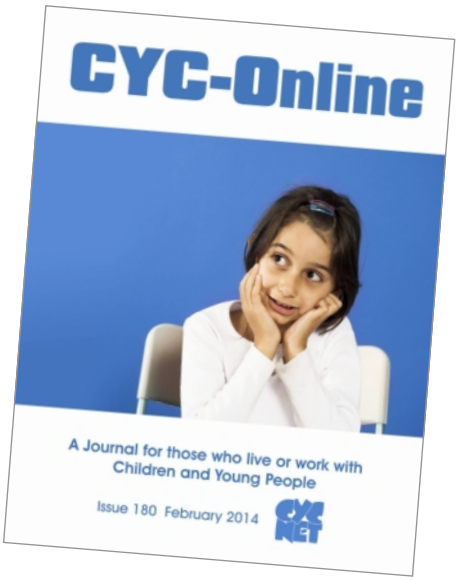
# CYC-Online

A Journal for those who live or work with Children and Young People

Issue 180 February 2014

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# Uninvited Advice

Everywhere I turn, someone seems to have 'uninvited advice' for me – they all want me to do something different than I am already doing – or in the worst case, they want me to do something they don't know I am already doing!

Like the guy who wants me to run every 10K every morning before breakfast, or the expert who wants to tell me how to eat better, or the one who wants me to use more of that health cream (based on genetically modified discarded animal innards) which is guaranteed – just look at the photos, listen to the pitch – to turn me into an undernourished, shining, in-demand, surrounded by wonderful rich friends, human being of exceptional happiness and longevity. Whew! Hard to resist that one.

Some days don't you just want to scream at them to leave you alone?

It's not that this is anything new – everyone wanting to give me *the* piece of advice which would make my life, now and in the future, better than it every could have been without their uninvited intrusion. Heck teachers, parents, coaches, distant relatives and even complete strangers have been doing it since I was smaller than a watermelon.

Mostly, I just ignored them. The exceptions were those people who seemed to be able to give me advice which was actually related to something that genuinely interested me; like how to skip out of school without getting caught, or how to avoid getting arrested. But truthfully, most of the people who tried to give me uninvited advice about how to live a better life or have a better future, just got ignored.

Nowadays I just love the spam filter and delete button on my computer – I wish I had real life versions of them – especially when I was younger. Oops, here comes the teacher – delete. Here comes the coach – delete. Boy that would have been useful, especially when people thought I needed to be fixed.

Instead, back then, I had to rely on my organic, brain based, ignore and space out filters. They still work pretty well today, although now that I am 'mature' I can also use my 'go away' response with some satisfying degree of success (it didn't work very well when I was younger).

This is not to say that other people have not influenced how I became whoever I am now – indeed, much of how I am has been shaped by the people I have encountered in my life. The difference is, most of the people who influenced my 'becoming' did not give me any advice unless I specifically asked for it. And even more frequently, they helped me become how I am by just helping me find solutions to things that they noticed were important to me – no advice, just *solution help*.

Now, I'm not wanting to imply that everyone is like me – heck, maybe there are

people who love receiving uninvited advice – I don't know any, but they must exist. But I do think there are a lot of people who are like me in this area.

So it got me to thinking: we must waste a lot of energy giving people uninvited, and unwanted, advice, eh? And I wonder what we could do if we re-directed that advice-giving energy into something more, well, useful. Like *solution help*?

So, let me end by giving you a piece of uninvited advice – that was a joke!

But if we can be helpful in any way, do feel free to ask.

**Thom**

**P.S. – Solution/help requested**

*International Child & Youth Care Worker week*, and *Thank a Youth Worker Day* are coming up in May. Does anyone have any ideas they could share about how to celebrate? email thom@cyc-net.org

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# The knowing and the unknowing blind eye

**Adrian Ward**

*This piece was written in response to a recent proposal from Keith Starmer, the former Director of Public Prosecutions in the UK, that there should be a legally binding duty on certain professional staff to report any suspicions they had that a child was being abused – this is known as 'mandatory reporting'.*

At first sight we might all agree with Keith Starmer and others that, for certain professionals, there should be mandatory reporting of suspicions of child abuse. There have certainly been cases in which key people have later admitted to having 'sat on' suspicions which they clearly should have reported at the time. They may have done so for a variety of reasons, but often primarily because of their own anxieties. Meanwhile there have also been cases, of course, where suspicions are reported which later turn out to have been groundless and even malicious – and sometimes to have been based on less palatable foundations such as racism or other forms of prejudice or ignorance.

What is much harder to deal with, in ourselves as well as in others, is that there are some situations in which, although at a rational level there may seem to be grounds for suspicion, we cannot even admit these to ourselves. In one notorious case – and there have probably been others – many professionals including the police refused to enter the house in which an abused child lived because of their own anxieties about injury and worse, but they were all somehow unable to translate these fears into the obvious need to protect the child who actually lived there. In the case of the former DJ and celebrity Jimmy Savile, there were clearly those who had suspicions and decided not to act, but there were also many others who simply could not allow themselves to hold those suspicions – in effect, although they may have seen something odd, they could not even 'report' their unconscious suspicions to themselves.

So how does this translate into child protection practice? Contrary to how the popular press likes to imagine it, in everyday practice things are often not clear-cut at all, and the required skills of observation, assessment and decision-making are very sophisticated. In their training, social workers and others need to learn, for ex-

ample, how to *really* notice things – not only things about others but also about themselves, including the ways in which they may at times be unwittingly inclined to avoid or deny uncomfortable truths. This is not a straightforward matter, and you often have to get it wrong before you can learn how to get it right. It is one example of those skills which have to be learned but which cannot easily be taught, and which are often best learned on the job and through detailed supervision.

In fact child protection services in the UK are now exceptionally effective, and many important lessons have been learned from all the high-profile cases, especially in terms of policy and procedure. But for most of us there remains something so appalling that we cannot bear to keep it always in mind: the reality that serious abuse and neglect continue to occur in our midst, and always will do. Most of the reports of the Serious Case Reviews make terrifying reading, not just for the errors and omissions of professionals, but also for the horrible detail of the unspeakable damage repeatedly inflicted on young children. This is what is so hard to face, to 'look in the eye', because it touches on the deepest human anxieties about death and destruction, and it leaves an insidious effect. Because it is unspeakable, it may also be literally 'unthinkable', and when we are presented with the evidence we may – any of us – unwittingly turn a blind eye. Sometimes it is only much later, and following the realisation that something doesn't feel right, that we may realise what we have actually seen.

So there is a key difference between knowingly and unknowingly turning a blind eye. It was Lord Nelson who famously – and for the best of reasons, in fact – put his telescope to his blind eye during the Battle of Copenhagen and refused to 'see' a signal ordering him to withdraw, saying 'I have only one eye, and I have a right to be blind sometimes. I really do not see the signal'. In the care of vulnerable children, just as in warfare, not seeing the signals may have terrible consequences, so it might seem common sense to legislate against it, but that does not necessarily make it any less likely to happen.

**Adrian Ward** *is a writer and former CYC practitioner and educator.*

# Thinking about Refugee Camps

**Kiaras Gharabaghi**

Four years ago, I lamented in my column here the absence of an organized CYC response to the earthquake in Haiti in January 2010 (http://www.cyc-net.org/cyc-online/cyconline-feb2010-gharabaghi.html). At the time, all kinds of other professions mobilized their emergency response teams and arrived on the scene in short order. I am of course aware that 'arriving on the scene' of emergencies and disasters is not in and of itself always a good thing; complex arguments about the implications of such 'help' in relation to colonial and post-colonial structures and processes abound. Nevertheless, it seems to me that there is much going on in this world that at the very least deserves our attention, and potentially, some kind of organized effort to become present. At this moment, my thoughts are focused on the crisis in Syria, and specifically, the exponential growth of the refugee camps related to the Syrian conflict in Jordan and Turkey.

I am no expert on refugee camps, but I do know that there are perhaps as many as half a million children and youth living in these refugee camps, generally without anything that even remotely resembles provisions for their physical, emotional and educational needs. Unlike the crisis response I was contemplating in relation to Haiti, refugee camps are sadly not as temporary as their mandate would suggest, and we can safely assume that these particular camps, along with hundreds of others all over the world, will be around for some time to come. In fact, many of the children and youth living there will likely spend their entire childhood and/or youth in these camps.

This is very sad. But it also provides an opportunity for the field of Child and Youth Care to contemplate its role in relation to these camps. In many respects, we can identify some parallels between refugee camps and 'out of home care' as long as we are willing to think much more broadly about the term 'out of home care' than we usually do. Young people in refu-

gee camps are confronted with trauma, they have the experience of leaving home with the uncertainty of whether or not they will ever return, and they have precarious everyday relational encounters with family, peers and helpers. In addition, these children and youth generally have no voice in what happens next, are subject to the decisions of others who are often far removed from their lives, and live in anticipation of sudden and unexpected change and intervention.

When I think about the core concepts of CYC practice, and in particular the concept of relational engagement, it seems to me that our field could potentially play an important role in the context of refugee camps. This not only with respect to offering CYC services in camps, but also, with respect to research and policy, advise on how to resource, structure and operate such camps. At the very least, our by now very substantial knowledge and experience related to young people living in temporary, alien or high risk places ought to inform, or at least contribute, to global deliberations about refugee camps.

I realize that even in writing these few lines, I may be raising problematic issues or ideas. Perhaps it is silly to think of refugee camps as out of home placements; perhaps it is wrong to plan an involvement in something about which we (or I) know so little. But I think it might be worthwhile to have a conversation about this. And so to that end, I would like to invite those of you interested to join me in some way to explore the issue further. If you are interested, contact me, and then we can start talking about it. I have no specific plan or strategy, but if there is one thing I do know a lot about, it is this: when people get together to engage with one another on whatever issues, magic things happen. Kids in refugee camps could use some magic right about now.

*email: k.gharabaghi@ryerson.ca*

# Timing & 'Getting There'

**John Digney and Max Smart**

*'Punctuality is the thief of time'*
Oscar Wilde (Irish playwright)

*'Hours are times shafts and one comes winged with death'*
Motto on clock of Sir William Sterling Maxwell's (Scottish writer and politician)

**'Pick your time – you have plenty of it'**

'Choose yourself when is the right time to approach this youngster and this difficulty'. Sounds like another little chunk of wisdom, right? Well we believe that these few words of advice from an experienced colleague must be deeply considered and when absorbed fully will strengthen the skills and abilities of all workers to be effective in their daily life interventions.

Like all useful 'practice wisdom', phrases like this must cause us to pause and reflect, for in truly understanding the simple foundations of effective practice we are appropriately challenged to consider our actions before we engage with troubled kids. In this case, where we reflect on 'the timing of interventions', it is easy to be reminded of the Old Russian proverb; '*the slower you go, the faster you will get there'*.

As we jointly reflect on our past interventions with youngsters we quickly recall how as novices we were quick to rush in to 'fix' things and whilst wanting to resolve issues, we discovered we occasionally made things worse. Over our many years of practice and through an examining the body of knowledge gleaned from colleagues stories and writings, time has allowed us to recognise that our 'considered interventions' for 'getting there' with kids, must be deeply thought-through before we engage. Interventions must be timed to perfection if they are to be effective; particularly if we are to avoid potential power struggles and one-upmanship, which can percolate 'tit for tat' punishment of kids when they don't do what we want them to do – when they resist getting to the place we want them to go.

'Getting there' with troubled kids is not only about 'crossing some finishing line' where there can be winning or losing; 'getting there' is (like the cliché says) all about the journey and not just the destination. It is about knowing what you wish to

achieve by taking this joint journey (planning your quest[1]) and it is about accepting that the journey must be rooted in relationship and healing – it is about us and the kids becoming the hero's in their quest (and more so, becoming trusted companions).

This article will examine the concept of timing (a most ethereal and intricate construct) and explore how it connects to the goal of 'getting there'.

**Tempus Fugit**

How the time can fly past when we are involved in the lives of youth. Some kids may be in our lives for the shortest of times (or is it that we are in their lives?) and yet others may be with us for many years – and many 'extra' years, if we do justice to supportive aftercare. During our 'time' with them we are keen to be helpful; engaging in complex interventions which require us to be thoughtful, purposeful and therapeutic.

In many respects, the timing of our engagements, interventions or interactions with youth (and indeed their family members) can determine how we (and our efforts) are received and perceived. Timing is a perplexing issue, sometimes we can be 'spot on' – the right message and the right worker delivered in the right way.

Anyone involved in humour or comedy will be able to iterate that the secret to good comedy is in the timing. A comedy blog – www.comedytiming.blogspot.ie – reminds us that even people not inclined to being funny understand this! Additionally, this website offers some tips to improve our comedy timing –

1. Insert a pregnant pause right prior to the last word in your routine
2. Increase the volume of your voice prior to a sentence's end
3. Deliver your punch line more in the form of a question, as opposed to a statement
4. Quicken or slow down your tempo
5. Alternate between shouting/whispering your line

Oh that it were that easy to teach others the intricacies of intervention timing with youth! Not likely, but we still must explore this and acknowledge the importance of reflecting on the important of honing our 'timing skills'. An appropriate and correctly timed intervention can literally change the course and direction of an immediate crisis, as well as the course of a youngster's life. However, if the 'timing is off' we can be cataclysmic in our destructiveness; destroying relationships, self-esteem, and the possibility of ever

1 A quest is a journey focused on achieving a goal and quests appear in the folklore of every nation … In literature, the objects of quests require great exertion on the part of the hero's, and the overcoming of many obstacles, typically including much travel. The hero's normally aims to obtain something … and with this object to return home. Retrieved and adapted on 9th Jan 2014 from http://en.wikipedia.org/wiki/Quest

being of use to that youngster again.

Over many years of working with struggling kids we have grown to appreciate that effective child and youth care staff have indeed honed these timing skills – even when dealing with deep crisis, conflict and or trauma. This leads us to pose the questions – is timing an innate skill?; Is it learned by workers over time?; If it is a practice skill, why does it lack teaching in our colleges and universities, never mind recognition in CYC environments?

**Timing and the Therapeutic use of Daily Life Events**

Garfat (1998) examined the perceptions of youth and workers about 'the moment' a powerful intervention impacted on the life of a youth. A factor common to the success of such interventions was the 'timing' of the worker/youth intervention.

Because human life is so dynamic, it can be difficult to fully 'plan' for the perfect time to engage into someone else's life and if we do not have contingencies, the moment can be missed. In 1966 Fritz Redl spoke on the topic of missing the right opportunity and stated, '*sometimes you have a "beautiful incident," which, when interfered with, could lay wonderful groundwork for a rather fruitful life-space interview with the kid. But something else happens to mess up the ground for you, so you may just as well let this one go down the drain and wait for another opportunity'*. (p351-352).

While it is important to know that sometimes interventions can be contrived or manufactured purposefully, it is also common for the '*interventive moment'* to arise out of an unexpected moment in time – occurring in the lifespace; a daily life event which can give opportunity to intervene in a therapeutic way. Knowing this allows us to embrace the notion that we are 'on a quest', a journey that will last some time and is along a path that we need to understand will have various twists and turns, minor and major junctions (intersections), landmarks and signposts, rest-stops and service stations.

If we plan a course to the desired destination (the 'place' we want to get the kid to), we need to be prepared for the set-backs, the break-downs, the delays AND the numerous opportunities we will have to intervene. Without becoming too metaphorical, we need to understand the terrain and believe that we will 'get there in the end'; we need to make the most of

the journey; we need to look out for these opportunities – the naturally occurring and the openings to contrive them.

**One Last Time**

Timing is incredibly important, being alert for the right time to engage, the right time to defer engagement and the right time to disengage. Howsoever the opportunity arises we remain 'conscious of the moment' and consider (i) when to approach this moment or (ii) whether to choose another time. It is through practicing of our timing (and lord knows that's the only way we can improve our temporal skills) but when practicing we must tend to all that is going on. Garfat (1998) tells us we must

(i) connect with the youth,
(ii) observe the feedback,
(iii) interpret the feedback,
(iv) utilise the feedback and
(v) intervene (pp. 97-101). And hey, we must be able to do all this in the blink of an eye!

Happy 2014 from Maxie and Digs !

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# The Wonder of an Infant

**Mark Strother**

I have at times been accused of not simply accepting miracles as "simply miracles" or simply relying on faith, but instead being driven by the need for understanding. This understanding is often derived from some area of science or study. In most cases, my experience is not an either/or proposition, but, through science, a greater sense of wonder and a deeper appreciation for the miracle of life and the workings of our universe.

This is definitely the case with the recent birth of my fourth grandchild and the subsequent reflection on my other grandchildren. Certainly, the miracle of human development is not dulled by understanding. The more I come to understand (or to begin to understand) the mechanics and biology of early child development the more my wonder and amazement grow. I generally think of the infant entering the world at the time of birth, but the child has already been paying attention and learning before leaving the womb. At birth, my new grandson recognizes and prefers his mother's voice, and within days will recognize familiar faces, voices, and smells. For the last few months, he has been creating new neurons, sometimes at a rate of 50,000 a second, and now has more than 100 billion. He is now relocating the newly formed neurons (neuronal migration) to their assigned areas of function. The connections or "wiring" of these neurons is incomplete, but he is hard at work connecting them and his experiences will influence the connections (synapses). In the next three months, he will multiply the connections by more than 20 times for a total of more than 1,000 trillion synapses.

His previous universe of comfort has been stripped away. No longer is he bathed in the warm fluid of the womb with the soothing, rhythmic swooshing of his mother's heart and the gentle rocking of her body's movement. However, when he becomes unsettled, his mother or father will calmly and quietly recreate many of these sensations by swaddling, shushing, and rocking to trigger a calming response. This nurturing cycle, a consistent and predictable response by the adults to his cries and needs along with a rich environment, can allow him to focus on exploring and greatly enhance his brain development with the number of connections fluctuating by 25% or more. This pattern is also the foundation for self-soothing and self-regulation that will remain a key factor for success the rest of his life.

But, for now, he is off on a grand adventure of learning and development – unfettered exploration is the order of the day. Driven by his insatiable curiosity, he is the consummate scientist - studying the physical and natural world through observation and experimentation. Soon, he will be at the stage where his cousins currently are with twice the synapses of an adult and a major pruning of the unused synapses underway.

http://synapticgaps.net

# What are we doing?

**Hans A. Skott-Myhre**

I often wonder about what it is exactly that are we doing and intend to do, in our work as Child and Youth Care workers and academics. Part of this is driven by what I hear of the widely disparate accounts of the work that we do and what we hope to achieve by doing it and partly by my own concerns about whether what we do is at all relevant to the lived conditions of young people and ourselves.

I have been reading Deleuze's book on Nietzsche and it has prompted me to think once again about the ethos and ethics of what we do and why we do it. It caused me to review my worry, that a good deal of our work seems to be concerned with producing what Foucault calls docile bodies or those bodies that are willing enslave themselves to the demands of the existing system of exploitation and appropriation. Of course, none of our mission statements or case reviews explicitly states, in the section on goals and objectives: produce willing slaves to capitalist rule. It is I am afraid, a bit subtler than that.

In an interview, the psychoanalyst and political activist Felix Guattari noted that, in his opinion as director of a psychiatric facility, the goal of institutional therapeutic endeavors should not be the formation of relationships as much as the production of new subjectivities. This prompted me to re-think the question of relationship as the foundational notion in our field. What does Guattari mean when he poses an apparent contradiction between the production of relationships and new subjectivities? In what ways do our ideas about relationship interfere with our abilities to become a subject that doesn't yet exist? And why would we seek a radically new form of social becoming over the establishment of a secure, safe, affirming and comforting relationship?

Perhaps a partial answer might be found in Deleuze's reading of Nietzschean ethics. Deleuze proposes that we need to first draw a distinction between ethics and morality. Morality, he suggests, is the construction of any set of constraining rules that involves judgment of actions and intentions premised in a set of ideal standards set from outside actual lived experience by some form of sovereign power.

Often these standards are framed in terms of good and evil. Nikolas Luhmann warns us that this capacity to divide and judge each other on the basis of an outside system of values, that divides our actions into good and bad, has a tendency to have us divide each other into good people and bad people. Luhmann argues

that this can be very destructive in a society where what constitutes the basis of morality is both contentious and highly variable. In our contemporary world, we have highly polemicized claims about who gets to say what is moral and immoral, what is evil and good. We have competing versions of whose God we should we refer to for moral injunction and who should be rewarded for their adherence to what we perceive as good and what we perceive as evil. We have different groups claiming the moral imperative to kill, jail, assault or exile those perceived to be evil.

Of course, the logic of morality permeates our relationships. As Child and Youth Care workers and academics, we are not immune to these struggles over moral supremacy. Whether we have an overt introduction of moral overcoding through the introduction of religious values into our programming or whether we simply bring our moral coding to work, it is hard to resist the temptation to claim the ability to know what is good and what is bad.

In fact, we can provoke a fair amount of anxiety if we suggest that what is evil and what is good is not universally agreed upon. We can see how this plays out in our preconceptions and practices within our programs regarding such basic issues as sexuality, drug and alcohol use, violence, hierarchical respect, and so forth. Sometimes our sense of what is evil and what is good is coded so that we don't frame our punishment of bad behavior as a moral imperative. On the other hand sometimes it is as blatant as our common acknowledgement that we need to root out the bad kids if they won't adhere to our institutional codes of morality.

The trouble with founding our relationships on morality is that it requires that we judge ourselves and each other on the basis of whether we are evil or good and on the ways we should be, rather than the valuing the ways we are.

Of course, you can't really have a relationship with who someone should be; not even a relationship with yourself. You can only have a relationship with who someone is. That requires a suspension of judgment and openness to differing sets of values and variable sets of practice premised in alternate beliefs about how one might live. Unfortunately, we often set our relations on a foundation of who we judge another to be based in whether they behave as we think they should. As long as their behavior fails to meet our sense of who they should be, we find it difficult to fully accept who they actually are. This is the dilemma of having a moral approach to our work.

Deleuze's view of Nietzschean ethics, offers a different foundation for our interactions with others. Instead of a reliance on an outside set of sovereign codes, Deleuze proposes that we make a commitment to those values and actions that maximize and expand the creative force of life. That is to say, that rather than judging on the basis of pre-set code of values, we instead open ourselves to the possible.

In this, we move from the question of what must I do to be a good person, to the question of what can I do or what am I capable of doing. This move towards capacity over constraint as the basis for the good life implies a refusal to be subjugated

to any outside set of rules and constraints. It is, in Nietzsche's terms a refusal to be a slave. In a more affirmative statement, it is to engage what he called the will to power. Power, in this sense is the affirmation of capacity. The question becomes, given my own degree of power, what am I capable of doing?

For Deleuze, this means an ethics that deems the good life to be that mode of living that affirms the maximum creative field for all within it. Instead of seeking to create common rules and regulations for behavior, we would instead investigate how we might explore the creation of news ways of creatively constituting our institutions and ourselves. To do this, we would have to produce social structures that promote our ability to maximally and actively affect ourselves. This is to say, we would use the ways in which we come together in our work in child and youth care to investigate how we might overcome our static sense of selves as both workers and young people. We would jointly engage in practices of self-transformation rather than exercises in which we control and constrain one another. Our sets of relations and institutional practices would measure success on the basis of social, political and personal liberation and self-transformation rather than successful subservience to the modes of domination and control levied by the existing system of rule.

In this, we would no longer be subjects or selves in any predictable way. Instead, we would open our work together as an open inquiry into who might become but will never finally be. Our work would look considerably more like living art than the extension of infinite bureaucratic fiat. Deleuze suggest that we are not subjects as a noun but in a constant process of subjectification. That is to say that we are in an extended process of becoming and creating our selves. This is why Guattari will state, that for him, his clinical work within institutional psychiatry is not about relationship. After all relationships can be profoundly constraining in the ways we have described above. We will, of course have relationships, but they are not the goal. They are the transit; the way in which we get from one thing to the next. The point is not the transitional vehicle of the relationship. Instead, it is the production of new subjectivities, new selves and new worlds. Thinking about this I have to wonder: what are we doing?

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"To laugh often and love much; to win the respect of intelligent persons and the affection of children; to earn the approbation of honest citizens and endure the betrayal of false friends; to appreciate beauty; to find the best in others; to give of one's self; to leave the world a bit better, whether by a healthy child, a garden patch or a redeemed social condition; to have played and laughed with enthusiasm and sung with exultation; to know even one life has breathed easier because you have lived—this is to have succeeded."

**– Bessie Anderson Stanley**

# Necessary and Sufficient

**Laura Steckley**

Not too long ago I was at a gathering in which someone made the comment that "being good with kids isn't enough to be a good CYC worker," and it has really got me thinking.

This point has central relevance to efforts to professionalise the sector. There are differing notions as to what professionalization should entail and differing views about whether or not we should even be pursuing it. Here in Scotland there is enough related consensus that minimum-level qualifications are required to register with the Scottish Social Services Council, and this registration is required in order to work in residential child care.

There are arguments about whether these minimum educational qualifications are adequate or appropriate, and in 2009 a National Residential Child Care Initiative recommended that the minimum level be increased to level 9 – the equivalent of a three-year undergraduate degree. At this point, it's still simply a recommendation and the wheels are spinning a bit in regards to any implementation.

All of this emphasis on educational qualifications hasn't been easy for a lot of people in the sector. It would not be accurate to say there is a complete consensus that education qualifications should be required at all, let alone at a higher level than our current minimum. This is due, in part, to the not insignificant number of people working in homes and units, often for many years, who are very good with kids but who do not have educational qualifications post high school. A portion of these folks find themselves unable to get their qualifications, and to be told they are no longer fit to be working in the sector must feel like a complete invalidation of any good work they may have done. Their fellow workers must also baulk at the perceived dismissal of their colleagues' good work and at losing them from the workforce.

Sometimes the motivation to work in residential child care can stem from workers' own negative experiences of school and this can be a great source of empathy in practice. It also colours people's views about the necessity of educational qualifications. This applies not just to those don't have their qualifications. Every year I am impressed by the courage and determination displayed by students on the MSc in Advanced Residential Child Care who are candid about their poor school-experiences and their related struggles – not just with academic issues, but with issues of confidence and even identity. It cannot be easy to return to a unit/home where educational qualifications or even just new ideas (or big words) are viewed with suspicion.

There is also a deeper, often

unarticulated worry that we're heading in a direction where being good with kids won't be considered important or necessary. With the dominance of managerialist approaches to the processes of professionalization, this worry isn't without cause. Indeed, listening to the accounts of some of my students I can't help but wonder whether, in some places, it is already becoming manifest.

There is also a sense, here in the UK, that children and young people simply need a common-sense approach that provides normal, every-day experiences. Ward offers a clear and devastating critique of such an approach:

> … while this approach has great appeal at many levels, it also carries significant risks. It may appear attractive, for instance, just because it makes a very difficult task sound straightforward and achievable, whereas this may be quite misleading, given the nature of the clientele… the desire of child care staff, including managers and policy-makers, to lay great or even sole emphasis on ordinary, everyday living may stem from a more problematic root. It may relate to what has been called the 'assumption of ordinariness as a denial mechanism' (Trist, 2003). In other words, those working with children in the welfare system may sometimes find it too painful, too threatening, (or, we might add, too expensive) to acknowledge the depth of children's distress, and to work explicitly with the impact and consequences of their trauma.

To be clear, Ward isn't arguing against the importance of normal, every-day experiences. Rather, he is rightly pointing out that some children and young people, especially those who have been affected by trauma, are often unable to derive the benefits of ordinary experiences without more therapeutic (or special) provision of care.

I would argue that it isn't outside experts who should be providing this therapeutic or special care (though they may have a role to play in what we have

come to refer to as "inter-professional working"). It is residential child care practitioners who are the experts (or should be the experts) at providing care – care that is enacted through ordinary, everyday activities of living; care that is informed by an understanding of what traumatised kids need; and care that is provided by those who have adequate personal development to deliver it, often under very trying circumstances.

I guess this brings me back to the original point. Being good with kids is absolutely necessary for this work, but is insufficient. I actually wonder whether anyone can be consistently "good with kids," through all the difficult and messy stuff, without the underlying development of relevant skills, knowledge and use of self. One of the keys, then, is the development of a qualification that supports the development of the right skills, the relevant knowledge and the robust use of self so that qualified workers are actually equipped to provide ordinary and special care.

What is also needed is further attention on what "being good with kids" actually means in the context of residential child care and other forms of life-space work in a way that informs curriculum development, screening and hiring practices, ongoing professional support and daily support of child care workers.

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# A Parent's Worst Nightmare: Grief, Families, and the Death of a Child

**Nancy Moules**

*Jon was four years old: beautifully and impossibly precocious, engaging, taxing and loving. He was diagnosed with a serious form of leukemia which required very aggressive treatment. Jon was hospitalized and his parents of Chinese Vietnamese background struggled through the English that did nothing to bring clarity to their understanding of how their only son could have this disease that infiltrated his bone marrow. It was quickly decided that Jon needed a bone marrow transplant and Jon underwent the rigorous and demanding process of treatment and isolation. As the Family Support Nurse, I had the privilege of being with Jon every day. He told his mother that he wanted his hair to grow back "yellow" this time like "Auntie Nancy."*

*Jon, cured of leukemia — as a result of the transplant — developed a cerebral bleed — as a result of the transplant — and died on my birthday. After we all held him and let him go, his mother in a conversation that required neither English nor Vietnamese — a universal language of grief — guided me to the bathroom off of his room and pointed to a bird's nest that she had been monitoring on the ledge outside the window. The mother bird was gone and inside the nest lay a baby bird that died. Jon's mother had seen it that morning and knew it was coming. Like the unspeakable nature of a child's death, she bore this knowledge in her heart.*

Grief is the most universal of human experiences; it is also one of the least understood. Layered in this argument is the complex reality that, although we expect to bury and grieve loved ones in our lives, we never anticipate that our children should die before us. The death of a child brings both the loss of a past and a future. I contend that those of us working in the health care system are obligated to understand this human phenomenon in order to be able to effectively support children and families, as well as our peers and ourselves. This applies equally those of us that work throughout this system as child life workers, nurses, social workers, or members of any of the other professions that come

into the "stop in the tracks" experience of the privilege of being alongside children who are dying and families who have to let them go.

**Current Understandings of Grief**

Grief, as an experience of mystery (Attig, 1996; Klass, Silverman, & Nickman, 1996) that "pervades our human condition" (Attig, 1996, p. 15), has prompted the call to understand, define, predict, and ultimately eradicate it. Within this call, there has been a distinct evolution of thinking of grief as a process of energy withdrawal involved in the psychic process of releasing and transferring energy and an association between unsuccessful mourning and melancholia (Freud, 1917/1947); to grief as a disease or pathology with predictable trajectories (Eliot, 1932; Engel, 1961); to grief as a process involving stages and expectations (Bowlby, 1980; Fulconer, 1942; Parkes, 1985; Rando, 1984; Schneider, 1984; Worden, 1982); to grief as requiring models of clinical practice that involves tasks and accomplishments in the work of letting go (Parkes, 1985; Rando, 1984; Schneider, 1984; Worden, 1982).

Shifts in understanding have opened the notion that grief is not something so easily defined or predicted, but rather is an unavoidable life experience that is not anticipated, in spite of any preparation; does not follow a temporal and limited sequence; and ultimately does not result in recovery, resolution, or successful elimination. Rather, it is more currently being regarded as a normal reaction to an event of loss, a response that becomes a part of living and relationships in unique, mutable, life-long, and life changing ways (Attig, 1996; Klass et al., 1996; Moules, 1998; Moules & Amundson, 1997; Moules, Simonson, Prins, Angus & Bell, 2004; Moules, Simonson, Fleiszer, Prins, & Glasgow, 2007; Neimeyer, 2001a, 2001b; Worden, 2000). Ultimately, grief does not result in a "recovery" as seen as a return to the familiar, but in an incorporation of the loss into living forward, and an ongoing connection with the deceased that allows one to continue to move ahead in living (Klass et al., 1996; Moules et al., 2004; 2007; White, 1989).

In spite of these shifts in our understandings, however, we have been left a pervasive legacy that finds its place in everyday experience of grief and loss. We are burdened with the idea that there is a right way to "do" grief, that this right way is measured by the absence of grief feelings, and that ultimately, to stray from these prescribed trajectories implants a stamp of failure, if not pathology, that takes shape in lives and relationships (Moules et al. 2004).

**Dominant Discourses about Grief**

Clinical practice and research (Moules et al., 2004; 2007) have allowed us to examine the kinds of discourses and beliefs that seem to arise in grief experiences. Some of these beliefs are about grief itself and the nature of grief, while others are related to the activities that occur in grief. Other beliefs that surface in grief seem to fall more in the domain of the particularities and complexities of the relationship with the deceased and the

events preceding and following the loss.

**Discourses about saying goodbye and disconnecting**

The legacy left to us that viewed grief as a process of energy withdrawal and the work of disconnection with the deceased often creates a belief in the bereaved that they ought to be working on "getting over" their loss and learning how to say goodbye to their loved ones. There is a part of grief that absolutely involves a departure, a physical absence, a loss, and ending to a relationship as it once was. We have learned however that, while simultaneously letting go of the deceased, the bereaved are also finding ways to remain connected, to redefine their relationship with the deceased. Michael White (1989) first described this as a process of "saying hullo again" in learning to "re-member" the deceased, to call the deceased back into membership in lives and relationships. The nature of this membership, of course, is changed, though often not the character of it. Silverman and Klass (1996) used the language of "continuing bonds" and staying connected by internalizing and incorporating aspects of the lost person such that a physical presence is no longer necessary for the relationship to exist.

One family member seen in my work expressed her fear that she was losing her memory of her son. The work of staying connected and "re-membering" is also the work of nurturing memories. The beliefs about saying goodbye and letting go are perpetuated and sustained through popular literature, culture, and even some of our therapeutic practices. Experiences of grief, however, contradict these culturally sanctioned beliefs and, in the contradiction, many people find themselves subscribing to a sense of personal failure, incompetence, and sometimes even pathology when they believe that their continued experience of feeling connected and in relationship is wrong.

**Discourses about the time-limited, sequential nature of grief.**

Over 100 years of theory, literature, and clinical practice has somehow created a culture of beliefs that grief is a process with a trajectory that is limited and that successful achievement of this enormous process is measured by the absence of grief. My clinical work and research has led me to a different belief that grief is a life-long and life-changing experience marked by shifts in intensity over time but not measured as successful by the evidence of its absence (Moules, 1998; Moules, Thirsk, & Bell, 2006; Moules et al., 2004; 2007).

The contradiction of bereavement experiences suggests this: Grief remains, not with the same intensity of deep, unrelenting sorrow but with aspects of memory, joy, love, connection, celebration and, yes, even pain. As one family member expressed: "We need steps to get on with life, not over him...we're never going to get over his death; we don't want to." Another family member from our research project (Moules et al., 2007) stated "I wish that people understood that it wasn't a short-term process, and that it is a life-long change." A third member pointedly reminded us that:

> How long does it last? I hate that question. But if you really, really insist, I would say if after 2 years and you're still where you are now, then you need to be concerned. But the real answer is never...it's not going to be like this forever, but it's not going to go away either.

The possible damage done by stage model theories of grief have left an imprint that there is a correct sequencing of actions and affect that, if followed correctly, result in the resolution of grief or, in other words, its ending, and in the "recovery" of the bereaved. The bereaved, however, have contradictions where experiences belie and defy these ideas: "recovery" is impossible. Life, as it was known before the death of the loved one, cannot be recovered, and although aspects of it can be reclaimed, there is no absolute recovery. Rather, we are moved into a life-long process of constructing meaning, re-authoring narratives, and relearning the world, our relationships, and often even our identities (Attig, 1996; Klass et al., 1996; Moules et al., 2007; Neimeyer, 2001a, 2001b; White, 1989). Stage model theories perpetuate the discourse that there is a "right" and "wrong" or a normal way, or at least parameters to experiences and expressions of grief. As a result, some people believe they are not grieving enough or some too much; some move into a protectiveness in shielding their own grief from other family members; some view seeking support as a weakness; some believe that all family members should suffer the same amount at the same time; some believe that grief emotions should be controlled and managed (Moules, 1998).

**Beliefs about events connected to the loss**

In the very normal process of reliving, recalling, and reflection that occurs after the death of a loved one, many family members struggle with beliefs around their relationship, their roles, and their responsibilities. These beliefs often arise as beliefs about something they could have done differently in life that may have prevented the death or the nature of the death, around things said or left unsaid prior to the death, about unresolved conflicts, or around concerns about how the dying member may have suffered. At times, these beliefs take the shape of guilt and often this guilt remains unspoken and in its unexpressed containment can become toxic and unrelenting (Moules & Amundson, 1997).

**Beliefs about identity**

In our research (Moules et al., 2007), a well-seasoned grief counsellor identified that there are three "red flags" that he is vigilant in watching for in his clients who present around grief experiences. These markers are bereaved people who present with guilt that is so overwhelming that it dominates and obscures other emotions of grief, with unrelenting anger that takes on an embitterment or resentment that casts other aspects of grief into the shadows, and finally when the person who has died was so significant to the identity of the bereaved that there is a feeling of complete loss of self. Very often

this identity of being a parent is one of the most powerful of identities. If the bereaved person believes that she/he has no identity in the absence of the deceased family member, then this belief can block all of the courage, wisdom, and adventure required of the bereaved, where one enters into an engagement with the loss that is strong enough to sustain it.

**Ameliorating Grief: Healing Conversations with Bereaved Families**

Wright, Watson, and Bell (1996) suggested that it is the identification of beliefs that are constraining and beliefs that are facilitating that form the core of healing conversations. The work that occurs with the bereaved involves an excavation of the beliefs that may be creating, fuelling, or exacerbating the suffering that is already inherent in grief. In the uncovering of such beliefs and the gentle and directed challenging of them, lies the possibility of healing conversations.

"To enter the world of one who is grieving, we must choose to listen to the pain behind the words" (Gibbons, 1993, p. 599). The death of a child is oft embodied in many narratives — - narratives of lives lived; of illness, anticipated or sudden; of death; of other losses; of complicated relationships; of joys, regrets, remorse, and guilt, and of continued love in presence and in absence. The context for healing in grief work is solidly rooted in this engagement with families as they begin to realize that their suffering is heard, honoured, and acknowledged. In grief work, recognizing suffering is a means of remembering and joining families in their need to remember and "re-member" (White, 1989); it is about tending to the woundedness and rawness that lies in loss (Moules et al., 2007).

In the face of many beliefs that may either constrain or create more suffering for families in grief or that may facilitate healing, it is often in discussions of spiritual beliefs where conversations of therapeutic healing are located (Moules et al., 2007). The work of grief is often about making sense of it, searching for meaning and understanding. "The core of work with the bereaved is spiritual in nature because the core of grief is a spiritual experience. It is an experience of making meaning, doubting meaning, or questioning the purpose of lives lived, living, and lost" (Moules et al., 2007, p. 127).

Another belief that seems to find its way often into therapeutic conversation is the notion of the purpose of "grief work" as being that of simply letting go or saying goodbye. In the uncovering of this belief, the clinician might recognize the opportunity to gently offer challenge and an invitation to consider grief as a process of connection rather than just separation.

The challenging of beliefs that contribute to suffering in grief happens in many ways (Wright et al., 1996). The challenge is embedded in commendations (Houger Limacher & Wright, 2003; Wright & Leahey, 2005; Wright et al., 1996) that recognize families' strengths in the face of immense pain, resilience at times of most wanting to abandon faith and belief, and in the offering of hope in a family's ability to navigate the pain of grief and re-negotiate a life that continues in the absence of a

loved one's physical presence. The challenge to these beliefs can be embedded in thoughtful comments, observations, new ideas, and suggestions offered by clinicians or in reflecting teams (Andersen, 1987; 1991). They can be incorporated into therapeutic letters (Epston, 1994; Moules, 2002, 2003) in efforts to extend and expand the clinical conversation. The challenge lies in skilfully considered and crafted questions (Tomm, 1987; 1988) that invite reflection and ultimately offer the possibility of new beliefs that might better serve the family.

Of all the beliefs that most show up in the loss of a child the most powerful might be the socially sanctioned, erroneous idea that grief work only involves the process of saying goodbye. The offering of a "professional" belief that staying connected is also the work of grief seems to have the potential for initial relief and, then, the development of a sustaining sense of peace in the recognition that to feel connected is not only "normal" and "okay" but healthy. For example, in one therapeutic conversation, the clinician offered her belief that grief work is not just about saying goodbye but finding ways to stay connected to the deceased in such a way that there is comfort and relationship; there is re-membering. After this offering of the clinician's belief, a family member offered her insight that, prior to this, she may not have been open to admitting that she did still feel connected. Instead, she might have been conscripted into a conspiracy of silence and hiding, only admitting to herself that she felt connected and had found private ways to allow the connection. With the offering of our belief, she felt the courage and confidence to express her own belief which was seen by the team as facilitating. She insightfully offered this comment:

> When you lose somebody, it's almost like you're building a house and when somebody dies, all the top gets taken off but the foundation is still there … So we still have this foundation but we have to build it up again and in that foundation are my dad and brother — still there. They're still there. And they're so much engrained in who we are but all of the physical manifestations of them are gone (Moules et al., 2004, p. 102).

Once a parent, one is always a parent, whether the child is physically present or not.

**The Death of a Child: Unspeakable Things**

There are no gradients of grief and one experience of grief cannot be held up against another. There are, however, aspects of particular bereavements that are distinctive. We expect to bury our parents, not our children. The unspeakable nature of children dying (Rallison & Moules, 2004) shrouds the experience of childhood death.

We do not speak of a child's death. This silencing of the nightmare adds further insult to it and renders it silenced and located in a private and clandestine relationship between parents and their

children (Moules, 1998; Moules & Amundson, 1997; Rallison & Moules, 2004). Caputo (1993) posited that ethics are obligations with proper names. We are ethically obliged to engage with bereaved parents in conversations about their children and, further, in taking the lead of inviting families to speak the unspeakable around many aspects of their loss experience. It is here where the clinician moves into conversations of guilt, remorse, responsibility, fears, normalcy, and sometimes contradictory responses such as the mixture of loss and relief after periods of long suffering in illness. These poignant, fragile yet robust conversations involve courage on the part of the family and the clinician; tenacity, timing, and discernment on the part of the clinician; and ultimately faith that talking is healing. It is often in these conversations that the family is able to shift from beliefs of self-blame to beliefs and actions of forgiveness (of self and others) and of atonement.

In this giving voice to the unspeakable, there may come realizations: The realization of family members that they are doing "okay," that their experiences of the continuing presence of grief is normal; that the continuing sense of connection to their deceased loved one is exactly what is supposed to happen; that guilt is something that needs to sometimes be considered but cannot be allowed to consume; that grief is evidence of having loved well; that suffering, sadness, joy, memory, and celebration can live simultaneously; that there is hope for the future; that they are not alone; and that they are entitled to all their feelings, behaviours, and thoughts. In the words of one mother who had lost her 18 year old son and her husband within one year, change for her was "I feel more at peace." She attributed this change to having had the opportunity to be heard, to have witness to her pain, to be challenged around her sense of responsibility, and to "not be alone here having to hold it all together," but rather having had the clinician move into this role, allowing her the luxury and pain of her grief and the expression of her guilt. She also reported that what was offered her was hope — hope from the clinical team, the clinician, from her family members, and from her heart that there will be joy, there will be laughter, and there will be "good times to come." There *is* hope in grief — hope in the belief in our human capacity to suffer, sorrow, heal, celebrate, and love.

**Summary**

"Children are not supposed to die, but they do" (Rallison & Moules, 2004, p. 288). The work of healing in grief with families of children who have died or are dying is work of courage and love. It embodies a "character of connection to the living and the dead, a lifelong work that is borne by the bereaved who carry the inherent capacity to heal through love, and clinicians willing and skilled to join in behind" (Moules et al., 2007, p. 139). The work of healing in these experiences seems to be tethered to the capacity and courage to engage in therapeutic conversations which are, at their heart, privileged conversations that the portal of grief open

to us. Rallison and Moules (2004) reminded us that:

> The unspeakability of children dying should not be relegated to the shoulders of family members, for it is something we all must bear and, as nurses, we are obligated to bear. Children die and families suffer, and nurses need to be there alongside to mediate the unspeakable- ness of it, to ameliorate the suffering that accompanies it, and to embrace the privilege and obligation of such profound events in the life of a family (p. 300).

It is not just nurses, but all of us who bear the privilege and obligation of working alongside families. Parents will always be parents even in the physical absence of the child. Being present with children who are dying and with parents of these children bears us as witnesses to the almost inhuman strength that in which parents are cloaked in doing the hardest thing possible in watching their children die. For us, it requires a courage that does not come without a cost or a gift. As witnesses to suffering, we are always, already in the position of listening to, and offering presence, experience, and language that may invite healing, diminishing, even amelioration of suffering. We are in positions of giving and receiving unforgettable and sometimes even unspeakable gifts.

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# A Multi-Level Evaluation of the Impact of Training on the Therapeutic Use of Daily Life Events

**James Freeman**

*This evaluation examines the impact of training child and youth care practitioners on the topic of the therapeutic use of daily life events. Participants include 150 individuals from practice settings such as community-based programs, residential care, child and youth advocates, and foster/kinship care. Using cost effective self-assessments (including a post-course survey and 45-day follow up assessment), the value and impact of training is evaluated at four specific levels: participant reaction, learning, behavior, and results. Results suggest (1) an increase in interpersonal and professional effectiveness, (2) youth behavior change and positive feedback from family members, and (3) strengthening of organizational culture and overall program quality. The study concludes that training on therapeutic use of daily life events is effective and relevant to quality child and youth care. Further study and wider use of the curriculum are encouraged.*

Key words: *child and youth care, daily life events, training evaluation, organization development*

Professional development and training opportunities provide a valuable resource for practitioners in child and youth care. It is associated with long-term worker retention (Curry, McCarragher & Dellmann-Jenkins, 2005) and in some regions ongoing training of practitioners is legislated by governmental licensing and required by credentialing bodies. Research and evaluation to improve training and learning transfer is both an ethical responsibility (NSDTA, 2004) and a desirable competency (Bernotavicz, Dutram, Kendall & Lerman, 2011) of the field. The following summary provides an example of how the impact of training can be measured using a four-level evaluation model.

**Background and demographics**

In 2013 regional training events were held in various locations across southern California. Geographically this represents a span of over 300 kilometers and includes Santa Barbara, Ventura, and Los Angeles counties. Participants not only come from,

but work with those from a significant diversity of cultural and economic backgrounds.

Among the 150 individuals who completed the training, 35% work in community based programs, 30% work in residential care settings, 20% serve as court appointed special advocates, 11% in foster and kinship care, and 4% are addictions counselors and lawyers. Participants average five years of experience with 70% holding a college diploma or degree.

**About the curriculum**

The *Therapeutic Use of Daily Life Events (dle)* is a curriculum developed by Thom Garfat, Ph.D. of Canada, Leon Fulcher, Ph.D. of New Zealand and John Digney, Ph.D. of Ireland. Based on Garfat's award winning research into developing interventions with young people and their families, the course equips practitioners to use everyday moments in the lives of young people as meaningful opportunities for promoting growth and development. The therapeutic use of daily life events has been described as a foundational characteristic of the field (Garfat & Fulcher, 2012) and is summarized well in the idea that "every moment is highly significant and has the potential to cumulatively contribute to the growth of a young person [and our] micro interactions…set the tone for the quality, and hence the impact of the interaction" (VanderVen, 1991, 16). It is unique among other course offerings in that *it encourages reflection on how we go about what we do and say* rather than a specific or formulated intervention.

**Method of evaluation**

This evaluation uses the New World Kirkpatrick Model (Kirkpatrick & Kirkpatrick, 2010). The model was originally created by Don Kirkpatrick, Ph.D., professor emeritus at University of Wisconsin and a past president of the American Society for Training and Development. It has been revised in subsequent years and is recognized by many as an industry standard for demonstrating the value of training. It provides a taxonomy for examining impact on four specific levels including participant reaction, learning, behavior, and results.

The evaluation tools were developed as cost-effective self reports. They included a demographics questionnaire, post-course learning survey and self-assessment, and a 45-day follow up assessment.

**Findings across the four levels of evaluation**

The following sections describe findings across each of the four levels of evaluation, including representative comments from participants.

*Level 1: Participant Reaction*

The first level of evaluation focuses on the reaction of participants. It considers their reaction in three specific areas: satisfaction (Did they react favorably?), engagement (Were they actively involved and contributing?), and relevance (Will they have opportunity to apply what was learned?).

To measure participant reactions, post-course responses to four statements

are recorded with response options including strongly agree, agree, disagree, and strongly disagree. One hundred percent of the responses were in the categories of agree or strongly agree.

Related to satisfaction, participants respond to the statement "I would recommend this training to a colleague or friend" with 82% strongly agreeing and 18% agreeing. Related to engagement, participants respond to the statement "I was actively engaged" with 76% strongly agreeing and 24% agreeing. Related to relevance, participants respond to the statement "The content was relevant" with 87% strongly agreeing and 13% agreeing.

Participants indicated that the course was meaningful and helpful to their practice. Some representative comments include:

"This course provided me with a framework on which I can build my entire work."

"Very comprehensive, flowed nicely, encouraged good group interaction."

"The presentation was well delivered, interesting, and pertained to real life experiences."

"This has been very helpful to me and more than I expected."

Overall participant responses reported a favorable response, a feeling of engagement and agreement that the content is relevant to practice.

*Level 2: Participant Learning*

The second level of evaluation focuses on the degree to which participants actually gained what was intended from the training. The Kirkpatrick Model breaks this acquisition into five specific domains:

1. Knowledge (I know this)
2. Skill (I can do this)
3. Attitude (I believe this will be worthwhile)
4. Confidence (I can apply this in practice)
5. Commitment (I intend to do this)

To assess knowledge and skill, a self-assessment tool examines four specific participant learning objectives from the course. The question was "How would you rate your knowledge and skills to perform the following course objectives?" A scale of 1 (low) to 5 (high) includes ratings for both pre and post training.

There is a 2.15 point increase in self-reported gain of knowledge and skills as a result of the training (the average rating pre-training is 2.245 and the average rating post-training is 4.575). The objectives and individual point increases are:

- Objective 1: Recognize opportunities available in the moments of daily life (1.8 point increase)
- Objective 2: Integrate the characteristics of relational child and youth care into current practice (2.1 point increase)
- Objective 3: Describe how personal beliefs about the process of change impact interactions (2.3 point increase)
- Objective 4: Apply elements of the intervention process (2.4 points increase)

Participants report a number of practical gains post training. One evident theme is that of developing a new awareness or new ways of approaching others. A secondary theme focuses on a growing level of confidence in relational work. The following comments are representative of descriptions of the learning experience from a number of participants.

"I have a new awareness of when and how to recognize opportunities for intervention."

"I gained new ways of approaching situations with others, especially in regard to being 'in' relationship."

"My confidence has grown and I think the young people with whom I interact with will benefit. I feel I can begin to apply this material on a daily basis."

This level examines what is actually learned. The next level examines what is actually applied based on that learning.

*Level 3: Participant Behavior*

The third level of evaluation examines the degree to which participants apply what they learned. To measure participant behavior change a predictive application question was asked immediately following the training as well as the administration of a self-assessment tool 45 days post-training.

To the predictive application question "I will be able to immediately apply what I learned" participants respond with 79% strongly agreeing and 21% agreeing (response options including strongly agree, agree, disagree, and strongly disagree).

The 45-day follow up assessment (89% response rate) asked participants to rate their ability (high, medium or low) to apply each of the four objectives. The highest rated of the four is the ability to describe how personal beliefs about the process of change impact interactions (81% rated as high). This appears consistent with the data from level 2 given this is one of the higher rated learning objectives (2.3 point increase). The second highest is the ability to recognize opportunities available in the moments of daily life (75% rated high). Objective 2 (the ability to integrate the characteristics of relational child and youth care into current practice) and objective 4 (the ability to apply elements of the intervention process) are rated equally at 72% high.

The only objective receiving a low rating (4.5% rated low) is the ability to integrate the characteristics of a relational child and youth care approach. It is hypothesized that this may be related to the breadth of the objective given that there are twenty-five individual characteristics. A concept for organizing the characteristics into more memorable and hopefully applicable framework has since been introduced (Freeman & Garfat, 2014). It is also possible that this rating is related to the context in which participants work. Those working in structured programs (such as schools or treatment programs) may be more limited in what they can apply than those who work in settings that allow more flexibility and freedom for individual practice.

Discussions in the 45-day follow up assessment highlight efforts to integrate the learning into their practice as in these representative comments:

"I am more intentional about promoting opportunities for growth in everyday moments."

"I now find myself looking for unmet needs in an active way, especially when I am faced with challenging behaviors."

"I reflect and prepare myself more before walking in on a situation."

"I use the process of change as a way to evaluate and monitor my own expectations of others."

With participant learning having occurred (level 2), participant behavior (level 3) appears to be changing fairly rapidly within the initial 45 day period post training.

*Level 4: Results*

Level four begins to evaluate the degree targeted outcomes occur as a result of the learning and reinforcement. If participants learn something and then apply it, what difference does it make? What positive impact occurs as a result of the learning and application? Three specific themes are clear from the responses provided on the follow up assessment. The following comments are representative of the range of feedback provided through the assessments as well as individual conversations with trainees and their supervisors.

**Increase in interpersonal and professional effectiveness.** The first theme includes results related to an increase in interpersonal and professional effectiveness. Participants describe specific ways in which they feel more effective in their role and on-the-job performance. This includes a greater sense of self-awareness and ability to recognize and communicate about the child to other professionals and family members.

"I'm able to provide the court with a more accurate picture of the child's needs and strengths."

"I am able to demonstrate more respect to the family and communicate better about the skills I am modeling."

"I think the biggest component I have utilized is recognizing the moments as they are happening, which has also helped me transfer that over to parents who struggle to connect to their children."

"I have learned to stop myself before jumping in to intervene prematurely."

"When I have a child who pushes me away I feel much better equipped to use the moment to promote a change in attitude."

This growing sense of effectiveness corresponds with the self-reported gain of knowledge and skills and the descriptions of growing levels of confidence and new ways of approaching others describe in the participant learning (level 2) assessment.

**Youth behavior change and positive feedback from family members.** The second theme includes results related to youth behavior change and positive feedback from family members. A number of responses included references to either decreases in resistance or increases in relational engagement. Some also described positive feedback from parents or caregivers.

"I just let us be in the moment more

and have seen a difference in her response. I feel there is a whole lot less resistance to us connecting with one another."

"There is an increased sense of trust and stronger relationships. Kids and parents have told us they feel like the adults listen more and care. It's not like we didn't care before, but this training has given us so many ways to make it more tangible. The kids are really responding."

"The youth are learning that we're not going to force things on them. I think we are giving a lot more freedom for them to grow at the pace that is right for each one. It's hard, because we have to manage so many different expectations, but it's much easier than trying to force everyone on exactly the same track. I'm seeing that when we treat them with this approach they are learning to treat each other in similar ways."

More than one report mentions a parent or extended family member inquiring about what was behind the changes they were seeing in the program – they could feel something different in the approach of the team and wanted to know more.

**Strengthening of organizational culture and overall program quality.** The third theme includes results related to the strengthening of organizational culture and overall program quality:

> "This new approach has opened the door for more engagement and dramatically reduced the number of disruptive episodes in our program."
> "The whole team seems more intent on engaging each child. We constantly keep each other in check when considering what we have learned. It has become a way of working with children and families that transformed the way we approach each day."
> "The quality of our care is more genuine. We have improved what we do in significant ways. This approach has become a part of our expectations for each other and is helping us reach our goals much more effectively."

The overall data from participants suggests three specific results: (1) an increase in interpersonal and professional effectiveness, (2) youth behavior change and positive feedback from family members, and (3) the strengthening of organizational culture and overall program quality. Transfer of training, of course, cannot be isolated from other factors such as supervisor support and a culture of learning embedded in the organization. It is likely that those groups or teams that experience the most significant results had some of these components in place before the training.

**Summary**

Training on *the therapeutic use of daily life events (dle)* appears to be both effective and relevant to quality child and youth care. It has the potential to support behavior change in adults supporting young people and shows promise of results across multiple themes. By design, this evaluation focuses primarily on self-assessment strategies and tools. Further

evaluation and research is encouraged which may benefit from adding components such as observation, supervisor feedback, and youth satisfaction surveys. The three themes described above provide a foundation for future evaluations and research to build upon.

As a final case example, one participant was approaching a long awaited transition to retirement – something she and her husband had been planning in detail for years. Just two months before their transition, their adult daughter announced she was moving out of town with her boyfriend and was leaving her 16 year old daughter in the care of her grandparents. She had "hit her limit" in dealing with her behavior and "was at the end of her rope".

The woman was dealing with surprise, fear, anger, and worry about how to care for her granddaughter. There were not only extreme behaviors to address, but a significant generational gap with not much past relationship to build on. She had difficulty seeing any hope at all for the situation.

In the midst of this difficult transition, her son discovered an announcement for an upcoming workshop on the therapeutic use of daily life events and suggested she attend. During the training she began to get a vision for new ways of interacting with and supporting her granddaughter. Three months later, she wrote:

> Our lives have improved over 100%. It helped me so much as I was desperate for any ideas on dealing with my granddaughter. I was able to see past the desperation and start working with her in a more appropriate way, putting down the blinders that I'd let shield me from being the grandmother. I take each moment as it comes. Things are not easy, but I feel I have options and can support her in helpful ways. The materials that came with the program have been helpful. I've reviewed them on several occasions just to remember when I started to revert back to what was easy. The ideas of using everyday events and especially how to just be with one another means so much to me. My granddaughter and me don't have much time and I know that the best thing I can do for her is to connect with her. Our lives are not going the direction we always thought, but now each day I am able to see so much more in life than before. It has truly changed our lives."

Quality training – like the curriculum examined in this research study – makes a direct impact on the quality of life for those we work alongside. As our movement of relational child and youth care continues to advance, we each contribute to changed lives by responsibly learning, growing, and applying new learning to practice.

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# Using CYC Theory, Or Not

**Jack Phelan**

*Nothing is more fairly distributed than common sense: no one thinks he needs more of it than he already has.*

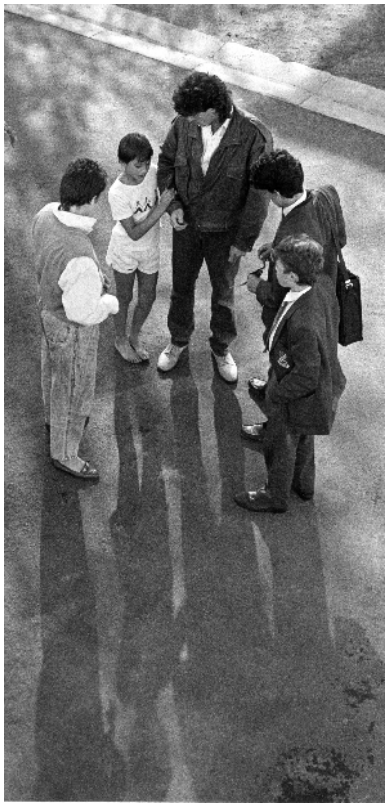
– Rene Descartes, 1637

Our field suffers from a lack of applied theory, not because there is no useful theory available, but rather because it is too easy to ignore theoretical models because the appeal of using common sense is so strong. Each of us, as Descartes described so elegantly 400 years ago, truly believes that we know the best way to live our lives. Unfortunately, we also carelessly impose our models for living on our children, unless we take care to avoid doing this. CYC practitioners slip into parent-like approaches without realizing that it is happening. Even young workers who are still resentful of the common sense life lessons imposed on them, start sounding like a parent in spite of themselves. The most significant issue with using common sense is that it is too ego-centric and a very limited lens to view another person's reality. When I uncritically look at everything you are doing from a model that compares it to my beliefs about how to live, I am imposing my logic and intruding on your sensibility, denying the person who you are trying to be.

Medical theory has changed a lot of the ways that we see the world. Just 200 years ago there was no awareness of how disease was spread, it was not logical to worry about catching a disease from another by mere contact anymore than you would catch a wound from helping put on a band aid. Surgeons did not think about washing their hands or wearing antiseptic gowns.

Kiaras Gharabaghi and I did a research project a few years ago where we investigated the theoretical models being used in a variety of CYC residential settings by the CYC team and found that most typically, there was a serious lack of CYC theory and most teams described being guided by common sense. There was lip service paid to the CYC jargon that each agency claimed as the theory they used, but it did not actually ever get seriously applied. The result of this common sense model is that the CYC practitioners focus on what they believe is the best way for the youth to behave, without considering how the youth see things, then describing all the interactions based on how they offended or appealed to each adult's beliefs about living correctly.

Strength-based approaches and resiliency models are often touted by workers and supervisors, yet if this "common sense" lens filters all the data, then the only strengths I will observe are the behaviors that fit into how I see good or bad. So the typical "strength" is a compliant behavior that fits what I want you to act like. Any strengths that you display which annoy or puzzle me will not be acknowledged. This fundamental lack of an empathic viewpoint is not easily admitted to our self-awareness, since we want to be seen as a caring, sensitive CYC practitioner. This is information that our common sense lens will avoid or reject.



The reason for medical science to change its view was the data and experience that was being denied or ignored for a long time eventually was allowed into the conversation about disease. The push back against common sense took a long time, but eventually theory prevailed.

CYC graduates and new workers enter our field with a respect for theory that is often not shared by more experienced practitioners. I do not believe that experienced workers are afraid of new ideas or resentful of theoretical approaches, but they have been trained and shaped by their superiors to rely on common sense above all, which unfortunately blocks many new ways of thinking.

Why do we continue to believe that we can behaviorally alter long standing ways of making sense of life in our youth or families by externally controlling them through punishment and reward? Why do we focus our efforts on what we think they need or should do? What motivates us to be so arrogant that we create treatment plans that significantly alter another person's lifestyle and force our "good ideas" on them?

The data from our efforts over many years suggests that these common sense ways of thinking about how to help others is not very effective, yet we are still resisting the idea that perhaps there is a better way.

Next month I will describe some of the ways that relational work needs to lose some of the common sense trappings that have hung on too long.

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# Practicing what we preach: The importance of consistency in staff and youth training initiatives

**Judith L. Schubert**

*Learning is a life-long process. Professionals involved in programs that incorporate training for youth recognize the multifaceted components that lead to building skill. In this article, Judith Schubert, president of the Crisis Prevention Institute, explores the relationship between staff training and training for youth. Ms. Schubert draws from her experiences in training and consultation at youth-serving agencies and includes perspectives from a school psychologist, both advocates of realistic training for youth-care staff as well as those youth in need of skill development in unique areas such as that provided in Aggression Replacement Training.*

As we provide important skills to youth through programmatic training and teaching, we are continuously challenged to identify our own skill needs and assess for personal growth. Professionals often find themselves in situations where their own verbal or non-verbal responses are inconsistent with the message they are trying to convey. Sometimes the solution we offer to a youth is based on our own emotions, rather than the youth's needs. Sometimes we even demonstrate aggression while attempting to aid a youth in replacing it.

Staying open to learning opportunities about the youth with whom we are working is a key to establishing strength-based intervention strategies that have meaning. Staying open to learning opportunities for our own development can better prepare us to use those strategies in the most effective manner. Staff development and training efforts that reflect the values and underpinnings of the programs and training provided to youth are at the foundation of respectful and safe environments.

The Crisis Prevention Institute (CPI) has had the opportunity to work with thousands of individuals and organizations striving to provide caring and safe environments, even when children become angry, disruptive, and aggressive. Our experience in training staff to employ strategies and

methods to create these environments has shown us that even the most well-intentioned staff can "teach" in a manner where the lessons get lost and can "inform," but cannot always "do".

The chaos created in disruptive situations can lead any one of us to react in a manner that fuels the fire, rather than respond in a way that cools it. Training for staff that organizes their thinking about these disruptive episodes and improves confidence in problem solving in difficult situations successfully increases effective responses in those moments of chaos.

As Arnold Goldstein pointed out, aggression is a learned behavior that children can study through observation. Assuring that our responses to conflict and chaos involve the skills we want children to learn must become part of our efforts in staff training and development.

Are staff at your organization cued in to the importance of listening with empathy to the youth in their care? Do they understand what is necessary to control their own anger? Are staff genuinely concerned about the needs and rights of the youth with whom they work? Young people may not always listen, but they are watching. Staff members lose credibility if they are saying one thing but doing another.

The work of Arnold Goldstein relating to *Aggression Replacement Training* (ART) (Goldstein, Glick & Gibbs, 1998) is one of the resources we have seen that mirrors CPI's philosophy and is demonstrated most apparently in CPI's *Nonviolent Crisis Intervention* training for staff. Use of ART has been successful in promoting the acquisition and performance of skills, thus decreasing frequency of acting-out behaviors in youth. Use of strategies from the *Nonviolent Crisis Intervention* training has been successful in promoting skill development in staff and decreasing the frequency of acting-out behavior in youth. In combination, we have found that providing *Nonviolent Crisis Intervention* training to staff, who then provide Aggression Replacement Training to youth, is a comprehensive approach in which skills taught to staff members reinforce and model the skills taught to youth.

Brian McKillop, a school psychologist and a Master Level Certified Instructor of the *Nonviolent Crisis Intervention* training program, shared his experiences of helping staff "practice what they preach" in Aggression Replacement Training (ART). His goal is to create consistency in training staff and youth.

> Youth in ART learn skills such as "responding to the feelings of others" and "responding to anger." These are taught in a structured process, which includes modeling, role-playing, performance feedback, and transfer training. The *Nonviolent Crisis Intervention* program uses a similar approach for teaching staff new skills. The training process includes lectures, demonstrations, practicing skills, and follow-up discussion. By observing, participating, and reflecting on the experience, staff also prepare to transfer learning to work-life situations in a way that makes sense to them. The *Nonviolent Crisis*

*Intervention* program trains staff to recognize that it is important to model appropriate behavior in all of their interactions with youth.

Another key component in the ART program is Anger Control Training (ACT). Young people learn to identify personal triggers that often lead to the inappropriate expression of anger. They are then taught techniques for reducing their level of anger and ways of evaluating their success in doing so. Young people find the emotion of anger difficult, but it is no less difficult for many adults. If youth see staff members lose their tempers, the message being taught about anger is "do as I say, not as I do." On the other hand, some staff members think that it is "wrong" or "unprofessional" to express anger at all. This is not true. A staff member who can demonstrate appropriate expression of anger to youth is modeling a valuable skill; namely, that it is possible to feel anger and express your feelings directly and honestly without verbal or physical aggression. Staff should explore how their own "precipitating factors" (internal or external stressors that are a real part of our lives) can be brought into their work and contaminate relationships with youth.

Finally, ART seeks to improve the moral reasoning of its young trainees. Youth who have gained social skills and anger control now face a moral choice. Will they use these new strengths?

The *Nonviolent Crisis Intervention* program is also grounded in a moral philosophy of treating all people, even those who act out in inappropriate ways, with respect and dignity. Staff members who follow the program's tenets demonstrate this attitude in their own dealings with youth. After a crisis, a debriefing intervention allows those involved an opportunity to describe the incident from their own perspectives. As youth consider the impact of their behavior on others, these discussions become another vehicle to educate in moral reasoning.

Aggression Replacement Training can have a positive impact on the lives of young people, resulting in improved anger control and more prosocial behaviors. In a similar vein, *Nonviolent Crisis Intervention* training helps staff to manage anger and respond positively, thus reducing acting-out behavior among those in their care. Partnering ART for aggressive youth with *Nonviolent Crisis Intervention* training for staff is a sound way to ensure that the values and skills taught in ART will be mirrored in the actions of staff members.

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*Action Transforms*

# *Postcard from*
# Leon Fulcher

**Lake Waikaremoana**


Hi everyone! Greetings from the Southern Hemisphere where January is commonly spent beside a beach or lake where families take their summer holidays break from school and work. It's still a tradition where we live that families annually return to their same favourite place for their January holidays. Lake Waikaremoana – with its world-famous Great Walk – is just one of those places (http://www.doc.govt.nz/parks-and-recreation/tracks-and-walks/east-coast/te-urewera/lake-waikaremoana-great-walk/).

**Freedom campers take gear across Lake Waikaremoana and stay for days**

During 3 weeks we spent living in a tent during the past month, I took a lot of interest in how children and young people learn about water safety during family leisure activities involving being on and around water. Each summer, we hear stories about deaths by drowning. The loss of a close cousin in a swimming incident when I was a child has surely influenced my life-long attitudes towards water safety. I'm pretty fanatical about it, requiring life jackets and always having somebody 'on duty' who is actively watching and listening when children or young people are engaged in recreational pursuits involving water. And one keeps learning about water safety!

**Youths out water skiing or wave boarding when the wind wasn't blowing**

Whilst most youthful water skiers wore body jackets, I did see some young men 'hooning' around the inner bays in a powerful outboard, pulling one another on a wave board. Neither were wearing life jackets! I couldn't help but think about parents and family members – indeed child and youth care workers – who never bother to teach basic water safety measures and help instil these attitudes in children's up-bringing.

**During their Great Walk Experience many visitors walk to Korokoro Falls**

As child and youth care workers, have we ever bothered to notice whether our service includes in its mission statement or programme objectives a commitment to ensuring that no child or young person in our care cannot 'be' and 'have fun' around water in a safe and sensible manner? I once managed a hostel director in the UAE who managed water safety for 10,000 young women in her 'care' by filling in 3 Olympic size indoor swimming pools with discarded furniture and sand! All these young women were 'safe' but didn't know how to swim – although the Koran explicitly encourages swimming amongst women.

**Children and young people learning early about fishing and water safety**

The annual Lake Waikaremoana Boating and Fishing Family Day was once again a real treat with children and young people receiving recognition for their angling efforts.

Young women anglers held their own against seasoned male veterans, even if one prize winning young lady found holding the fish 'slimy'! The other girls quickly stripped away her plastic bag, thereby 'forcing' her to 'hold your fish proud'! That 'zone of proximal influence' idea becomes suddenly real when peers do that

**Successful young women anglers at Lake Waikaremoana**

with one of their own. The young Australian with the biggest Brown Trout has a fisherman granddad!

**A young Australian lad with his big prize-winning Brown Trout**

Families – and family members – played distinctive roles in managing water safety during several windy days whilst at our Lake. One mother and her 2 primary school-aged children had to be rescued by the Dept of Conservation boat after being caught by heavy winds crossing an exposed stretch of water. They sheltered for 4 hours on a narrow ledge in the dark before being rescued. Children and young people learn and internalise practices, routines and attitudes about water safety –or not! Many thus miss out on the range of fun and leisure-filling activities to be enjoyed around water

**A becalmed reminder of how unpredictable weather influences water safety!**

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# ... end notes

## Then and now

There was a time
Before we came here
We didn't know
Where we came from
Or where we were going

There was a time when
We didn't know who we were
Or who we belonged to
Or whether we'd got lost
And who lost us

But here we have found
Some good togethernesses
To help us to learn
When the time is right
Where to move on to

When we know where to go
When there's someone to go to

## Wisdom of Youth

No one notices what I do until I don't do it.

Lorie, age 14

When your mother is mad and asks you, "Do I look stupid?" it's best not to answer her.

Meghan, age 13

If you want something expensive, you should ask your grandparents.

Matthew, age 1

You can play the coolest tricks when people don't know that you have a twin.

Amie, age 16

When my dad says to be home at 11.30, he doesn't mean be in the driveway, but inside the house by myself.

Elizabeth, age 16

If your mom picks your clothes and you dislike them, tell her they don't fit.

Christie, age 12

According to my Mom my dad will never be color coordinated.

Samuel, age 11

Even today, watching baseball with your grandpa is still a great American pastime.

Erin, age 13

We do not grow absolutely, chronologically. We grow sometimes in one dimension, and not in another; unevenly. We grow partially. We are relative. We are mature in one realm, childish in another. The past, present, and future mingle and pull us backward, forward, or fix us in the present. We are made up of layers, cells, constellations.

— Anais Nin

___

All his life he tried to be a good person. Many times, however, he failed. For after all, he was only human. He wasn't a dog.

— Charles M Schulz

___

Permissiveness is the principle of treating children as if they were adults; and the tactic of making sure they never reach that stage.

-- Thomas Szasz

___

It is paradoxical that many educators and parents still differentiate between a time for learning and a time for play without seeing the vital connection between them.

— Leo F. Buscaglia

___

"The soul is healed by being with children."

— Fyodor Dostoyevsky

___

"Grown ups are complicated creatures, full of quirks and secrets."

— Roald Dahl

___

"Your kids require you most of all to love them for who they are, not to spend your whole time trying to correct them."

— Bill Ayers

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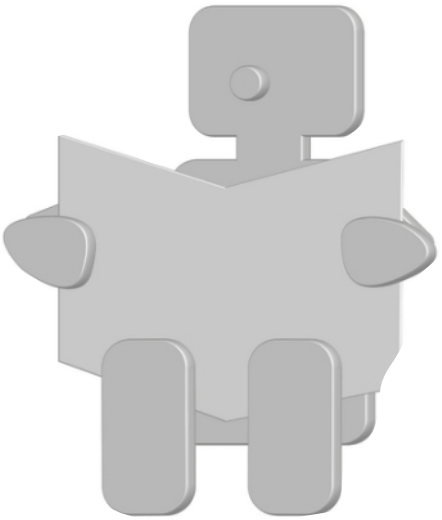

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