQ use in the new protocol developed by AFC staff, it was felt that this helped to focus practice on particular aspects of the young person's mental health, gave clues as to their individual strengths and areas of potential and had the potency to pick up less obvious difficulties they might be experiencing. It also gave an opportunity for the young person to add in their own feelings and considerations regarding their general mental health and wellbeing, which may provide an easier method than more traditional alternatives. Residential staff also stated that the SDQ held the advantage of not being pathological or negative; focusing on general areas of strengths and difficulties. From the perspective of the CAMHS team, it was

thought that the SDQ contributed to good levels of preparation for the consultation sessions, and gave concrete areas to discuss and measure for signs of progress or deterioration. Completed versions from a number of different sources, for example the young person, key worker, unit manager and social worker, also gave important input to systemic considerations concerning particular cases. The consultation sessions themselves varied considerably in their form and content, ranging from exploring concerns regarding a young person new to the care team, to more systemic discussions concerning a young person with well managed but significant mental health problems. Residential staff reported overall satisfaction with the new service, and valued their own 'space' to use as each team wished. Several individual pieces of work had also been generated by this aspect of the service, including a discreet cognitive functioning assessment of one young person and a priority mental health screening appointment for another.

## **Discussion**

The training of AFC residential staff can be viewed as a success in terms of increasing levels of perceived knowledge of, and confidence in supporting, the mental health and wellbeing of the children and young people in their care. Importantly, the staff felt more able to access specialist support, and work in partnership with other agencies within their local service system. The training proved to be highly rated by the AFC staff to whom it was delivered, demonstrating both a relevance to their role and acceptability of delivery and

content. Such collaborative models of training should themselves improve inter-agency working (Hatfield, Harrington & Mohamad, 1996; Barbour et al., 2006; Stanley, 2007).

The introduction of the SDQ and the consultation service were experienced as positive joint service developments, both from perspectives of those working in the residential care service, and for members of the CAMHS team. The consultation model has achieved several positive outcomes which suggest an improvement to the support of the mental health and wellbeing of children and young people who are looked after away from home in the area, the most important of which is better inter-agency working. While conclusions remain tentative and await further empirical evaluation, there has been a noticeable shift to more appropriate and flexible roles for CAMHS team members in the cases of these children, beyond more traditional individual clinical work, as well as improved practice and communication from residential care team members.

## **Implications**

The inter-agency model of training and consultation discussed here has proven successful for residential practitioners working with challenging young people. It seems likely that a similar training course would also be suitable for other groups caring for and working with this group of young people. In terms of a need for this model of training, a recent report by the Scottish Institute of Residential Child Care (SIRCC) noted that 68 percent of residential staff were unqualified (Lerpiniere et



al., 2007). Additionally, many residential staff who are qualified to the level of HNC and SVQ level 3 are potentially untrained in mental health theory or policy relevant to children who are looked after away from home. Training offers a cost-effective option to service delivery and thereby a potential improvement on existing inequalities in the appropriation of limited resources (Hatfield et al., 1996; Minnis et al., 2001). Potential broader implications of training programmes such as this include reducing numbers of placement breakdowns and better learning and social outcomes for this group of children and young people.

### Conclusion

This article forms the initial evaluation of the Mindful Care pilot project. There is currently no evidence as to whether the training and supporting consultation model has produced long-lasting changes in clinical practice, and more importantly in outcomes for the mental health and wellbeing of children and young people who are looked after away from home. The initial indications and evaluations reported here are, however, encouraging. Additionally, wider evidence from research supports such directions for inter-agency training and multi-agency working, as well as the development of specialist CAMHS services for children and young people who are looked after away from home. The needs of this population are indisputably great, and moving towards alleviating evident failings in mental health within residential care service provision must progress. It is important that this progression follows empirical

pathways, whereby the audit and evaluation of models of good practice and service delivery creates a strong evidence base for future development (McCluskey, 2006). The reality is, however, that full evaluations of outcomes remain slow and difficult to achieve. Creating mental health services which meet the demands of this population, and a care system which is truly 'mindful' must remain the ultimate priority.

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# Understanding and Treating Adolescent Vulnerability: A Developmental Perspective

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*A minority of adolescents has difficulty negotiating the quest for identity and self-worth and thus experience depression, substance abuse, conduct disorders, and suicidal behavior. This paper focuses on the intervention with this vulnerable population. The clinical illustration shows the importance of a therapeutic relationship with a balance of warmth and neutrality in order to build strength and a sense of identity and worth.*

## **Introduction**

This paper is about the lifetime challenge of finding out who you are and what you are worth in your own eyes. This endeavor starts at birth and is particularly prevalent in adolescence. Building stones are self-confidence and self-esteem fostered by a caring and structuring environment. Not all children meet optimal conditions to ease their way into becoming a person who knows who she is and loves herself and others. Adverse conditions can create vulnerability that hinders the identification process. Some of these conditions are inherent in the person, such as temperament, physical or intellectual limitations, and other conditions are due to the environment such as lack of secure attachment, parental neglect, abuse, ill mental health, social isolation (Rutter, 2002).

Child and youth care professionals meet the challenge to help these children

hurt by life get back on the track of the normal challenges of their development, and the latter part of the paper discusses the paramount importance of the therapeutic relationship, the basic ingredient of good child and youth care.

Before I tell you about the normal challenges of the adolescent development, let me introduce sixteen year-old Melanie.

## **Melanie**

Picture this: dark coloured ripped clothes, multiple piercings on ears and brow, and a backpack with the names of heavy metal groups (such as Marilyn Manson) written all over it and a few furry cuddly animals hanging from it. While showing this tough exterior more masculine than feminine, including swearing a lot, Melanie would be totally devastated and feeling excluded when a friend would not follow up on a promise. Melanie showed many symptoms of high anxiety

and depression. She was frantically busy in her life, most likely to ward off her low feelings. She didn't fit criteria for a manic depressive disorder.

This parentified child was always struggling between maintaining the semblance of autonomy (pseudo-autonomy) and her strong dependency needs. She showed high preoccupation with social inclusion and exclusion. Paradoxically, Melanie could show the greatest sensitivity and empathy to the feelings of others, while at the same time displaying tremendous egocentric concentration on the narcissistic injury caused by a friend's words or actions that felt like betrayal. More-than-average smart and with definite interpersonal skills, she would get caught up in her emotions and more often than not act impulsively, including using physical aggression. Melanie showed this fundamental preoccupation with being acknowledged in her own right with her legitimate needs and her need to assert her identity.

In terms of family history, she was an only child and all of her life has been going back and forth between her grandmother, her mother, and occasional placement, but with continuous involvement of child protective services. Her father was always kept at a distance by the mother and then distanced himself by moving abroad. Hence, her profound distrust of adults and tremendous worry when a positive relationship would develop.

Later on in the presentation, elements of Melanie's development and pattern of behavior will be used to illustrate the particular challenges vulnerable adolescents like her face when trying to tackle the

tasks of normal adolescent development.

In the next section, the challenges are illustrated that all adolescents face in their quest for identity and self-worth. Studies from the mid 1990s show that the great majority of adolescents manage to complete their developmental tasks successfully (Cloutier, 1994), and there is no reason to believe that that has changed in the last ten years.

### ***What exactly do adolescents have to accomplish?***

In simple words it is about finding out who you are, what you want to become, what you want to accomplish, and finding a clear distinction between self and others. Without these features it is more difficult to find a clear place in the world and to relate to others in a harmonious way.

Psychologists have thought about this and coined these features in terms of processes presented in the following section.

1. The integration of bodily changes into a new body image
2. Revision of old defense mechanisms
3. Second round of the separation-individuation process
4. Changing patterns of interaction with family and social circle

#### *1. The integration of bodily changes into a new body image*

The body image is part of one's identity. Puberty brings rapid and fundamental bodily changes that require major psychological adaptation (Samy, 1990; Hanus, 1995). With puberty childhood ends, and sexuality moves closer to adult levels. The

bodily changes that occur at puberty are irreversible and are hard to accept for a minority of adolescents. These adolescents make tremendous efforts to deny their bodily transformations. One example is the adolescent girl who tries to rid herself through anorexia of her feminine shape and even her period. Suicidal behavior can be conceptualized as attacks against the sexualized body and expresses the extreme difficulty of adaptation to the inevitable pubertal transformation (Laufer, 1989).

With adolescence, boys and girls become more aware of the social impact of their bodies and have stronger subjective reactions to their own and others' body images. Each individual is preoccupied with an idealized body image (how tall, how much weight, etc.), and a deviation from this ideal can become a narcissistic attack. The more fragile the self-esteem, the more impact these preoccupations with one's body image will have. Of course, societal influences through the media and the "star" phenomenon will have an impact on even the healthiest adolescent!

## *2. Revision of old defense mechanisms*

All children deal with intrapsychic conflicts and develop over the years a fairly stable personality structure which includes certain defense mechanisms. The function of these mechanisms are essentially to contain conflicting impulses of a libidinal or an aggressive nature.

Adolescents are faced with new intrapsychic conflicts regarding aggressive impulses with the growing assertion of one's difference and autonomy in one's

family of origin. Furthermore, the sexual impulses are far more present and require integration in one's view of self and others.

Some of the adjustment to the changed reality of the body can entail regression to earlier stages of psychosexual development. For instance, a child that developed healthy eating habits can turn into an over- or under-eating adolescent because of his trouble integrating his sexual impulses. The bodily changes bring sexuality to the centre. At the onset of puberty, perceptions of sexuality are still immature, and the adolescent has to review his relationships with the other sex. For instance, a longstanding friendship between a boy and a girl can suddenly become tense and ambiguous and even be interrupted, because one or both of the friends have strong sexual feelings that they do not really know what to do with. In a same-sex friendship tension might stem from the change of preoccupation of one of the friends leading to a feeling of strangeness on the one hand, but the tension could also stem from mutual or unilateral sexual attraction.

The adolescent has to review his ideal of self, where former ideals and new values come into conflict. These conflicts may bring the risk of disillusionment, de-idealization, and confusion. For instance the boy who always treated girls as a social category without interest, suddenly is faced with a heightened interest in girls, which brings bodily and emotional arousal. Another example would be the well-behaved girl who suddenly finds herself distracted from her schoolwork or other interests by her bodily and emotional reactions to the presence of boys.

### 3. *Second round of the separation-individuation process*

Beyond the psychosexual development covered in the previous two points, the adolescent has to tackle two other developmental tasks: (a) Develop one's own identity and autonomy, (b) Establish and maintain intimate relationships outside of one's family of origin.

#### *a. Develop one's own identity and autonomy.*

This first task is about who we are and how we are different from others and how we develop our own judgment. Developing an autonomous identity requires a delicate balance between independence and dependency. Differentiating self from others also raises the issue of self-esteem and how good one feels in one's skin. For many adolescents this quest for identity brings a fair degree of anxiety and confusion, and a heightened sensitivity and vulnerability related to one's image of self.

The process of separation-individuation starts at birth, and in the first three years of life most children learn to successfully function quite safely outside of their immediate family. Further, they learn that a relative distance from their parents is no threat to their relationship with them. For some children, even the possibility of separation remains a major source of insecurity and anxiety. The relative success of separation-individuation is an intrapsychic process, which is largely influenced by the parents' capacity to

tolerate their children's individuation. Hence, parental anxiety regarding separation and the relative autonomy of their child can lead parents to maintain the child in a fused or extremely dependent state. This parental anxiety mostly stems from their own unresolved separation-individuation process.

Adolescence brings the next phase of the individuation -separation. The autonomy is taken one step further and involves the loss of the infantile ties to the parents. Depending on how successfully autonomous he became in the first phase, the adolescent might be more or less ready for a further separation from his family. He might feel more isolated and empty, guilty to distance himself from his parents or panicked because of the distance he feels from them (Shelly et al., 2004).

Suicidal behavior can express, on the one hand and paradoxically, a desire of fusion to end the distance and separation, or on the other hand, a desire of distance and to take ownership of one's life even if it has to be destroyed to meet the end. Suicidal behavior might be associated with anger with the parents for a distance that felt as abandonment or with punishing one's self for abandoning the parents.

#### *b. Establish and maintain intimate relationships outside of one's family of origin.*

The second developmental task the adolescent has to pursue is to support



his distancing from the family by finding and maintaining new relationships outside of the family that provide affection and love. This is found with friends and requires a new type of relationship with the other sex. All of this can lead to loyalty conflicts as well as difficulties in giving a harmonious direction to one's loving feelings and sexual energy. Fear of rejection and anxieties regarding this unknown intimacy can put a damper on reaching out.

The physical or symbolic separation from loved ones (e.g., parents) brings on a mourning process. This process entails anger and rage towards the loved person. Adolescents who have not learned to successfully integrate their ambivalent feelings (such as the simultaneous presence of love and hate) towards loved ones have particular difficulties with these aggressive feelings that are part of the mourning process and might tend to direct these feelings towards themselves (Samy, 1990). These adolescents will tend to split off their "good" loving feelings from their "bad" hating feelings. The first phase of the integration process of ambivalent feelings takes place in early childhood, and the process is rekindled by the loss inherent to the separation-individuation process and the fear of losing the very person one wants to get closer with.

The integration of the ambivalence has to do with giving up on the total control of loved ones and a more realistic acceptance of the strengths

and limitations of both self and others, as well as the realistic boundaries that exist in one's relationships with others.

The challenge for the adolescent lies in a revision of the idealized image of his parents and starting to see them as human beings with their strengths and flaws. Accepting this reality can be painful and accompanied by feelings of helplessness or even a diminished self-esteem. The loss of one's ideals can bring a sense of emptiness and a difficulty to see any sense to life. This loss of sense and the suffering that it brings can lead a preoccupation with death as the ultimate solution. This morbid direction can become even more present in adolescents who have not been successful in their efforts to get closer to others outside of the family.

#### *4. Changing patterns of interaction with family and social circle*

The preceding factors happen internally but do not evolve in a social vacuum. Just as their adolescent changes, parents are going through an adaptation as well. The separation-individuation of their child confronts them with their more or less successful process with their own parents. Child and youth care workers will get confronted as well with their personal experience with their parents while accompanying a youth in his separation-individuation.

Therefore, the success of the adaptation of the adolescent to his new life phase will be helped tremendously by the parents' or caregivers' capacity to accompany

him. The relational climate of a family (or of an institution) can be more or less favorable to the development of autonomy, identity, the expression of feelings, both positive and negative, or be more or less tolerant of the necessary distance that comes with the normal adolescent development.

The literature (e.g., Farberow, 1985) underlines how a harmonious development is hindered by the presence in a family of violence, alcoholism or other substance abuse, or mental illness. On the positive side, nourishing interpersonal relationships within the family allows a better chance of developing secure attachments to parental figures (Lesage, 1994). Favorable social situations are identified as protective factors against such mental disorders as depression (see Brown and Harris, 1989; McGuffin et al., 1991; Cyrulnik, 1999; Rutter, 1987, 2002; Luthar, 2003).

Parents or caregivers play a crucial role in the integration of ambivalent feelings by helping the child or youth to acknowledge and express his aggressive feelings. Allowing this acknowledgement and expression reduces the risk that the child directs these feelings against himself in the shape of self-destructive thoughts or acts.

Donald Winnicott (1970), the well known British psychoanalyst and pediatrician, insists on the importance of a family climate wherein members are enabled to love and hate one another safely without fear of destroying relationships or suffer from retaliation.

Hence, a child may develop a fear of his own anger and its expression when growing up with parents who are unable

to express their anger, or parents that exert no control over their aggression and act it out impulsively. The child's intrapsychic organization is highly influenced by his parents' mental balance and his family's degree of disorganization or organization. Social disorganization is highly correlated with suicidal behavior (Durkheim, 1960; Farberow, 1985; Brent, 1995). Social disorganization is characterized by unfavorable conditions such as promiscuity, bad housing conditions, criminality, excessive poverty, substance abuse, social isolation, and instability (for a clinical illustration, see Maas, 2004).

Social isolation is associated with such factors as divorce and unemployment. An adolescent having grown up in a disorganized and isolated family will more likely not have developed affective communication skills or even effective communication skills with the other members of his family because members in the family do not talk to each other. In these circumstances it is hard to acquire the necessary social skills to succeed in building new relationships outside of the family.

Even worse, deficient interpersonal relationships in the family do not allow the adolescent to obtain the emotional support necessary to get through the hardships of temporary interruptions (such as fights, misunderstandings, etc.) as well of the definite interruptions (e.g., break-ups, moves, etc.) of his new relationships with his peers.

With this lack of social support or when the interpersonal relationships are present but toxic, the adolescent is more likely to face severe discouragement, leading even to suicidal ideation (Everall et al., 2005).

This paper has illustrated the normal challenges of adolescence together with the promoting as well as the hindering variables. Some of the difficulties that adolescents have in working towards a clear sense of identity translate into temporary adjustment problems (depressive moods, withdrawal, acting out through aggression or substance use, and risk-taking behaviors) and sometimes into more chronic patterns (impulsiveness, conduct disorders, depression, chronic anxiety, substance abuse, or a coexistence of diagnoses also referred to as comorbidity).

The early example (or story) of Melanie shows how her particular vulnerability caused her grief in working through the challenges of adolescence.

#### *5. Melanie's struggle towards a harmonious identity*

##### *a. The integration of bodily changes into a new body image.*

Despite her apparent self-assurance, Melanie didn't find herself attractive and had concealed her femininity in a masculine exterior, in dress and attitude. Her anxiety translated into such symptoms as insomnia and extreme itching of her skin that felt to her as if she was covered by many insects. Melanie had very little sexual experience and had become very apt at steering away of any situations that could entail a heightened physical intimacy. Though not socially shy, she didn't know what to do with her sexual feelings regarding boys. Only when this was discussed and put in

the context of her necessary developmental changes, and when the practice of some relaxation techniques helped her gain some control of her bodily sensations, was she able to be less anxious about her different rapport with boys.

##### *b. Revision of old defense mechanisms.*

Melanie had lived her whole life with a constant preoccupation and fear of abandonment and rejection. She defended herself against that through aggressive behavior, pushing people away, sometimes before they could even be considered close. It was as if she tried to have others feel how she had felt: always uncertain about her mother's constancy in place and mood. Though capable of friendly interaction, she could become overwhelmed by these feelings of anxious powerlessness when feeling dependent on others and fearing she would be left and excluded. She was extremely sensitive to criticism, but on the other hand could herself be outrageously mean with others. As a child she had been more withdrawn and shy, avoiding social relationships. Adolescence brought her to become more assertive socially, which was accompanied by a rekindled fear of rejection. She would go far in alienating her family (particularly her grandmother) and thus would find herself without any support when she went through a crisis with one of her friends.

*c. Second round of the separation-individuation process.*  
Melanie still needed to be reassured about the constancy of her primary caregiver(s). Although her grandmother had filled in when her mother was not capable of taking care of Melanie, the grandmother had not developed into a secure attachment figure for Melanie. So moving out of the family circle brought a lot of anxiety and counter phobic behavior. She would engage in more separation than she could really handle: She stayed out late, even staying out all night with friends. These behaviors would cause reactions of distancing and ultimately placement. In her treatment she needed to be acknowledged in her need for affection and consideration and how she feared to be controlled by the person she relied on, and how this would lead to ambivalent feelings towards the people in her inner circle (family as well as friends). She needed to be reminded how she had such strengths as intelligence, kindness, generosity and humor. Along the same lines, she needed help to become more tolerant of her weaknesses, such as her impulsiveness and her verbal lashing out at people without previous thought. She needed to understand that all of her emotional reactions and the expressions of her impulses all translated efforts to assert her identity, to construct her self-esteem, and to establish friendship and love

relationships based on mutual respect of difference and independence.

*d. Changing patterns of interaction with family and social circle.*

Finding a balance between time spent with her friends and with her family without feeling guilty or fear that her decisions might create distance and even breakup became a major challenge for Melanie. In her case, she had to attend to her mother as well as her grandmother, which complicated things even more. Another complicating factor was her wish and need to get closer to her father and her mother's refusal for this rapprochement to happen. Her mother stood in the way of Melanie's obtaining a passport required for her to travel to see her father. This struggle with her mother for access to her father brought a relative idealization of her father and did not permit her to acknowledge her ambivalent feelings towards her father because of his lack of commitment. Here Melanie was caught between her general and normal developmental task of taking distance of her family and her unfulfilled needs of closeness with her father. Helping her acknowledge this need allowed her to express her disappointment with her father and to see her relationship with him in a more realistic light.

The relationships with a male educator and a male psychologist were also helpful in her quest for a paternal presence in her life.

The adults in her life were not all supportive when she had difficulties in her relationships with peers, so she had to pick carefully with whom to talk. On the family side it was her grandmother who remained the most stable and most supportive figure, but Melanie remained distrustful of adults and become better at seeking out more reliable peers. Although she continued to present as quite mature and adequate, she needed and halfheartedly accepted the guidance of the youth care workers.

*6. The therapeutic relationship: the challenge for child and youth care professionals*

Child development takes place over time, and each phase of development requires of the child's caretaker an understanding of the particularities of the developmental phase at hand more importantly, how to adjust his way of approaching, intervening, guiding, talking, and listening. Natural caregivers and professional caregivers are confronted at any given stage of development with the hardships and the pleasures it brings, for the child but also for them, given their personal history with this stage of development. Despite intellectual knowledge of child development, the affective personal history of the professional and natural caregiver will color his perceptions and behavior in the interactions with children and youth. The use of one's self as a working tool takes its full meaning here and requires self-knowledge in terms of strengths and weaknesses due to temperament, intellectual capacity, and personal history. This includes personality develop-

ment and family and social environment. Empathy is an important aspect of child and youth care work, and it requires, despite difficult circumstances, for one to remain aware of where the youth comes from and what his vantage point is. The heat of the action, and there is a lot of that in working with vulnerable youth, brings the challenge of finding the right balance between conserving one's self, by understanding and controlling one's affect, and remaining open to hear and contain the pain and agony that is expressed. This is true even in vile attacks by the youth's struggling with the particular hurdles that make the normal developmental tasks of adolescence seem like mountains impossible to climb. The challenge is to build a strong enough relationship between youth and caretaker that can withstand ulterior crises. In general, assisting vulnerable children and youth is a very demanding task and requires working together from different disciplinary vantage points. These youth tend to split their world in good and bad, and they might perceive the professionals around him in the same fashion. Individual professionals can over-identify with the child's "good" side and take position against others, just as the opposite might occur when professionals only see the "bad destructive" side of the youth and invoke the need to protect one's self and the society against the youth. Treatment teams then become the stage on which the child's inner reality and inner conflicts get played out in terms of conflict between individuals or between professionals.

How can the professional allow trust and a certain commitment to the thera-

peutic alliance to build (according to Shea, 2005) the following:

- a. An efficient transmission of empathy
- b. An aptitude to create a security inducing climate
- c. An authenticity and naturalness
- d. A capacity to show reassuring competency
- e. A capacity to assess the therapeutic alliance

### ***An efficient transmission of empathy***

In order to be able to show empathy, careful inquiring is required about the youth's reality. Respect of the emotional intimacy of the youth is at the basis of any god empathic formulation. There is a difference between saying "you are totally devastated since your mother told everyone in court that she couldn't ever take you back home" or a less intrusive statement, "After hearing what your mother said in court, it must feel that she destroyed all you had going together." The issue is also to acknowledge the possibility of experiencing certain emotions without the youth's feeling that they are being imposed on him. Formulations can be better accepted that suggest "could it be that," instead of affirm "You must be."

### ***An aptitude to create a security inducing climate***

This is often done by allowing the youth to go at his pace, by asking questions, and letting the youth know that he can answer to the extent of his current trust of the professional. Safety has been an issue for most of the vulnerable youth. They must be reassured that whatever is

said will not be held against them, just as indicating that his safety and the safety of others are paramount. Thus the professional will act on statements about the intent to harm self or others. Both the negative (anger, sadness) and the positive emotions should be acknowledged and received with the same welcoming message, while acknowledging the fear and worry that these feelings might bring. For instance, the fear of being able to control destructive feelings or the worry of what might happen once one expresses caring for someone:

Will this lead to another rejection or breakup?

### ***An authenticity and naturalness***

With time any professional learns to integrate his own way of being in a skillful and authentic fashion, for instance, in the way he asks questions. This contributes to the youth's feeling comfortable and being reassured by the competency of the person in front of him. Being authentic is also being true to one's own feelings, paying attention to feelings of fear or sadness that might all be indications of the youth's fright and depressed affect that he cannot express. Feedback to the youth on the impact of his demeanor can be very helpful, but one has to be very clear about one's intentions: e.g., is there a hidden message of punishment for his anger or a message that excuses his behavior because he is a victim of his environment?

Humor is often helpful to show how life's suffering cannot be avoided, but how shared misery is sometimes less than half a misery.



### **A capacity to show reassuring competency**

Reassuring competency will show in the capacity one has of acknowledging the youth's experience and situate it in the context of his general development. This educates the youth about the tasks all adolescents have to accomplish in their own way. It is also about educating the youth about anger management and social skills, and providing practice while building on existing strengths.

### **A capacity to assess the therapeutic alliance**

Vulnerable youth will be sensitive regarding interruptions, perceived side taking, betrayal of confidentiality, and thus of trust. They need regular reminders of the "rules" of the therapeutic relationship and how it fits within a larger therapeutic endeavor with other professionals. One can sometimes expect more from the work than is realistic. Regular talk with others, either through formal supervision or more informal peer support about one's work, helps to remain realistic, but it can also be a support in dealing with the setbacks, the disappointments, and the lack of concrete feedback about the work done. Sometimes, one finds out by fluke only about how the youth he helped years ago has turned out, for the better or for the worst.

### **Conclusion**

Difficulties that adolescents go through always have to be understood against the background of normal adolescent development. Certain disadvantageous conditions bring more difficulty in dealing

with the tasks of normal adolescent development. Assisting youth in their difficulties requires the optimum use of the therapeutic relationship and its containment. A mix of human warmth and caring neutrality helps the youth focus on his issues and build on his strengths to develop his own identity and sense of self-worth.

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wilderness

# I hate foreigners ...

As told to Mark Gamble by Siphelele Chriwa  
Educo Africa Course Leader. April 2011

He arrived in the mountains; his first words were “*I hate foreigners.*” A young man, quiet, withdrawn, an absence of happiness wrapped as a cloak around shoulders carrying a large burden. His name was Lulama\*.

Lulama was a participant on an Educo Africa “Rites of Passage” programme — a programme developed to mark a period of significant change in the life of the

young person. This is his story – testimony to his courage and the wisdom inherent in the ancient rock and wild winds of deep mountain.

Ten days before, Lulama’s twin brother had been knifed to death by some foreigners in a shabeen in his home township.

*“The last time I saw him alive, he waved to me as I passed by the shabeen – ‘hey bro’ he said, ‘buy me a beer’. ‘Later’ I said, ‘when I come back.’”*

A few hours later Lulama was called from his friend’s home by a young boy to come quickly as his brother had been attacked.

*“My brother was lying in his own blood – holes in his body – dead.”*

A group of foreigners had accused Lulama’s twin brother of stealing their possessions in the previous week. An accusation that held no truth as both he and Lulama were in the Eastern Cape at that time.

Lulama had gathered his friends, armed themselves with axes, spades — any weapon to bring revenge on the foreigners who had killed his brother. The mother of Lulama had heard of their plans, the police were called, further violence prevented.

The next day Lulama's friend had convinced him to join the Educo Africa Rites of Passage.

*"He wanted me to go with him. He said I had to go to be safe, maybe this Educo thing would be good for me. I knew he wanted me away from the temptation to kill."*

On the fourth night of the programme, Lulama along with eleven other participants walked away from their tents and into the mountains to spend a night on their own, in reflection; alone with the Earth and their God. Time alone thinking on memories of days past and dreaming of days to come.

The group returned the next morning, walked back into the camp with the rising sun. After breakfast they gathered in a circle and were invited to share their stories from the night's solo.

When it came to Lulama's turn, he sat silently for a while, as if to gather his strength. It was to this circle that Lulama brought the story of his brother's death, of the planned revenge attack, of pain and hatred.

*"I spent the night praying to learn to forgive the people who did this to my brother, this time in the mountains, as we have hiked. I have thought more of forgiveness and less of revenge. I cried a lot in the night, if only I knew that my brother was alright. I watched the stars and the moon as it moved*

*across the sky. Eventually I fell asleep. In my sleep I dreamt of my brother, he was standing in this place. He greeted me saying that it was all okay, that he would wait for me until I got there. We even joked; he said that I still owe him a beer. When I woke I knew that the anger had been taken from my heart, I knew that I could return home and forgive the murderers. I knew that my brother was well."*

When the last story was told, the group sat quietly for a while. When the stillness was complete young people stood up and moved back towards their tents, to pack backpacks and close the camp prior to the long hike back to the Educo Africa base-camp.

Lulama sat for a short while, a lone figure amongst a memory of stories. Eventually he leant forward and gathered the four stones that symbolised the four shields of human nature as used in rites of passage work. He held the stones and turned to Sphesh, the Educo Africa facilitator: "Sphesh I want to take these stones back to my community, I want to sit with my friends in a circle around these stones and tell them my brother is well, that there is no need for revenge, I want to ask them to forgive as I have learnt to do."

When we go into the mountains as facilitators for Educo Africa, we walk with humility. It is not us that bring the teaching or the healing. It is rather the deep stillness of the Earth that provides a gateway to a knowing that resides in us all — sacred, whole and complete. It is the knowing of relatedness to all. It is the re-awakening of this knowledge that

catapults profound change in the young people who journey with us.

Educo Africa met with Lulama to ensure his permission was granted in publishing this story. Lulama requested that the following be added as he wanted to acknowledge the role of his friend in supporting him during this time. *“When days are dark, friends are few. Fortunately I had homeboys that were supportive. Firstly we had a prayer in our youth club. My one friend Bulelani did everything for me whilst I was in the Eastern Cape (during the funeral). He organised my clothes, my equipment and what was needed for the camp. He even carried my bag to the pick up spot, and I am very grateful for that. I know no words can express my gratitude, big thank-you Buja Mfethu.*

Lulama is now wanting to work in the field of child and youth care or youth development. Educo Africa is currently trying to secure him a position within our partner network.

\* Lulama has given permission to use his real name and for this incredible story to be published.





# Children who need a therapeutic residential experience

Cynthia Cross

There is no doubt that when I started as a residential worker in a “cottage home” in 1960 a fair proportion of children there should have been supported at home with their families. The current policy was to get children away from their impoverished families and give them good food and fresh air away from the inner cities. The regimes were by necessity very institutional. The “cottages” I worked in had 16 children of an age range of 18 months to 16+ years with a maximum of 3 staff on duty, doing the cooking, most of the housework and most importantly keeping the boiler alight. Staff worked six days a week and a split shift, in real terms you were lucky if you got 2 hours to yourself in the middle of the day. The children were in 2 dormitories and there was one

downstairs bathroom and a “day room” which served as a playroom and dining room combined. Two of the staff had small bedrooms in the house for which they were charged rent.



How different this was from the present situation. The pendulum has swung the other way, with the belief that family life is always best and children must be kept at home at all cost. If that proves impossible, i.e. too anxiety provoking, then the preferred option is always foster care. The situation is that most children have to have endured years of severe emotional abuse before they come into the care system. Parent(s) must be

given chance after chance unless it is thought that their children have been physically or even more significantly sexually abused. Then the children may be

unceremoniously removed from their family, or other places without preparation or much thought being given to what should happen next.

Children, who all those involved with them know, will be impossible to cope with, and will not get their needs met in foster care, are nevertheless placed with carers further damaging the child and others.

When I worked with a family placement scheme, the stated aim was to get adolescents out of “institutional care”. Children were put forward by social workers often without the child or the residential workers knowing. Fortunately I was able to change that. I remember on one occasion when I said I thought a boy would be better staying in the children’s home where he was settled and had relationships, I was told “you can’t condemn a boy like that”. He had more sense than the workers and refused to be moved.

Although we would all agree that whenever possible children and families should be given all the support possible to stay together. The Commission for Social Care warned in October 05, those services for looked after children and those in need of protection are being improved at the expense of lower level support services for other children and families in need; this clearly is not acceptable. However, sometimes it is plain to see that because parents’ own basic needs have not been met they are unable to meet those of their children. We should be able to sort out which children fall into the different categories if workers knew what they were assessing.

There seems to be great resistance to identifying vulnerable children early and finding ways of meeting their needs, which may be in a minority of cases be away from their families. When in June 05 it was revealed that the government had plans to identify three year old children in nurseries who showed by their behaviour that they were at risk of growing up as criminals there was outrage about the “labelling”.

While it is clearly wrong for three year olds to be branded as potential criminals, there is no doubt that it is possible to see from young children’s behaviour that they are being psychologically damaged and that they are not receiving what they need to maintain healthy development. Such children, if not helped, may well when older, be unable to sustain relationships, suffer from mental health problems or manifest their distress through criminal activity, drug or alcohol abuse or domestic violence; some will inevitably end up in psychiatric hospital or prison.

The concern about labelling is to a large extent spurious, as we have no need to label these children; they label by themselves by their behaviour and very soon become rejected and vilified by most of the people who come into contact with them. I believe that we should target resources at children who are not getting their emotional needs met. This can be done much earlier than at three years old, health visitors should be able to see when a mother and baby are not bonding and be able to instigate an appropriate intervention. If we could achieve this then there would be fewer parents unable to care adequately for their children in the future.

At the present time, there are still many children who come into care who may have had a good enough first two years before things went wrong in their lives, these are children for whom foster care could be a viable option. However there are a proportion of children whose needs are so great that they need more than a foster home, however good, can give them. The placements break down and they destroy marriages, damage birth children and their failure is compounded. Specialised residential care is needed for these children, where therapeutic environments provide for social, emotional and educational needs, integrated and planned for individuals, at different levels, 24 hours a day.

Unfortunately many local authorities have policies which dictate that if at a last resort it is agreed that a child must be looked after away from home then fostering must be tried first, regardless of the fact that everyone who knows the child believes that it is almost certain to break down. If no foster carer can be found, or fostering has repeatedly failed then the child has to go into residential care, the child and family is often told, "we have tried everything and the only thing now left is for you to go into a children's home". What a message for the child, particularly when this may well be followed by "it will only be for a short time until we can find a suitable foster carer".

The odds are stacked against the child and the placement. How can workers be expected to communicate worth to the child when the service has been so devalued? How can a child be expected to respond and trust people when he/she has

been told you won't be in the residential placement for long and it is not the best place for you anyway?

We hear all the rhetoric about cutting the number of placements and giving children stability, but it appears that policy makers have no fundamental understanding about children's needs let alone how to even begin to meet them effectively.

Acknowledgements to:  
*The goodenoughcaring Journal*,  
Issue 8. December 2010

# Don't Give Up

**Estella Abraham**

CEO, *Fostering First International*

Recently I've been involved in preparing staff and recruiting foster carers in Kentucky. While doing so, I remembered a film a colleague shared with me a long time ago, called 'Facing the Giants'.

Basically, there's a clip in a film which showed a coach challenging his lead football player not to exhibit a defeatist attitude. Before settling in to write this blog, I watched that clip again. [Watch it here.](#)

When problems occur, often we can be defeated in spirit before something has actually happened. But in reality the human spirit can endure beyond measure and it is that very quality we want our foster carers to have.

The children we look after, and maybe our own birth children too, can find and exploit our vulnerable spot or wear us down to a point at which we question our ability to carry on.

Children who have had multiple placement moves have had numerous people as a part of their everyday lives. Expecting them to relate to you differently is unrealistic and they may test you out

persistently, expecting or wanting to be rejected. At times like these, one has to draw on inner strength, or perhaps a spiritual framework, to help them cope and endure.

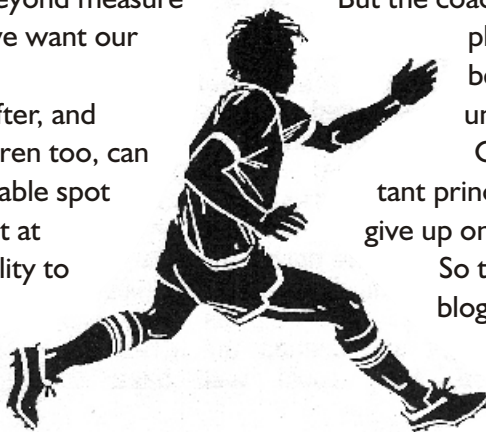
The human spirit is remarkable. Sometimes I hear some people's stories and I think to myself, could I have coped with all they have experienced?

The young man in 'Facing the Giants' had no idea what he could achieve and wouldn't have until he was pushed to the extreme. Had the coach asked him whether or not he could do it, the answer would most certainly have been 'no way!'

But the coach's message to this player was to give his very best, and he didn't give up until he had.

One of the most important principles in fostering is not to give up on a young person.

So the key message in this blog is this; it's natural to feel like giving up sometimes, but feeling it and doing it are two very different things.



Nils Ling

# Surprisingly Politically Correct



I'm not one of those people who rolls his eyes and snorts at political correctness. I happen to think it's important, even when it sometimes seems to verge on the silly.

Maybe it's because I'm a writer by trade. I have to believe words and ideas are important. If they're not, I then become simply a technician, a person who transfers strategically ordered words onto paper or computer screen.

If I can't make you laugh or cry or feel wistful or feel nostalgic or feel ... *something*, anything – well, then, what good am I, and what have I wasted my life doing?

But I can. People I trust have told me my words have moved them in some way (and not just onto another page). And I have read words and ideas by other writers, much more skilled than I, and those words have thrilled me and inspired me and angered me and made me want to storm the barricades or hug a puppy or travel the world or lay down my life to protect something or curl up in a ball and

cry over the human condition.

Never tell me words and ideas and images aren't important, or that they cannot be used to effect change or defend the status quo. I ain't buying.

So as much as some people (usually columnists or broadcasters too lazy or inept at their craft to choose their words carefully) sneer at political correctness, I am convinced it does have a place in the society in which I want my grandchildren to live.

Which is why I go into this story dancing a little nervously from one foot to the other.

The Chinese student we have living with us is alone in a new country and a culture he doesn't completely understand. I try to imagine myself in his situation, going to classes, looking around and seeing a sea of faces all very different from the ones with which he grew up. I know what I would do – I would try to find someone like me, someone who spoke my language and came from my culture

and could make me feel a little less ... alone.

So I asked GAO Lai if that's what he was doing, and sure enough, he had found a couple of new friends among other Chinese students.

"How did you find them?" I asked.

"Oh," he said, in his delightfully imperfect but rapidly improving English, "I see other Asian students and I go them. I speak Chinese. If they answer, they are Chinese. If they don't, maybe they are Korean or Japanese or something else."

My first reaction was a long, slow blink. Then: "I'm sorry ... what?"

"I have to talk to them. Otherwise, I cannot tell. Korean, Japanese, Chinese. All look same."

Another long, slow blink. "So ... to you, an Asian man ... all Asians look the same? Is that what you are telling me? I need to understand this."

He shrugged. "All same. Same eyes. Same skin. Same look. Same."

Well, there's a decade of CBC sensitivity training down the toilet.

I mean, I guess it makes sense. You try filling a room with Germans, Brits, Finns, Swedes, Canadians, and Belgians, then try dividing them by country of origin without talking to them. Sure, you might pick out the Canadians by how they keep apologizing to everyone for how crowded it is, but other than that you'll be hard pressed to do more than identify them all generally as "... of Northern European descent".

And convince me you can easily tell whether a person is from Zaire or Botswana or Zimbabwe or Tanzania without something other than appearance for a clue. Facial features just aren't enough.

But I could never say, "All Asian people look the same to me." For years that kind of statement by a newspaper columnist, a broadcaster, or a politician has fallen under the heading of "career limiting". I don't think I could squeeze it out of my mouth.

But to Gao Lai, who, it bears repeating, is a Chinese male, it was a matter of simple fact. To him, and to his friends, most Asians look alike.

I don't have a real conclusion to draw from all this. It took me aback when he said it, and even though it makes perfect sense, the whole idea goes against a career of training in cultural, ethnic, and racial sensitivities. I think it's probably something I will file away against the next time I approach an Asian person with a blithe assumption and am horrified to learn I was wrong. Maybe I won't feel so bad.

Or maybe I just won't carry those assumptions around with me in the first place. That may be the politically correct thing to do.

Or perhaps it's just ... "correct".

From Nils Ling's book *Truths and Half Truths*. A collection of some of his most memorable and hilarious columns. Write to him at RR #9, 747 Brackley Point Road, Charlottetown, PE, C1E 1Z3, Canada.





## leon fulcher's postcard from Victoria, BC

Greetings from the Victoria, BC where foster carers gathered from throughout the world for the XVII Biennial World Conference of the International Foster Care Organisation, otherwise known as IFCO Victoria, 2011. The conference theme was *Fostering Hope: Together We Can Make a Difference!* A distinguishing feature of this conference was the way in which Aboriginal peoples of Vancouver Island – Coastal Salish peoples, as well as Nuu-chah-nulth and Kwakwaka'wakw peoples played an active part throughout the programme. His Honour Steven Point, Lieutenant-Governor of BC participating in an informal drum jamming session with local performers at the end of the grand opening was very special.



Eagle Transformation Mask by Gitksan/Musqueam artist, Ray Sim Sr

An evening of feasting, drumming and dance was a very special opportunity in the oldest longhouse situated within Victoria's town centre enthralled those of us who participated. Some only stayed for the food but the intricacies of drumming, chant and dance routines was very special. Elders through to young children ensured that these activities included four generations. The closing comment by one elder who was also a foster parent captured the significance of this work when he said "I don't really know how to get our children out of the system but I do know what it takes to keep them from getting into the system!" This was demonstrated over and over again that night.



Evening of Longhouse Feasting & Dance with local Aboriginal Peoples

There were plenty of interesting Key-note and Plenary sessions as well as Workshop sessions offered throughout the week. One session in particular caught my imagination as four Care Leavers – 2 from England, 1 from the Congo and one from Sierra Leone – engaged par-

ticipants in an exploration of themes associated with their growing up in care. They were particularly effusive about their foster carers and the support they re-



**Youthful Care Leavers closed their presentation singing Stand By Me!**

ceived from Foster Care Associates in the UK. An international musical video of 'Stand By Me' had all participants dancing and singing together at the end of their session before honouring Afshan Ahmad for helping them with belonging.

Music was a particularly prominent feature of this Victoria 2011 Conference. The Victoria High School Rhythm and Blues Band who performed at the close of the Gala Evening were outstanding. I kept pinching myself to remember that these were high school kids, such was the quality of their performance! It confirmed how given opportunities to achieve, children and young people rise to the occasion and surprise us – over and over again. This group deserve a recording contract, no doubt about it!



**High School Youths were Outstanding Performers at the Gala Evening**

As a former resident of Victoria, Thom Garfat recommended that we pay a visit to the Provincial Museum while visiting this beautiful city. He urged us to allow time for the Aboriginal displays on the Third Floor of this amazing facility. The ancient totem poles spoke silently of the histories of their peoples while the masks had me thinking of all the different 'masks' one encounters in foster care and child



**Many masks are encountered in Child and Youth Care Work!**



and youth care work. How often do we see masks of conformity or compliance. There are certainly masks of fear, sadness and disappointment. But there are also masks of excitement, enthusiasm and achievement. Few masks satisfy like a smiling mask of belonging.

Walking back to the hotel each night, after listening to buskers and people watching pastimes, the twinkling lights which outlined the BC parliamentary buildings near Victoria Harbour were mesmerising. A good conference with good people! Memories of sautéed aspirations and beachcombing in the rain will forever keep me smiling.



Night Visions of the British Columbia Parliament

*"Remember: together we can make a difference"*

A handwritten signature in black ink that reads "Selon". The signature is stylized, with a large, looped "S" and a small smiley face above the "o".



# EndNotes



## Activity

Whether we are competing with each other, or just having fun together, it's the *doing* which is the reward.

Whether we have broken a record, or simply shared some time with another, it's having done it which is the fulfillment.

Whether we have been asked to do something, or chosen by ourselves to do it, there are the same gains to be made.

Whether we are fitter for our activity, or just more at peace with ourselves and others, we are better for the doing.



“I was once present at a meeting presided over by Doctor Carl Reinhardt. One schoolmaster made the remark, ‘I have no faith in this boy.’ Dr. Reinhardt said to him, ‘Then you have no right to educate him.’ What he meant was that each boy or girl entrusted to our care had a self worthy of realization and a self capable of serving a purpose which goes beyond his or her personal happiness. ‘Grow to be what you are’ was the motto of his life's work.”

— Kurt Hahn

Human beings, who are almost unique in having the ability to learn from the experience of others, are also remarkable for their apparent disinclination to do so.

— Douglas Adams

Another possible source of guidance for teenagers is television, but television's message has always been that the need for truth, wisdom and world peace pales by comparison with the need for a tooth-paste that offers whiter teeth \*and\* fresher breath.

— Dave Barry

*Good advice is something a man gives when he is too old to set a bad example.*

Francois de La Rochefoucauld



ACKNOWLEDGEMENTS: SIX CHIX

## Helping Others to Help Others

Experienced peer group practitioners have long known that practicing the art of helping others on a daily basis gives participants a new sense of worth. The helping process resembles an on-the-job-training routine for the participants, where socially ill-equipped adolescents spend many hours a day helping and caring for others. Most young people desire and enjoy being a part of a peer group and, in fact, will find or recruit one if a group is not readily available. The essence of a sound peer helping group program is having trained adults as group facilitators, adults who understand how to organize and motivate young people in the art of helping others. A peer helping group process makes use of the natural instinct youngsters have to bond and interact with each other. Providing properly trained adults to guide the peer group will help insure that the group engages in positive and productive business.

— Richard Quigley

<http://www.cyc-net.org/cyc-online/cycol-0206-quigley.html>



“I don't think I can express what I have to say in just colored paper and glue.”



## information

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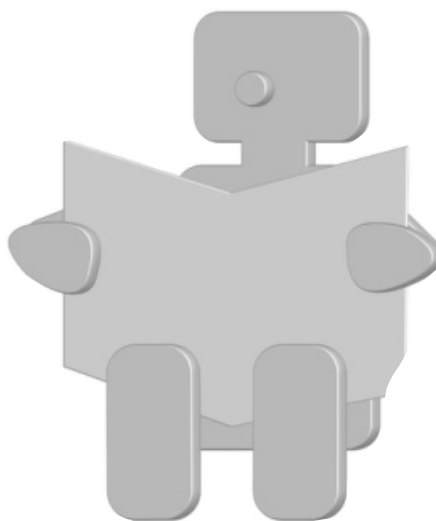
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