

# CYC-Online



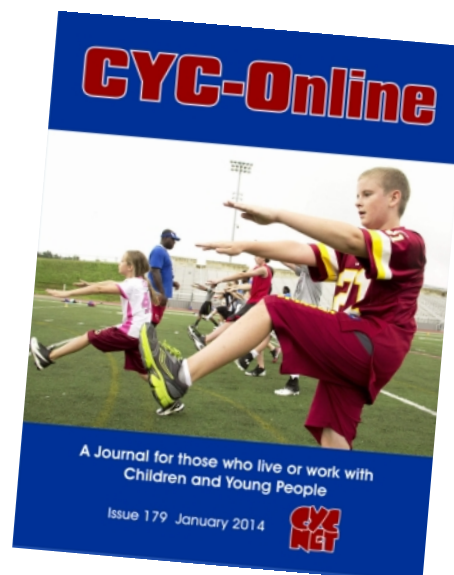
**A Journal for those who live or work with  
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# On Being Uninspiringly Common

So, it is the beginning of a new year in this part of the world. As I started to reflect on what I might write about in my editorial, I thought about different themes, like:

- New year, new opportunities
- A time to re-inspire ourselves
- Resolutions to be made,
- etc., etc.

And suddenly I realised how boring these ideas were; how uninspiringly common; how habitualized. Presented with what appears to be the same stimulus (a new year) I respond with the same ideas I always have. Ouch. How mundane. And really, when you think of it, how disrespectful of me – to think that this ‘new year’ is the same as all the others I have encountered before. As if there is nothing ‘new’ here.

It only takes a moment of reflection to realise this year is different. I am older. The people I know are older; some are dead. The river is not the same height – the snow is not the same depth. I am in different relationships, my relationships are different. My world is different; the world is different and here I am about to treat it as if it was ‘just another new year arriving’. How dull is that! How uninspiringly common.

So, having realised this, what can I do? Something different. So here is my non-habitualized, something different, ap-

proach. I am going to do nothing: No promises, no commitments, no new year’s resolutions. Instead I am just going to try and enjoy the day without the expectation that I will do what I have always done.

I’m gonna get up in the morning, look that day straight in the face, give it a nod, and say “Nice to see ya. How are ya? What have ya got got me?” And then see what comes.

Okay, I know that sounds like a resolution, so I promise to discard this approach if part way through the day, I don’t feel like it fits anymore. Let’s just say this is what I think I am gonna do 😊

Okay, I confess, that’s a little challenging for me. I mean, I will have to overcome my expectations, set aside my preconceived notions, and let it flow. Now that’s not going to be easy, I know. But, what the heck, who knows what might come about? I may even get to see the day as it is, not as it would be if I shaped it to my expectations.

Anyone want to come along? Okay, here’s what we do.

Take a deep breath, remember you know nothing, let it out slowly. And now let’s go see what this new year day has to offer.

And let’s also try to be less uninspiringly common when we meet that new kid, eh?

**Thom**



# Observations about German Residential Care

Kiaras Gharabaghi

**M**y nearly six months in Germany are almost at an end, and increasingly I am trying to put into perspective what I have learned here, observed here, and what sorts of lessons I can bring up back to Canada. Since one of my core interest is residential group care, I thought I would summarize at least a few of the main observations I have made about German approaches to residential group care so far. I think I can best do that by grouping my observations according to five themes: aesthetics, young people's presenting problems, structure and control, organizational pieces and supervision.

**I. Aesthetics:** the vast majority of program sites I have visited in Germany are stunningly beautiful. This alone sets them apart from what I usually see in Canada and many other places. Germans generally have a strong focus on aesthetics, but I am immeasurably impressed by their determination to continue this focus into spaces that are often seen as firmly entrenched at the margins of society. The buildings chosen for the site of residential

care are typically large, spacious, and renovated on an on-going basis. The young people's bedrooms are bright and comfortable, and young people clearly have a say in how these rooms are decorated. All the furnishings are of high quality, the atmosphere is 'familial', and there is no indication that any of the furnishings or supplies are procured from institutional suppliers. Institutional posters are avoided (such as Health & Safety information, or the rules of the residence), and the beautification objects represent a mixture of purchased and youth-created items. Perhaps one area in which aesthetics are lacking a little is the representation of diversity. In spite of the residential youth population being quite diverse, there seems to be little emphasis on representing that diversity through art or other imagery. Nevertheless, I can state with conviction that on first impression, residential care facilities in Germany are generally inviting places, and young people first arriving there are not likely to be turned off just by the way the place looks.





## 2. Young people's presenting problems:

it is very notable that the presenting problems of young people are virtually never described using clinical language. Although the young people in residential group care in Germany are likely not very different than those in group care elsewhere, no one uses descriptors related to mental health diagnoses or other forms of deficit-oriented labeling. Clinical language is on the whole rejected in Germany's residential care sector, and 'treatment' is not a concept people want to discuss. On the other hand, Germans too reflect a deficit-oriented approach to young people, albeit one that is firmly premised on the young people's social history and personal biographies. I regularly encountered statements such as "our young people have experienced such enormous hardship in their families of origin that they require a complete re-socialization in order to have any chance of moving beyond their current circumstances". In fact, the belief that the young people have been profoundly damaged through their earlier experiences is evident in the German approach to education. Almost everywhere, school is seen as secondary to emotional and behavioural stabilization, and success in school is approached with the lowest of expectations. Given the much more fragmented school system in Germany, where it is possible to complete high school by the end of grade 9 (a vocational certificate), or the end of grade 10 (a slightly more trade-oriented certificate), Germans articulate the completion of the grade 9 vocational certificate as "educa-

tional success". To be fair, in practice it may well be precisely that for many young people, and I don't mean to suggest that completing grade 9 should not be celebrated as an accomplishment. On the other hand, it is entirely unlikely that of the 90 000 young people in residential care in Germany, almost nobody has the capacity to complete the grade 12 academic stream of high school (which then creates the opportunity for a transition to post-secondary education). I consider it possible, at least, that the strong social pedagogy foundation of German residential care systems actually perpetuates a deficit-focused approach to the work, in that this theoretical foundation constantly pushes residential staff to re-invoke the catastrophic consequences of trauma and challenge within the biographies of the young people.

**3. Structure and control:** related to the second point, and given the view that young people in residential care require a re-socialization, much of the work in residential care is highly structured and control-focused, even if it is not articulated in that way. In the overwhelming majority of programs I observed very strong 'operational systems', including point and level systems, as well as at best minimal openings for young people to make their own decisions. Indeed, in spite of a very energetic focus on the concept of 'participation' in Germany right now, it seems that what in Canada would be laughable examples of youth participation are celebrated as dramatic and radical initiatives. In one program, the best



example of participation for youth was that they could choose a day per month where they would cook their own food, rather than having it prepared by the agency's cook. In another program, the example given was that residents could choose their laundry day (and they really could not do their laundry on any other day), so long as it was not already taken by someone else.

To be fair, and also true to the German propensity to 'organize' things, some programs had 'resident councils', where young people would have regular input in the how the program is to be structured. I observed, however, that having a resident council and actually creating spaces where young people can make decisions, is an entirely different enterprise. The resident councils I was introduced to appeared as little more than rule-bound institutional features.

**4. Organizational pieces:** in spite of many programs in Germany describing themselves as programs that take only young people who have "broken down a series of previous placements", and who are "quite significantly damaged", the staffing ratio in most residential group care programs is about 1:8, or in one program, 1.5:14 (per shift). In Canada, in contrast, a typical evening shift in residential group care would have at least two and sometimes three workers on shift for six to eight young people. Overnights in the German programs are almost always covered by just one staff member who sleeps during the night, compared to usually two in Canada who are awake at

night. It is possible that this comparatively low staffing ratio in Germany is due to the exclusion from residential group care of young people with serious psychiatric challenges, who typically end up within the psychiatric system of care (about which there is very little talk or research). One does wonder, however, about the apparent incongruence of labeling the young people as extremely damaged and then deploying a single staff member to be with them for long periods of time.

There are, on the other hand, advantages to this low staffing ratio. Issues such as office sitting, gossip or other less useful aspects of multiple staff members working together are largely eliminated. Of course, the benefits of having a colleague to help reflect on specific circumstances or decisions is also eliminated.

On the whole, German residential facilities are not particularly multi-disciplinary. Although front line staff may be either *Erziehungshelfer* (literally translated: Up-bringing Assistants; in fact, roughly a Social Service Worker) or Social pedagogues (similar to well trained child and youth care practitioners), the role of other disciplines, such as psychology, psychiatry, nursing, or social work are very limited and always case specific. In contrast to Canadian approaches to residential care, however, Germans provide a great deal of specializations within pedagogic traditions that serve to develop special opportunities for young people. In this context, there are often, for example, music pedagogues, healing pedagogues, adventure pedagogues and art pedagogues, integrated



into the team, who offer special activities to the young people.

It is notable that on-going professional development, and upgrading of educational qualifications is typically promoted within the German residential care system. On virtually every team I encountered, at least one or two individuals were actively pursuing further qualifications with the full support of their agency. While this may or may not be related, German front line residential teams are less subject to staff turnover than what one might observe in Canada, and many of the teams I met consisted of individuals with more than ten years experience.

At the macro-organizational level, one encounters many more organizational forms in Germany than anywhere else I have explored residential group care. Unique for Germany is the significant role of the two main churches (catholic and protestant) and their social service arms (Caritas for the Catholics and Diakonie for the Protestants). Roughly 70% of the German residential care system is underwritten by either Caritas or Diakonie, although there are great variations in terms of how religion is represented in the day to day operation of residential care programs. Some organizations are structured as charities, others as not-for profit organizations, and again other as 'community furthering' enterprises, which means that these organizations can generate profits but must invest their profits back into the organization. Increasingly, there are also straight private enterprises within the residential care system, although these still form only a relatively

small part of the over all system. Regardless of organizational form, however, in all my conversation with the leadership of residential care agencies, the business components of operating the organization were front and centre, and strategic plans for these organizations are driven by business plans similarly as they would be in the Canadian (especially Ontario) context of largely private sector, for-profit, residential group care.

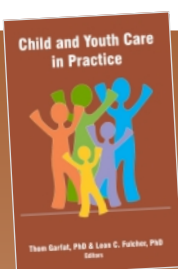
**Supervision:** I have written previously about the supervision concept prevalent in Germany; it is a system in which residential teams can choose their own supervisor, external to the agency, with the agency having responsibility for negotiating the contract with the supervisor chosen by the team. Typically, a team would meet as a group with that supervisor perhaps 10 times per year, and cover issues ranging from team dynamics to managing the specific challenges related to particular young people. External supervisors must complete regulated qualifications before they can offer this service to teams. This system has many benefits, including that within this system, supervision is definitely understood as a central component of professional practice, and it actually takes place (unlike in Canadian residential care contexts, where it sometimes does and often does not take place). Furthermore, providing opportunities for teams to sort out their issues using an external facilitator seems like a good plan, and most people I have spoken to here confirm that this system works well. One disadvantage of this system is



that individual supervision is limited (although peer discussions are frank and highly professionalized).

Overall I have found the German system of residential care to be impressive in many respects. It is a well-organized system in which highly qualified individuals provide nurturing and reflective care to young people, typically in impressive physical surroundings. The social pedagogy tradition of Germany serves this system well for the most part. Much effort goes into exploring the stories of young people, somewhat akin to narrative approaches sometimes used in Canadian residential care services. As a result of the centrality of young people's biographies, the services maintain a youth-centered quality, even if much of the programs and routines are, for my taste at least, a little excessively structured and control-oriented. Of concern is the strong labeling of young people as fundamentally damaged; although in my experience the strength-focused rhetoric of Canadian and other jurisdictions is often little more than just that – rhetoric, one

nevertheless struggles to see how deficit-based thinking can be overcome in the context of this labeling. I am ultimately most intrigued by the single-staffing model employed almost everywhere in Germany, even in programs that have more youth than what would be typical in Canada. Of course this model is propped up in part by the strong underlying control features of the programs, but at the same time, I observed very strong and authentic relational moments between staff and young people that had a different feel than the better staffed programs in Canada. Relationships are, after all, a pre-condition for social pedagogic work, and on first impression, at least, this seems to be a strength. Then again, one might argue that in the general context of a deficit-based model, maintain relationships with young people cannot transcend the enormous power differentials between staff and the young people, and it is entirely possible that something a little more sinister is at work here. But that, I suspect, I will need to explore some more.



**CHILD AND YOUTH CARE IN PRACTICE** (2012), edited by Thom Garfat & Leon Fulcher, offers some of the best of contemporary writings on Child & Youth Care practice. Starting with an up dated version of the characteristics of a CYC approach this book demonstrates the application of a Child & Youth Care approach across many areas of our work. This is a practice ideas book, ideal for college courses, teams, trainers, carers, managers and individual practitioners.

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# Puffin Poker & the Cod Kiss Collective\*: Stories of connection from the hidden corners of the World

**Kim Snow, Jennifer Martin, Tina Kroll, Kiaras Gharabaghi,  
Stephanie Griffin and Thom Garfat**

*I have probably read it before, I may have even taught it before, but in that moment I got it. I connected.*

– Ian Milligan

In *The Storytelling Animal: How stories make us human*, Jonathan Gottschall (2012) argues that storytelling is innate, as represented by evidence of story throughout time and from our earliest stages of development. He puts forth a compelling argument that humans and culture are vulnerable to shaping by storytelling. Child & Youth Care (CYC) people know stories well and we use story and metaphor frequently in our engagement with young people (Allsopp & Thumbadoo, 2002; Burns, 1999). This article focuses on some of the stories of connection which occurred at the 1st Child & Youth Care World Conference, held in St. John's Newfoundland and Lab-

rador, in June of 2013. But first let us tell you who 'we' are, and how we came to be.

## **The story of us and how this all came to be**

The DMC began one day when we were kind of bored, feeling somewhat disconnected, and wandered over to a photo gallery opening in Toronto. Inspired by the historical displays and chatting later over snacks we came up with the idea of the DMC. Like all good CYC folklore, there is a hidden meaning in the DMC, but on that day the plan to pull together the North American CYC Social History was born and the Doc Martin Collective (quickly to become the *Digital Media Collection*) was formed. Our intention was to create an archive of the Social Media of Child & Youth Care (photographic, audio, video) which was later expanded to include non-traditional representations of

\* All quotes in boxes are from the stories from the CYC World Conference.



CYC social gatherings (bags, mementos, cups, etc.) We called it 'CYC stuff'<sup>1</sup>.

We made appeals for people to send us their 'CYC stuff' and this led to much day dreaming about what we might receive when we hosted our first reception (sponsored by the CYC Connections group from Ryerson University's School of Child and Youth Care) at the 'World'.

Puffin and poker - well that came a few weeks later and the readers will have to ask the Scots to get that story straight! Let's simply say that after a couple of late night texting sessions we had decided to host an international poker tournament and by morning we had already received commitments to bring playing cards from around the world. These are all archived in the DMC at Ryerson University with the photo of the CYC World Poker Tournament winners and the Quaich engraved with their names.



Anticipating connections that we knew would occur at the World, we decided to

ask conference participants to share with us their *hidden stories of connection* and so we had index cards printed in the hope of getting reluctant writers to jot down a quick note about a special connection they made at the conference. While no one used the index cards we did receive a number of wonderful and meaningful stories by email. The World [Facebook site](#) was also a rich source of stories and commentaries on connections at the World: the tapestry of stories was rich in meaning and spoke very much to the spirit of generativity (Erickson, 1950).

Once we had gathered the stories we each reviewed them as a collection and shared our reflections. We viewed these stories in multiple ways and found layers of meaning within and across them. Just as each of us as humans tell our own unique stories of experience, so we each read stories in our own unique manner. From our readings we discovered re-occurring themes (e.g., Belonging and Connecting, Taking Risks, CYC Identity, Transformative, Equalizing) and began to write to each other about how we, individually, made meaning of them. What follows is *a summary of the collective meaning we made through the stories and our own experiences at the conference, along with our editorial reflections*. It is, in essence, 'our story of our stories' of *Connecting at the World*.

*When I first got to the World Conference's Opening Ceremonies,*

<sup>1</sup> Much 'CYC stuff' was received and is being catalogued but more about that in another article.

*I didn't quite know what to expect ...  
I was delighted when ... I ran into a  
friend I hadn't met yet*  
– Catlin Thorn

### **We have a way of doing things**

What we discovered is that there is a CYC way of being and doing (Garfat, Fulcher & Digney, 2013). Many contributors felt that there is something special about being with people who understand, without need for explanation, what it means to be a CYC. That shared experience of affiliation evokes feelings of belonging and connectedness.

*... by lunch of the first morning, my  
Facebook status read, "I am so  
overwhelmed by how much I feel at  
home at this conference! These are my  
people".*  
– Mariel Ridgeway

CYC conferences are different than the average professional conference. While we try to be inclusive and participatory, we too are blinded by our context and limited awareness. When we become aware of exclusionary practices, we are quick to address them and make them part of the plan going forward. Our gatherings usually entail fun activities, laughter, celebration and more than a few shenanigans.

*CYC conferences have always been  
different than some of the others: less  
hierarchical, more informal, more  
emphasis on networking and socializing.*  
– Varda Mann-Feder & Jacolyn Trites

The CYC World conference was an event which formed and solidified connections among Child and Youth Care practitioners and Social Pedagogues from across the globe. The ripples of these relationships will be felt for years to come and in ways not yet imagined. We have a sense of 'us' and it relates directly to the work that we do in the life-spaces of children and youth. It is our shared practices that form the ties that bind.

### **Strengthening connections at the crossroads: The ties that bind**

Reading over the submissions made by conference attendees, the CYC World Conference seems to have been experienced as an exciting and profound event – a gathering where personal and professional connections could be (re)established, explored, and nurtured at the time and over time.

*There were many special moments,  
connections, and reconnections ...*  
– James Freeman

Some of the contributors, along with their feelings of excitement and pre-conference anticipation, also experienced misgivings, hesitations, even trepidation about attending. Some seemed unsure about whether the conference would/could be a "safe" space. For some, this seemed to be because they did not know anyone else who would be attending; several did not (yet) have a sense of connection or belonging and wondered where (if?) they would fit in; for others it seemed they felt in some ways intimidated



about attending an event that would be occupied by ‘big names’ in the CYC field.

*... there is an overwhelming sense that everyone in this community ‘knows each other’, or is divided into smaller groups who ‘know each other’. At the opening reception, I found it really hard to mingle ...*

– Mariel Ridgeway

These particular submissions of ‘not knowing’ brought to mind chaos theory (Lorenz, 1993) which focuses on sensitivity to initial conditions (e.g., I feel anxious about attending the conference) and uncertainty (what will happen when I get there?). In chaos theory, uncertainty is an important element because the outcomes of changing variable interactions (e.g., all things conference-related) cannot be known. The complexities of both internal dynamics and environmental (external) “disturbances” (encounters) generate considerable uncertainty with a wide and complex array of possible and unpredictable outcomes. How will my self be experienced in the context of the conference? How will I experience others? How will others experience me? Will I be able to make connections? Where will that connection lead? Will it lead anywhere?

*Suddenly I was around the elders; there were times I’d look over and I was literally sitting next to the guy who had written the textbook or numerous articles that we had read in class.*

– Shoshana Erlich

It was also interesting to read stories about CYCs gathering via Facebook in preparation for attending the conference and how the building of relationships began online long before face-to-face meetings took place. It may not be as easy for some to make connections – or at least they anticipated that it may not be easy – so they took opportunities to build relationships through the online conference group and develop that sense of belonging. Meaningful alliances and relationships can be strongly established online (Cook and Doyle, 2002; Martin & Stuart, 2011; Wellman & Guilia, 1998). For example, one conference participant joined the online conference group early “not knowing what to expect” and was pleased to find that conference organizers were “welcoming and kind”. Another writer shared her initial anxiety about whether she could even afford to attend the conference. She posted her concern online and the problem was soon resolved through a connection with another CYC – they decided to share a hotel room. When they finally connected in person at the conference they felt as though they were connecting as “old friends” and together they established connections and relationships with others at the conference.

*When I arrived in Newfoundland it was as if I was meeting an old friend. I was no longer nervous about attending such a huge conference by myself.*

– Melissa Hare & Yolanda Weltzin





Connecting through encounters that were deemed familiar and often symbolic such as being near the ocean, befriending a dog, dancing, listening to music, or sharing a drink rendered encounters less difficult and participants less vulnerable. These encounters were frequently digitally recorded and uploaded online throughout the conference. In the virtual world, images/videos recorded at the conference could be viewed, collected, distributed and shared anywhere in the world any time, over time. Cyberspace provides opportunities for child and youth care workers to develop relationships, (re)define themselves as part of a global CYC community and maintain those connections (Martin & Stuart, 2011). For some participants, connecting online prior to and during the conference ameliorated feelings of anxiety, shyness, and even intimidation about attending “a huge conference by myself” and it strengthened their sense of belonging.

Networking online continued throughout the conference (at the crossroads of the physical world and the virtual world) and continues still.

### **Connecting with the (well-known) faces of the field**

The conference theme was an inviting one but the interpretation of ‘*connecting at the crossroads*’ left some individuals feeling it would be solely their responsibility to do the connecting. This can be an overwhelming feeling, especially when one arrives and sees the closeness of many of the repeat-participants in these gatherings.

As it turned out, ‘doing the connecting’ was not left only to the new faces; it was often the familiar faces, the well-known individuals who have for many years marked the field with their writing and presentations who took the initiative to connect with newer faces. This ‘inclusion’ into the social circles of the field yielded enormous comfort for the newer faces. Many participants were drawn under the social umbrellas of CYC personalities and many left with photographs of themselves with people who had value to them (Gharabaghi, 2010). Connecting to well-known individuals serves to accelerate a feeling of belonging and inclusion that would be difficult to bring about otherwise.

*(They)... were all so welcoming and kind.*

– Melissa Hare (Hamilton) and Yolanda Weltzin

From a community development perspective, the CYC community maintains its spirit precisely because of the readiness of its elders to embrace the newcomers; their substantive contributions are secondary to their presence in terms of finding place within the CYC community. Consistent with the field’s values, ‘showing up’ is rewarded with immediate inclusion. Showing up, in our field often referred to as ‘being present’ (Ricks, 1989), is not only about imposing one’s presence, but more fundamentally it is about facilitating the connectivity of those who show up for a first time. Doing this requires a readiness to put oneself forward as a social, emo-



tional and personal reference point for the newcomer and to allow one's image (literally and figuratively) to be transported to the archive of imagery of the newcomer and likely to the virtual social networks where photographs will bear witness to the latest connections between those we know well and those who we will know well as the years pass.

### **Belonging and Connecting**

As CYC's we talk a lot about connecting and belonging (Garfat, 2008; Snow et al, 2013). In our day-to-day work we witness young people attempting to find a safe place in their world. We watch as they seek caring and commitment and search to find that one person they can connect to, trust and count on to assist in meeting their needs. Sometimes they become desperate for a sense of purpose and a feeling of acceptance. The CYC World Conference was a reminder that what these young people constantly strive for we, as practitioners, are looking for as well. Understanding what it means to have a sense of belonging and a feeling of connectedness, CYC's create that safe place safely in the moment.

*It felt like I had a really great safety net should anything go wrong.*

– Shoshana Erlich

For some, the term belonging refers to a personal possession. CYC's understand 'belonging' as the desire to feel a part of something; a group where trust is formed, emotional bonds have been identified and expectations of joint actions are present

(Digney & Smart, 2013). Belonging can exist in many forms, shapes and sizes and contexts.

Participants shared some of their moments of connection in an insightful manner regarding the importance of belonging. One shared how she was inspired when invited to join the 'most influential women of child and youth care' and heard them say that they were learning from her as much as she was from them. This connection will exist beyond the boundaries of the conference as together they were developing ideas to keep this connectedness and move it forward through future generations of CYC practitioners.

These moments of connection went beyond individual person to person interaction. There were stories of incredible encounters that occurred relative to the unique environment provided by being on an island. The heritage and culture of St. Johns, Newfoundland was completely new to some, yet for others it felt just like home. The pictures included with the stories illustrate the sense of belonging and connectedness made through the culture, the animals and the picturesque surroundings. Contributors chose to see these connections everywhere; in the sunrise, the sunset and everything in-between.

*He made me feel as though I was part of "The Rock", a place where the pulse of the earth can be felt as the waves propel against the jagged rocks. Before my new friend left, he laid his paw in my hand and as he looked into my eyes, I felt a deep sense of belonging and then he slowly sauntered away into the*



brush. *What a wonderful way to close a trip to one of the calmest and most surreal places that I have ever visited.*  
– Nancy Getty



### The CYC World

We invited our colleagues to share with us their stories of *hidden connections*. Their stories, which are the basis of the foregoing, make for fascinating reading. So that you too might enjoy these stories, we have posted them here –

<http://www.cyc-net.org/DMC/WorldStories.pdf>

Perhaps you will find the same meaning as we did; perhaps you will find different meanings. After all, we all ‘make sense of things’ in our own way (Michael, 2005). We hope you will enjoy them as we did.

*The connections are going to lead to something as meaningful as the event itself. I can feel it.*

– Dawne MacKay Chiddenton

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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



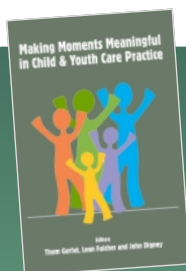


very sophisticated. In their training, social workers and others need to learn, for example, how to *really* notice things – not only things about others but also about themselves, including the ways in which they may at times be unwittingly inclined to avoid or deny uncomfortable truths. This is not 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.



**MAKING MOMENTS MEANINGFUL IN CHILD AND YOUTH CARE PRACTICE** (2013) is the latest book edited by Thom Garfat, Leon Fulcher & John Digney. In this volume, CYC practitioners, educators and trainers demonstrate the applicability of a **Daily Life Events (dle®)** approach across various settings and practice areas. It demonstrates the breadth and depth of the Child & Youth Care field and how it has evolved. This is an excellent student or professional development volume.

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# Life Space is not working in an office

Jack Phelan

Life space work is not like office-based counselling, the helping process is more physical, intimate and mundane (Smith, 2009 p. 123). The boundary dynamics are challenging because they do not occur in an artificial environment, separate from daily events. The issues and tasks are more physically practical like getting out of bed or going to school/work. The helping transaction can involve attending a court hearing together or visiting the Food Bank. Nurturing and physical caring, laughing or crying together, or just sharing space (hanging out) can be meaningful interactions. The term "client" does not resonate in effective life space work, because it creates an artificial barrier between people that creates an arms-length view of the other person and denies the mutuality inherent in how CYC practice occurs. Many models of helping have been developed to be utilized in an office setting, which is a neutral place, but not a natural place. The unpredictable dynamics and lack of environmental control present in the life space challenges the helper in unique ways.

We are bombarded in our own literature with statements that CYC practice is relationally based, and that our main tool

is the relationship we establish with the youth and/or family. Yet our understanding of this relationship work is poorly articulated, both within and outside of our professional circles. Mature practitioners absolutely appreciate the paradox of working relationally with people who have been marginalized and punished mainly because of their fundamental inability and unwillingness to be in relationship with others. In fact, mature practitioners know that the biggest professional hurdle to overcome is connecting, because it means leaving behind one's own safe coordinates which balance and support living successfully and choosing to join people in dangerous, frightening, and lonely places.

The closest vocational parallel is people who do rescue work, finding stranded or marooned travelers in dangerous places. The youth and families we serve often act the way they do because of *where they are, not who they are*. When a person is in survival mode, they become very reactive and self-protective, without any need for social rules and mores. Our youth and families need someone who can join them in these dark places, not just offer advice from afar. The real skill in describing our



work is to articulate the first step out of danger, not the eventual safe destination.

An additional complication, based on attachment dynamics and mistrust beliefs, is that there is a reluctance to signal the need for a rescuer, because being vulnerable inevitably leads to being victimized. Picture a youth who has fallen into a deep hole, yet is unwilling to cry out to passer-bys for help because he believes

that they will laugh at him and perhaps throw things down at him for sport.

So, what is needed is a professional who can physically and emotionally join with the other person's reality, remain safe and confident in spite of the danger, and display the tools and skills to move toward a better place. Life space work at this level of connection is what effective CYC practice is all about.



## Youth and Age

The young have aspirations that never come to pass, the old have reminiscences of what never happened.

**H H Munro**

A truly great book should be read in youth, again in maturity and once more in old age, as a fine building should be seen by morning light, at noon and by moonlight.

**Robertson Davies**

The great comfort of turning 49 is the realization that you are now too old to die young.

**Paul Dickson**

The error of youth is to believe that intelligence is a substitute for experience, while the error of age is to believe experience is a substitute for intelligence

**Ernest Hemingway**



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# Supporting CYC-Net

Ernie Hilton

Homebridge Youth Society

[www.homebridgeyouth.ca](http://www.homebridgeyouth.ca)

For many of us, very little needs to be said about why we support the CYC-Net. Here at HomeBridge Youth Society (HBYS) in Nova Scotia, part of Atlantic Canada, we exploit the site.

HBYS provides services in residential settings to youth who cannot live at home. We have about 140 employees, 100 of whom are youth care workers. The CYC-Net offers invaluable information we use in team development, individual training, publications, and when we just don't know something, we ask the world through the CYC-Net Discussion Group. We have integrated this professional online service into the fabric of our training and, as importantly, our connection to the field worldwide.

A fundamental domain of relationship that we at HBYS believe in is "generosity". James Anglin (2002) is spot on about "interactional dynamics" within an organization needing to be congruent at all levels of relationship. I believe generosity is one of the important interactional dynamics. Over the past 14+ years the administrators & creators of CYC-Net have generously offered, **free of charge**, a utility of world-wide connection that in no small way has undisputedly enhanced this profession, our organization and me as a practitioner.

To that end, one in this profession cannot be "out-given" so we decided to implement a structure for contribution, a type of tuition for ongoing professional enhancement. I would like to encourage other organisations to implement a structure whereby employees understand that ongoing professional enhancement is not just an organizational responsibility.

Upon hiring we ask each employee if they wish to contribute \$4 monthly to the CYC-Net, deducted from their biweekly pay. Subsequently, because of the generosity and professional commitment of our staff, we have the privilege of sending \$350- 450 monthly to support the work and distribution of the CYC-Net. Think about it – how one dollar a week can add up monthly and yearly!

We are one organization and if this structure was implemented monthly in other agencies, organizations and institutional we could really have a significant impact, ensuring that we support the legacy and longevity of this free service that offers so many benefits to our profession. If every group care facility and CYC-student in Nova Scotia alone, for example, contributed monthly with their colleagues collectively it would be another easy \$5000.00 annually.





Any organization that is conveniently not acknowledging with \$\$\$ the CYC-Net's valuable service or is not aware of it...shame on you!! (Not too much, just enough to motivate) Any trainer, that has made connections and subsequently acquired a training-gig please pay forward.

It needs only one champion in each setting to motivate others to pay forward, be generous, give thanks, and be grateful for the abundance that is the CYC-Net forum. Nag your administrators to do something. Do not take this medium for granted and let's shut Thom up for a few years and find \$100,000 annually. The math: 3500 subscribers at a one-time \$50 contribution = \$175,000!! Imagine, we wouldn't have to hear from Thom for years! AND, more importantly we could secure this medium for years, using that time to continue to plan for its longevity.

You are worth it! Do payroll deductions, a fundraiser, an auction, a one-time contribution, help ensure the succession planning of our field and our worldwide connections with the continuation of this invaluable utility.

C'mon Atlantic Canada, we may be small in geography, but we know how to give big in thanks. Get your teams together at the next meeting and figure out a way to get your facility name on that CYC-Net supporters list every month!

And we challenge the rest of you in other parts of the world to do the same.

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# Being, Interpreting, Doing: A Framework for Organizing the Characteristics of a Relational Child and Youth Care Approach

**James Freeman & Thom Garfat**

*This article provides a framework for organizing the characteristics of a relational child and youth care (CYC) approach (Garfat & Fulcher, 2012) which is designed to support learning and application in college coursework and training environments as well as in supervision and personal application by CYC practitioners. Questions for reflection and discussion in CYC courses, organizational teams, or individual consideration are included.*

*Keywords: relational child and youth care, characteristics, daily life events, personal and professional development*

**T**he dawn of a new year is, for many, a distinctive time of reflection and renewal. It is an opportunity for us to make important decisions about what we want to bring into the world and in what areas we want to grow, develop, and change.

One significant guide for our personal and professional growth is located in the characteristics of a relational child and youth care approach. These twenty-five characteristics provide a unifying philosophy which defines our engagement with young people and their families. They are straightforward, understandable, and relevant to range of practice settings. They are also comprehensive and profound enough to guide a lifetime of practice.

The characteristics originated from an examination of the practice and literature of the field (Garfat, 2004), have been revised and applied to foster care settings (Fulcher & Garfat, 2008), and further developed to reflect the ongoing growth of the field (Garfat & Fulcher, 2012). They are a meaningful contribution to the rich history and knowledge base that informs and guides our daily practice.

To support the potential for deeper learning and application it is helpful to organize the twenty five characteristics within a structured yet flexible framework which includes:

- Identification of one unifying characteristic to which the others connect



- Organization of the other characteristics into three categories
- Recognition of an anchor characteristic within each of the categories

This framework is designed to support learning and application in college coursework and training environments as well as in supervision and personal application by CYC practitioners.

### **Daily life events as a unifying characteristic**

The therapeutic use of daily life events is the central identifying characteristic of a relational child and youth care approach. Daily life events are those moments which are “open for therapeutic use when the practitioner and young person engage in exploring its meaning together and in learning from each other” (Stuart, 2013, p. 295). Each of the other characteristics demonstrate how this use of daily life events integrate into the larger CYC approach as well as describe the qualities of those who use daily life events effectively. The use of daily life events links to each of the other characteristics and unifies them in a structured system. It rests at the crossroads of the other characteristics connecting with each one to create a unified whole. In fact, it is often identified as the foundational characteristic of our approach (Garfat, 2002).

### **Being, interpreting, and doing**

With the use of daily life events at the core, the remaining characteristics of a relational CYC approach can be organized into three general categories. These cate-

gories are *being*, *interpreting*, and *doing*, each including eight characteristics.

**Being:** The first category or grouping is focused primarily on our way of being with others and includes:

- Love
- Being in relationship
- Flexibility & individuality
- Hanging in
- Hanging out
- Participating with others as they live their lives
- Counseling on the go
- Working in the now

Notice how these eight characteristics range from internal motives (e.g. love) to the temporal (e.g. working in the now). Being with a young person requires both an internal awareness and an ability to sense and respond to the moments that make up our everyday lives.

**Interpreting:** A second grouping of characteristics provides a focus on how and what we are interpreting in these moments of interaction. This group includes:

- Meaning making
- Strengths & resiliency
- Examining context
- Needs based focus
- Responsively developmental
- Family oriented
- Reflection
- It's all about us

Notice that these eight include both a



focus on others (e.g. needs based focus) as well as a focus on self (e.g. it's all about us).

**Doing:** The third grouping guides us in what we do – our movement and actions – with others. It includes:

- Connection & engagement
- Meeting others where they are
- Rituals of encounter
- Doing with not for or to
- Being emotionally present
- Intentionality of action
- Purposeful use of activities
- Rhythmicity

These eight focus primarily on our outward actions. They are what make the first two categories visible to others.

These three classifications are neither rigid nor linear. Each characteristic has components that might be described in each of the categories. The framework does, however, highlight the primary focus and function of each characteristic.

### **Bidding for connection**

Together the three categories – being, interpreting, and doing – form the acronym BID, highlighting the bids for connection that are at the center of our relational work. To make a bid is the act of making an offer for something. It is an old word dating from before the twelfth century and is defined as an “attempt or effort to win, achieve, or attract” (Merriam-Webster, n.d.) as in making a bid for reelection.

In relational child and youth care, we make bids to connect with others. This

bid for connection is a two-way exchange. Our response to a child's bid has the potential to enhance attachment and promote development, just as it does for parents who

*... respond consistently and appropriately to their child's social bids and initiate interactions geared to the child's capacities, intentions, moods, goals, and developmental level are most likely to have children with secure maternal attachments. (Howes, 2007)*

Howes further explains that “one can assume that this is also true for alternative caregivers”.

It is our responsibility in creating a caring practice to be “keenly tuned in to responding to kids' bids for connections and that [we] make pre-emptive attempts to connect” (Laursen, 2008). The idea of responding to or making a bid for connection comes alive in this framework when we recognize that it involves working in the crossroads of being, interpreting, and doing (see figure 1 over the page).

### **Three anchor characteristics**

A third component of this being-interpreting-doing framework includes the recognition of anchor characteristics. The anchor characteristics provide strength and support to the other characteristics within each category. Identifying anchors within each category offers practical guidance to those beginning in the field as they focus on in their own development. It prioritizes, in a way, what might be an essential starting point in one's personal



Figure 1

growth and development. The three anchors in this framework include:

- Love – in the category of being
- Meaning making – in the category of interpreting
- Connection & engagement – in the category of doing

Love serves as a “pre-requisite of healthy development” (Smith, 2006) and without a basic love for others and a willingness to be stretched and grow in that love may be an indication of the need for an individual to consider a different field.

*Meaning making* is the process through which each of us – worker or child – interprets everything else including, for example, what constitutes a strength of character (Freeman, 2013). In the category of doing, *connection and engagement* summarizes the core of what young people and families need in today's world. Connection and engagement is the end of our work and not a means to an end. Love and meaning making, along with connection and engagement, are the anchors of our work in using daily life events therapeutically and CYC work in general.

These anchors provide guidance for the lifetime of our career. Each one of them – certainly each one of the characteristics – is deep and comprehensive enough to provide guidance for a lifetime of practice.



## Considerations for personal application

The characteristics and framework are made useful when we apply them and integrated them into our work and life. In this moment of reflection and renewal, consider how you might further integrate the characteristics of a relational child and youth care approach into your work and life. Don't push or force these characteristics into your work. Rather, relax into them respecting your own personality and style. There might be things you want to change in yourself, or in your approach, but there is nothing more powerful than being authentic in your relationship with others. Forgive yourself for past mistakes and missed opportunities. Take ownership of integrating these characteristics into





your own practice and give it your best.

### Questions for class, team, or individual reflection and discussion

1. Which category or characteristic(s) seem come more naturally to you? Why do you think that might be?
2. In which ones would you like to grow or improve? What's your plan to do so?
3. Which characteristics do you admire in others? Why?
4. What do you think about the idea of integrating the characteristics of a relational child and youth care approach into your life, not just your work?

### Conclusion

The characteristics of a relational child and youth care approach provide a unifying philosophy which defines our work with young people and their families. The framework presented here provides further support and organization for discussing, learning, and applying them in our lives.

A new day is dawning for the field of child and youth care. As we grow in our capacity to live out the characteristics of relational child and youth care, we have the potential to create new and powerful experiences in our lives and work, bringing great things into the world together.

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# Strength(s) and Environment

John Digney and Max Smart

*Those who bring sunshine to the lives of others cannot keep it from themselves.*

JM Barrie (Scots Novelist & creator of Peter Pan).

*níl aon neart go cur le chéile. (There is no strength without unity).*

Irish Proverb

So, the climax and anti-climax of the festive period has ended for another year and as we anticipate the return of 'equilibrium', we kick off 2014 with an article focusing on two important things; strengths and environment. We want to consider how as child and youth care practitioners we can explore ways to keep our focus on searching for 'strengths' in our kids and staff and how we need to maintain a spotlight on the role of 'environment', within our living and care settings.

Do any of us know the answer to the question, 'what is this right environment for all of our kids'? Possibly (probably) not! However, we believe it is easier to identify the *wrong* environment – but yet there seems to be more and more of these. We are talking about oppressive, behaviourally reactive, punitive and restrictive programme, which do not seem to pay much heed to the 'needs' of our kids. But let us start with some thoughts on 'strengths'.

## Strengths: A gift taught and caught

*You gain strength, courage and confidence by every experience in which you really stop to look fear in the face*

– Eleanor Roosevelt

Festive periods in care settings can be bitter sweet. They bring with them anticipation and excitement, but also trepidation and fear. As we reflect on the many years we have been in practice we recall seeing our kids in various care settings struggle to cope with occasions that are synonymous with bringing joy and merriment, but which are frequently peppered with anxiety and disappointment. And as we recognise how difficult these periods can be we continue to be amazed by the strength and resilience of our youth. Despite the let-downs and disappointments, so many youngsters are able to pick up the pieces and move positively on – this constant manifestation of hope



can but 'give hope' to us all. Yet, how often do we see this as a positive character trait; as a 'strength'? Of course these youngsters are supported in their hopefulness by carers and some peers who help them reframe the let-downs and disappointments and remind them that they can cope and grow from these disappointments – but they themselves hold on to hope, they have the strength to cling to hope when many others cannot.

With regards to the careers, the peer mentor: Their helping, their wishing to be of service, is also a personality trait that can be (and has been) described as strength. Even though inner strength and character strengths may be thought to be innate in all humans (as demonstrated in the resilience of many who have suffered great trauma), often these strengths need to be 'brought out' and then encouraged. To put it another way, sometimes strengths need to be re-taught (via encouraging relationships, nurturance and helping others see what is already there). Seligman (2002), indicates, 'you [workers] are aware of the motives and feelings of others and you can respond well to them' (p.43).

Likewise, if the environment is right, strengths can be 'caught'; where there are people to role-model, to act as mentor and recognise & nurture the 'buds of new strengths'. Both are only possible if the workers and their organisations have a mindset that is positive in its focus and restoring in its intent – this too calls for an understanding of the power of strengths, self-belief and opportunity to achieve. To paraphrase Christopher Peterson (2008),

positive psychology must pay particular attention to strengths – it should be a scientific study of what goes right in life.

### **A little Refocusing on Strengths**

A photographer friend once advised that the novice using a camera frequently makes the 'common' mistake of being too far away from their subject to really 'focus' on what is really important to their shot. Turning our photographer friend's analysis entirely on its head, we would suggest that sometimes as committed carers we can be so close to our subjects (kids) that we can fail to notice what is important, i.e. their strengths. As when we fail to see the wood for the trees, a youth's strengths can be obscured from our gaze amidst the problems located in their behaviour. If that is the case maybe we need to recalibrate our equipment and refocus our professional lens to think about strengths rather than deficits - this can then rebalance the scales. Sometimes a shift is required to help us to recognize that the children and youth we care for (and about) may have problems but they also have strengths. As Brendtro (2003) noted, 'when assessment and treatment are based on strengths, children are more likely to become full participants in the therapeutic process' (p.114).

Though the application of strength focused practice, Digney and Digney (2013) contribute to this refocusing and in a recent article noted comments from psychologist Christopher Peterson who observed that there is something about the architecture of the human mind that causes us to overlook strengths. Without



dwelling on the reasons for this, Peterson advises to look to the future. He suggests three reasons why we need to shift the focus of adult interventions from deficits to strengths:

- (i) Competence makes life most worth living,
- (ii) Paying attention to what people do well is an excellent way to solve problems, and
- (iii) It is a lot more fun to use strength-based approaches.

Martin Seligman (another who spent much of his career getting others to focus on strengths) has been recorded as advising his belief that prior to WWII psychology had three purposes: curing people with mental health issues, assisting folks to live more productive and fulfilling lives, and recognizing & nurturing talent. After the war he stated, this positive focus evaporated, leaving in its wake a preoccupation with fixing mental health problems (Seligman cited by Maymin, 2007).

### **Flexing our Strength-Based Muscles**

So let's put a focus on the notion of strengths by thinking about what has been re-understood about strengths in recent decades. We will flex our 'strength based muscles' in this section and highlight what turns problems to opportunities for growth and development. Friesen (1998) for instance, spotlight's strengths perspectives as opening up a broader range of opportunities to effectively work with children and families as it challenges simplistic notions that problem parents only

produce problem children. In line with relationally oriented Child and Youth Care interventions, strength-based thinking is congruent to its beliefs and values.

Laursen (2002), notes that, 'there is solid evidence that caring relationships are key to the development of resilience' - so there is clearly much to be gained when our minds are focused on relationship and strength. In 2001 a foundation was established to enhance understanding of strengths and resiliency - the VIA Institute was to bring into focus the requirements for contemporary science to dwell more on the idea of 'character strengths'. Over this time they amassed research and developed a psychometric which deals only with positive and healthy elements of personalities. These are tabulated at the top of the following page.

At first glance these concepts may appear rather random or even unimportant, yet an overwhelming body of research now exists to back up the value of these 'character traits'. In just a few examples we note; Buschor, Proyer, & Ruch (2013) suggesting that hope, zest, and curiosity have key roles in the connection between character strengths and life satisfaction and Gilman, Dooley, & Florell (2006), stating that 'hope' is negatively related to indicators of psychological distress and school maladjustment (internalizing and externalizing behaviors).

*Being deeply loved by someone gives you strength, while loving someone deeply gives you courage.*

– Lao Tzu



## 24 Character Strengths

Appreciation of Beauty and Excellence	Hope	Perseverance
Bravery	Humility	Perspective
Creativity	Humor	Prudence
Curiosity	Judgment	Self-Regulation
Fairness	Kindness	Social Intelligence
Forgiveness	Leadership	Spirituality
Gratitude	Love	Teamwork
Honesty	Love of Learning	Zest

Just as important, Huta & Hawley (2010), advise that character strengths buffer people from vulnerabilities that can lead to depression and anxiety; Leontopoulou & Triliva's (2012) findings show that character strengths are highly correlated with well-being subscales of self-acceptance, purpose, and environmental mastery; and Peterson, Park, & Seligman (2006) demonstrate that an individual with a psychological disorder has less of a toll on life satisfaction if they are high on the character strengths of 'appreciation of beauty & excellence and love of learning'. Sweeney et al. (2009) write that a military leaders' character strength of 'humour' predicted their followers' trust, while followers' character strength of 'perspective' earned their leaders' trust. Seligman, Steen, Park, Peterson (2005) have found that the act of writing down three positive things that happened during the day increases happiness and decreases depression for 6 months.

### Ecologies – Thriving and Toxic

So having flexed our strength-based muscles and put in the bid that they should be minded in CYC work, it is sad to note that many of the positive characteristics of children, youth, parents, staff and colleagues are occasionally hidden, ignored or overlooked altogether. Sometimes the environments in which troubled children have to live may also be the working environments of some ill-trained adults, who's deficits focus and controlling mindset can nullify strengths and be developmentally toxic.

Daltrey (2004) reminds us that CYC staff have always been well aware of the effect of the environment on the behaviour of those residing in it and suggested that what had been lacking was a scientific planning of an environment which balances positive care and sensitive control of behavioural excess. Whilst recognising the seriousness of the challenge of combining a therapeutic environment which accepts the young person where they are at (and





not where we want them to be) and one which encourages and promotes appropriate behaviour (or coping strategies) it is now understood that to be effective we must strive to achieve the right environment; one which has a positive focus and seeks to discover the 'good stuff'.

Fenske (2009) writing about Ecological systems theory and the work of Uri Bronfenbrenner spoke of his work from 1979, which suggested that youth develop within a complex system of relationships within their environment where the outermost level (macrosystem) is about a collection of cultural beliefs, customs, and resources, Bronfenbrenner considered that the value placed on 'needs' by caring adults significantly impacted the amount of support children received. He also placed an ecological (environmental) context around children in which they could thrive. In a 'healthy ecology' kids thrived when they were bonded to care givers who parented with positive discipline in their homes; had supportive teachers and academic successes in school and had peer acceptance and pro-social values in the community. Whether within a family situation or through a 'care setting', environments that foster a healthy ecology are more likely to promote the strengths in youth and staff.

Noxious environments demonstrate the opposite. Destructive ecologies become toxic to positive development and characteristically are adversarial and controlling. Environments of this nature are not nurturing ... they are punitive, high risk and generally ineffective in creating sustained positive change in troubled

youth. The characteristics of these environments are ones that show insecure bonds and inconsistent discipline, conflict with teachers, academic failure, peer conflict and anti-social attitudes. It goes without saying that toxic environments nullify strengths and are more likely to orientate themselves in deficit thinking and flaw finding orientations.

### **Where does that leave us?**

Simply speaking, let's state the very obvious (though not always to all people) - promoting strengths and healthy environments go hand in hand; one is unlikely to thrive without the other. If we are to make a difference with troubled youth, our mindset must not be on fire-fighting, it must be on fire-prevention. We must value all that 'lives within' and have the courage and strength to bring it out. So to all who have had the strength to survive the joys and adversities of 2013, let's now look forward to 2014, the year we grasp with courage, fortitude, wisdom and hope. Create the environment to elicit the strengths.

Happy 2014 from Maxie & Digs.

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# What's Love got to do with it?

**Laura Steckley**

Last month, I had the fantastic experience of hearing Jenny Molloy give an inspiring presentation. Jenny is the author of *Hackney Child* (see details below) and she gave an astounding talk in June at the Scottish Institute for Residential Child Care's annual conference. Unfortunately I missed it and I was so pleased to be able to hear her and meet her after all. What an amazing person.

Jenny spent a portion of her childhood in residential care, and she has some really important things to say about her experiences there. I was most profoundly affected by her discussion of love. Not only did Jenny say she felt loved by social workers and residential child care practitioners, but some of them also told her that they loved her. Jenny clearly conveyed the importance of love as part of her care experience.

Love – the word and concept – has become the subject of explicit concern in our sector. For some time it has been a taboo, but this is now being challenged. CYC-Net has had a very lively and long-running discussion thread about whether or not we should tell kids that

we love them (see the archives). In a recent inquiry into the decision making about whether to take a child into care, our own Scottish Government acknowledged, as part of a consultation exercise, the importance of loving relationships (and the related complexities) for children in care as part of a consultation event (Scottish Parliament, 2013, p3). Here on CYC Online, several contributors have offered thoughts on the subject. Smith (2004) discusses “the metaphysical connection with another human being” of individual love and Skott-Myhre (2005) invokes a political interpretation that is part of a wider effort to “restructure the material conditions within which we all live...[guided by] principles of loving desire for absolute human connection.” Krueger (2004) voices greater uncertainty about the place and meaning of love in a practice context. He offers thoughts about the difference between loving a person for what they do and loving them for who they are, and about allowing young people to witness the place in ourselves that is capable of loving and being loved. I like the candour of this piece and Mark's willingness to ex-

plore and expose his uncertainty to us. Integrating her own related practice experience, Ranahan (2007a, 2007b) begins to chart what love might mean in CYC practice:

Loving is reaching a new plateau in practice and is about how I bring my Self into the relationships I am involved in. If I choose to express the loving part of my Self, I need to reach beyond my fears and definitions of love. I need to be committed to the present, and show unconditional acceptance and empathy when the child's Self comes forward. Love is a process, a way of being, an expression that moves and shifts as I develop my style of practice. It challenges me and demands I consistently show a clean slate presence, without conditions, without grudges, and with an attempt to understand each individual's subjective experience as they tell me their story. The expression of loving from the Self removes the barriers that may be present in respect to allotted time for service, or the actions of the child.

All of these authors acknowledge the inherent risks and complexities related to the place of love in child and youth care practice, and none of them offer simple or absolute answers.

In one of the most recent accounts of what CYC is, Garfat and Fulcher specifically identify love as one of the 25 characteristics of contemporary CYC

practice (2011). This is a more definite statement and I like its courage. While I too am uncertain about many of love's related complexities, what I do know for definite is that our kids need to feel loved and that in some cases the only place they may experience this love is in our care.

Garfat and Fulcher's article is included as part of our introduction to Child and Youth Care during the first module (class) of the MSc in Advanced Residential Child Care. This year I asked the students (all of whom are working full time in residential child care or a closely related area) which of the characteristics most resonated with their own experiences of practice and which, for whatever reasons, did not. The first student to speak identified the characteristic of love, and we went on to have a rich debate for most of the rest of the session. In almost all of my teaching on residential child care, this issue of love comes up at one point or another with every cohort (postgraduate and undergraduate). It clearly is seen to be important, and there are strong and varying views on the subject. Many of the



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reasons offered as to why we should or should not consider what we do as love, and whether or not we should use this word 'love', mirror much what is written in the articles I've cited. One that comes up every time and which I'm still trying to get my head around goes something like this: because of the temporary nature of our relationships with the children and young people in our care, love is not appropriate and may even create false or damaging expectations.

Ranahan (2007a, 2007b) offers some insights about love in our time-limited relationships, and in my own efforts to make sense of students' arguments, I can see the prudence in reserving the commitment of love for our more enduring relationships – at least in our personal lives. Yet I cannot see that it would be better for a child not to feel loved at all than to feel loved only for limited amount of time. Moreover, the notion that relationships categorically should not endure past the placement lacks validity and cannot stand up to our developing understanding of attachment and resilience. Progress is being made on this front as well, though I think we have a long way to go. I can't help but wonder if

sometimes we get frightened that we simply are not up to the significant demands that love might require. Even just the experience of a loving relationship that young people carry away may still be active in what Gharabaghi and Stuart (2013) would refer to as the mental or virtual dimension of their subsequent life-spaces. In

other words, the relationship might indeed endure even if there is no continuing interaction between the practitioner and the young person who felt loved.

I suspect that the perception that love is risky has been compli-

cated and exaggerated by our efforts to professionalise the sector. Don't get me wrong. I do believe that good practice requires high standards of training, education, ongoing development, some sort of coherent professional identity, and even a level of regulation. How we define what it means to be a child and youth care professional, and how this translates into training, education, ongoing development and professional identity, needs to be informed by those who understand what good practice actually means.

This, then, brings me back to Jenny Molloy. All of our struggles to gain some





clarity about this and many other vitally important areas of practice need to be informed by the views and experiences of the recipients of our care, particularly care-leavers who have had a chance to make some sense of their experiences of the care system. These views will, of course, also be varied, but when I sat listening to Jenny last month I felt sure I was listening to someone who deeply understood what good child and youth care practice actually means.

Here are the details of Jenny's book: **Hackney Child: The true story of a neglected but resourceful child surviving poverty and the care system** by Hope Daniels (Jenny's pen name) and Morag Livingstone. Published in 2011 by Livingstone's Photos.

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# Becoming Dani

Hans Skott-Myhre with Dani Wagner

**T**his time of year is filled with stories and images of transformation.

From the Christian story of the birth of a child who would alter the very substance of our relationship with God, to the releases from social convention of saturnalia, and the transformation of darkness into light of the celebrations of the winter solstice. In this season it is not insignificant to remember that our work in child and youth care is also about transformation. Indeed, the entire point of the relational encounter we espouse is one of mutual transformation.

Transformation, however, always takes place within a certain socio-historical context. The ability to shift form is to violate the conventions of the existing social system that offers little support for radical transformations of our bodies or our identities. In fact, there is often a cost for finding ourselves outside the parameters that call on us to repeat ourselves over and over within our prescribed identities. We are supposed to be born into bodies that can be easily categorized and taxonomized within confines of gender, race ethnicity and so on.

It is Deleuze and Guattari who suggest that transformation is always premised in the becoming other. They propose that

significant, non-trivial transformation occurs when the coding of the dominant system no longer functions in a way that adequately accounts for the capacities of a given body to express itself. Put simply, it is when I no longer recognize myself in the mirror offered me by my society that I begin to seek out another source of reflection.

Deleuze and Guattari tell us, that it is in the radical alterity of those subjects who are constitutively incapable of belonging within the definitions of the dominant culture who offer just such a radical reflection. It is in the encounter with the “other” that our own previously obscured capacity for self-transformation is given force. This they refer to as the process of becoming other. The becoming other is always to be found at the margins of what we imagine to be possible. Of course, our imagined possibilities are to some degree, crippled by the social injunctions to be precisely what we have been told we are.

While we sometimes think that it is in the encounter with us, as child and youth care workers, that young people can complete a transformation into what we call adulthood, I would argue that this is a perversion of the actuality of the capacities of that encounter. That kind of transforma-



tion is one of induction into servitude. It is to bind the capacities of the young people we encounter into the kind of life we, as adults, have settled for. I would argue, in this season of transformation, for a far more radical accounting of the transformative possibilities of the relational encounter.

Such a radical transformative encounter would not seek to bind young people or ourselves within the confines of social convention. Instead, the capacity of living encounter is to release the body and the mind into its unique and idiosyncratic modes of thought and action. It is to open avenues of creative force that ruptures and opens holes in the dominant definitions of the other and ourselves; holes and ruptures through which the force of life can flow, transforming all parties. Such transformation, like Saturnalia violates and perverts the social codes of the dominant system, like the story of the Christ child it changes forever our relationship with the divine, and like the winter solstice it offers illumination of the hidden dark recesses of who we have denied ourselves the capacity to become.

This kind of transformation is never a solitary event, but includes all of us in the encounter. If we allow ourselves, all of our encounters offer the gift of self-transformation as the affirmation of that which we did not dare to know we could become. It is in this spirit that I have asked my friend Dani to share her story here.

### **Dani Wagner**

When I think of the issues affecting youth as well as the individuals who help

young people out there I can't help but think of the resources I didn't have growing up, or if the resources that were available to me then were better equipped for my situation, what the outcome would've meant for me. My hope with this writing is that I can give a voice to possibly one kid who is experiencing a similar path to the one I took over 15 years ago. Or speaking directly to those who lend an ear and voice to young people, how to better act in situations in which gender identity is in question.

The idea of self-acceptance seems like a pretty clear thing. A person totally embraces his or her identity, right? I think that sometimes for people, especially children and adolescence, it's not such a short road to travel. Things do indeed change in one's life. Physical spaces and mental ones such as memory and identity become malleable over time, bending and swaying to our internal desires. At a young age we seek to find the core of our identity that will carry us through life, yet things aren't fully formed when we are young. With that is a challenge to separate the idea of who one is supposed to be from the identity of the actual person in question. Our parents, siblings, friends, teachers, and classmates all have some external influence in our lives, especially at an early age when fear and doubt settle in.

I like to think that I now have two birthdays. The first was when I was actually born, as Daniel, and then the second is my rebirth, as Dani. I came into the world over 29 years ago as a cheerful baby boy. I was born into a middle-class, hardworking family. My mother was a commercial artist



by trade, turning to a baking and catering career after spending several years in the advertising field. My father worked a textile-manufacturing job and produced cloth in the same plant for over 28 years before retiring earlier this year. I have one older brother, who just had his very first child, and is married to a beautiful woman. Both my brother and his wife work successful jobs, and own a nice house and cars of their own. This was the norm in the conservative atmosphere of South Carolina I was raised in. There was no mentioning of gays and lesbians, or transgender folk when I was growing up. At least not outside the academic realm when I was attending college.

Early on in my life things weren't always clearly delineated. I had a very hard time seeing the sociologically set gender binary that seemed to dictate every move and decision for me. I was by nature an effeminate boy. I could not play with dolls (even though I eventually had some of my own), or dress in pretty feminine clothes, wear makeup, or even select the female characters in video games (even though I always did). I rebelled against this system that in no way truthfully spoke to me.

It seemed as if nature set me at odds against myself, and the world, before I was even able to leave the womb. A child of the 80's and early 90's, my only contact with my transidentified brothers and sisters in the South were on shows such as Jerry Springer or even Maury, even then their portrayal left very little room for acceptance. Often times I questioned the very essence of my spirit. What felt truly authentic to me? I wanted to do all of

these things that I was told time and again I could not do. I associated far more with the women in my life than the men. The way that I naturally expressed myself was a source of scrutiny and almost daily toil.

Eventually these restrictions were too strong for me to break and I built a wall of my own. As time went on and I passed through the major points in life I felt a distinct loss of myself and a bit like I was losing time. Junior high and high school are still days I look back on with a distinct feeling of regret. Why wasn't I strong enough then to make a change, to impact change or acceptance in others possibly? Little things like a high school romance or going to prom were not possible for me at that moment, because for me I was still in hiding and bound to the safety of my denial. Denial was a cocoon for me, it enveloped me and I was the caterpillar inside still biding my time until one day I could emerge changed.

That day didn't come until I was 28 years old. I had hit a few more milestones, graduating college with design degree and going off to grad school in the midwest, before I finally decided to rectify the fact that my gender identity and my body were in no way on amicable terms with each other. To be happy and truly myself, I had to change into a truer form.

That process began for me when I started hormone replacement therapy in September of 2012. I remember the day very well. I remember everything that built up to that day, such as seeing my therapist for over three months regularly and then finding a doctor who would administer my hormone therapy. The body



that I was given in this world was finally going to have a chance to match the spirit inside. Now over 15 months past that day I am glad to say I'm a much happier woman.

It wouldn't have been possible if not for my friends who are my support system, and my family who for the most part has still stuck by me throughout this transition. But it wouldn't have been possible too if it were not for me deciding to take that first step by coming out, talking to someone, putting my feelings out there, and knowing that I was going to feel better for it. That someone out there heard my voice and understood part of my pain. Self-acceptance and putting the past behind us is a part of that journey. There is no doubt that journeys happen in all shapes and sizes. However, like most people have told me throughout my life it's not the length of the road, or the size of the engine in the car, but the fact we reach our destination that's most important. I look forward to soon meeting others in my life who need that extra help getting there.

### **A Final Comment from Hans**

As I was writing the introduction to this column, I visited Dani's webpage <http://dani-wagner.tumblr.com/about> where she shares her art and thoughts about art. The following two quotes speak to the ways in which transformation opens the body's capacities as becoming in many different ways.

Whether painting abstract or representational imagery, I give the work a feeling of uncertainty, tension, and change while still speaking to the beautifully gruesome, liminal, and poetic possibilities which make painting an alluring device of reflection and introspection. I often find myself attaching previous works to new ones, or tearing them apart to reconfigure these pieces at a later time. It is like taking previous experience, and recycling or reconfiguring it into something new and more telling. The search is one aspect I look forward to as a maker of things, to be able to feel when a work is essentially complete.

As a transgender woman, my works are deeply tied to my blossoming identity, my thoughts about the gender spectrum and gender identity, a body in a constant state of gender flux, and the feelings that occur when one makes the ultimate decision to transgress these rigid boundaries. The work is a symbol of letting the past associations fade and allowing a new self to come forth; it is the result of the feeling of being stuck in an tense area between fear and doubt, decision and indecision, anxiety and hope.

Merry becoming transformative holiday! May you celebrate your capacity for life and becoming alterity!! And may all your holidays be bright!



# Creating A Therapeutic Environment: A Holistic Approach

**Dr Robin Jackson**

*This paper argues that improving the quality of care for children and young people in day and residential care settings can only be achieved by taking a holistic approach to the creation of a therapeutic environment: one which embraces not only the programs offered but also the nature and quality of the physical setting in which those programs are located.*

One of the paradoxes in providing day and residential care for children and young people is the frequency with which children and staff are located in inappropriate physical environments which prove to be counter-therapeutic. For too long there has been a concentration on what kind of therapy should be offered to children with scant regard given to the character of the setting in which the therapy is to be offered. In other words, the proposed model of therapeutic intervention may well be appropriate but its effectiveness may be weakened or nullified by the overall physical environment in which it is set. In essence we are talking here about the character and atmosphere of a building - its ambience.

It is not being argued that nothing worthwhile can be undertaken in dull and unimaginative buildings but it is likely to be

that much more difficult. Sir Simon Rattle, conductor of the world renowned Berlin Philharmonic Orchestra, once commented that when playing in the soulless concrete bunker - otherwise known as the Royal Festival Hall in London - performers almost lost the will to live! This anecdote has been unearthed simply to highlight the importance of architects talking with those who are to use a building and not to let architectural or engineering considerations over-ride or run counter to that building's central purpose.

Concern as to the possible impact of buildings on those - children and staff - who spend a significant amount of their time in them has led to the development of therapeutic environment theory which draws from the fields of environmental psychology (the psycho-social effects of the environment), psychoneuroimmunology (the effects of environment on the





immune system), and neuroscience (how the brain perceives architecture). A number of specific factors have been identified by architects, interior designers and researchers which if taken into account when designing a care setting can measurably improve outcomes, in particular the reduction or elimination of environmental stressors. Just as care professionals seek to diagnose a child's problems and devise appropriate remedial treatments, so architects seek to minimize or mitigate the ways in which buildings can adversely affect human health. The following factors have been found to be significant: noise; lighting; air quality; color; choice of artwork; and access to nature.

## Noise

Response to noise may depend on the characteristics of the sound, including intensity, frequency, the complexity of sound and duration. Noise may be more harmful to health in situations where several stressors interact and the overall burden may lead to chronic sympathetic arousal or a state of helplessness (Stansfeld & Matheson, 2002). Exposure to noise can also cause a number of predictable short-term physiological responses including increase in heart rate and blood pressure, nausea, headaches, argumentativeness and changes in mood and anxiety. The most widespread and well documented subjective response to noise is annoyance, which may include fear and mild anger, related to a belief that one is being avoidably harmed. It is likely that children represent a group which is particularly vulnerable to the auditory

health effects of noise. They have less cognitive capacity to understand and anticipate stressors and lack well-developed coping strategies. In view of the fact that children are still developing both physically and cognitively, there is a possible risk that exposure to an environmental stressor such as noise may have irreversible negative consequences (Stansfeld & Matheson, 2002). While noise mitigation measures such as the use of acoustical ceiling tiles, sound absorbent wall materials and floor coverings can help reduce noise, noise mitigation technology is still in its infancy.

## Lighting

The impact of lighting in care environments is of particular importance. Inappropriate lighting systems can be a stressor that alters mood, increases stress, disrupts daily rhythms, and influences hormone production. Stress levels of children and staff may be exacerbated where they are regularly faced with prolonged periods without natural circadian lighting (Edelstein, 2011). By circadian we mean a daily rhythmic cycle based on 24 hour intervals that is exhibited by many organisms - including man. It is therefore important that natural light should be incorporated into lighting design, not only because it is beneficial to children and staff but also because natural light is delivered at no cost and in a form that most people prefer (Joseph, 2006).

## Air quality

According to the U.S. Environmental Protection Agency (EPA) and its Science Advisory Board (SAB), indoor air pollution



is one of the top five environmental risks to public health (EPA, 2000a). On average, people in the US spend 90% of their time indoors (EPA, 2000b). Many common construction materials can emit dangerous compounds and harbor infectious molds, fungi and bacteria. Specific materials such as adhesives, carpeting, upholstery and manufactured wood products emit volatile organic compounds, including formaldehyde, a probable human carcinogen. PVC (polyvinyl chloride or vinyl) products which can be found in flooring, carpet and wall covering can release a variety of hazardous additives, including endocrine disrupting phthalate plasticizers and heavy metal stabilizers. Thus children, staff and visitors are susceptible to a range of potential health effects resulting from poor indoor air quality, including asthma and other respiratory health problems. The problem here is that those responsible for financing the construction of day and residential care settings may be unaware of the potential hazards presented by commonly used building materials or may be constrained by tight budgets that preclude the purchase of ecofriendly materials.

### **Color**

Applied research and careful study conducted on the impact of color and design in healthcare settings have noted that there is no clear evidence to suggest that any one color is more effective than another in achieving a particular outcome. In fact, the highly subjective nature of color, color combinations and cultural associations with particular color palettes

make the selection of an effective color for any given environment difficult to predict. In the 20thC, white or neutral colored walls were normal for healthcare settings. Today, such colors may be appealing and appropriate choices for some surfaces; however, many people have emotional associations of white and neutral walls with antiseptic, sterile and unfriendly environments. Human feelings regarding specific colors are based on human experience with that color. Lüscher has suggested that the common association of restfulness with the color green may be the result of early humans' use of green forests or jungles as an escape from open fields in full sunlight where he would be visible and vulnerable; thus the forest was considered a place of rest and recovery (Lüscher, 1969)!

### **Choice of artwork**

A small but rapidly expanding body of research has confirmed the old belief that visual contacts with nature have restorative or stress-reducing influences (Ulrich & Parsons, 1990; Ulrich, 1991). Findings from a sequence of studies suggest that artwork portraying everyday, unspectacular nature, compared to urban scenes lacking nature, are significantly more effective in promoting recovery from the psychological component of stress (Ulrich, 1979; Ulrich & Simons, 1986). This research suggests that nature scenes foster stress recovery because they elicit positive feelings, reduce negatively toned emotions such as fear, anger and sadness, effectively hold attention/interest, and can block or reduce stressful thoughts. Thus in select-



ing art for display the safest course may be to choose representational pictures showing serene, spatially open nature settings containing water and park-like areas, and avoid chaotic abstract art, surreal art, works containing incongruous elements and scenes containing little depth or openness. It also seems likely that many 'cheerful', arousing pictures that may be aesthetically pleasing to designers and care staff can be stressful to anxious children and young people for whom calming stimulation is more psychologically supportive. The use of art in care facilities should not be considered as a final stage or fit out issue as it can then be overlooked, lost through funding problems or not integrated fully into the design of the whole environment (Nicolson, 2013).

### **Access to nature**

In a study undertaken by Novak (2012) it was found that ninety five percent of individuals who were asked how to alleviate a stressful situation responded that they were most comforted and soothed by being outdoors. They specifically mentioned that they would like to engage all of their senses. From research it is becoming evident that direct access to nature through daylighting and landscaping are essential to our health. In the last decade, many projects have provided healing gardens and direct access to nature from a care setting. Healing gardens can offer a way to blur the lines between indoors and outdoors. Roof gardens and views of outside gardens from windows can provide further ways to access nature. Whilst the introduction of daylight deep into build-

ings may at one time have been seen as too costly such a view is not held today.

### **Organic architecture**

The shift in practice towards the creation of green and healthy buildings is fundamentally consistent with the primary core value of child care professionals - to do no harm. To this end, child care professionals should assume a public health oriented position in relation to the facilities in which they work, and ensure that these buildings do not degrade the health of those working in them. What is significant when looking at the various factors that contribute to the creation of a therapeutic environment is the role of nature, as has already been noted, whether it is access to healing gardens, the content of displayed artwork or the use of natural products in the construction and fitting out of the building. Equally important to the interior features of a building are its exterior appearance and its physical setting and the extent to which it is in harmony with the surrounding landscape.

Responding to architecture is more than just taking account of the size of a building, it involves assessing the quality of the space within and outside the building (Chanarin, 2006). One looks at its proportions, the forms and sculptural shapes and colors employed, all these combine to create a subtle yet complex resonance. 'Organic' architecture has grown out of this understanding and the belief that man must find himself in and through harmony in nature.

An example of organic architecture can be found at the Ballytobin Camphill Com-



munity in the Republic of Ireland where a therapy center has recently been built. Ballytobin is a residential setting for children and adults with multiple disabilities.

The design approach adopted here was to ensure that the route to the therapy center should be part of an emotional preparation for the therapies offered in the building. Thus there is a walk from the communal buildings through an existing orchard to the therapy centre. This physical arrangement was a conscious and integral part of the design. The architecture of the center itself is designed around the principal internal spaces of the eurhythmy and physiotherapy rooms for which the experience by the individual of space and light is of particular importance. The purpose of the rooms explains the unique window arrangement and the circular form and height of the construction. The center is a timber frame construction clad with western red cedar, the roof finished in plain tiles with occuli - circular openings in the apex of the domes - framed in copper. The remaining cellular therapy spaces are built in masonry construction with the walls lime rendered and a roof covered in sedum. The value of a sedum roof is that it lowers the use of air conditioning, reduces storm water runoff, provides a home for wildlife and merges the building into its physical setting.



The physical appearance of the twin circular buildings which comprise the center might be taken as an historical allusion to the Irish round house - one of the oldest forms of dwelling in Ireland dating from the Bronze Age and now recognised by archaeologists as a construction of great architectural and functional sophistication.

There is a certain value in a building communicating a distinctive historical resonance as this helps to anchor it in one's consciousness and in the collective memory of the locality in which it is set.

## Conclusion

The psychological and motivational impact of working in aesthetically appealing, therapeutically sympathetic and environmentally sensitive buildings on the professional outlook and performance of care staff increases the likelihood of positive outcomes for children and young people in a care setting. But improving the quality of care for children and young people can only be achieved by taking a holistic approach to the creation of a therapeutic environment that embraces not only the programs offered but also the nature and quality of the physical setting in which those programs are located.

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# Creative treatment planning at a home for troubled adolescents

**Cynthia Davis**

*This article is intended to explain the theory and practice of the creative treatment plans used at a group home which provides residential and day treatment to adolescents in difficulty. The first section reviews theoretical influences and their applications, and the second section discusses the elements involved in writing treatment plans. Treatment plans at the group home are designed individually to use themes or metaphors which are meaningful to each client. Theories explored are Applied Behavioral Analysis, Strategic/Systems Therapy and Narrative Therapy. The steps to writing treatment plans are explained and a sample plan is provided.*

Creative treatment plans at a specialized group home are designed with unique themes or metaphors to make them meaningful for each client. If a client has an affinity or an aptitude for, say, swimming or poetry or butterflies, the plan will be built around that theme. Each plan has specific cues that address the clients' challenges and strengths.

The treatment plans are part of a team approach to treating adolescents in difficulty. The players on the team are the staff, the teens, and the families. The treatment plans help to organize the responses of the team to the clients in order to help solve their problems. The creative

treatment plans are also the key in connecting the work the client does in the unit and at home.

The creative treatment plans were created in a specialized residential and day program which was developed to provide intensive therapeutic service to youth (aged 13 to 18) with psychological problems and a specific psychiatric and/or medical component to their difficulties. For example, some clients have been diagnosed with Borderline Personality Disorder and many have a history of self-injury. Clients may suffer from depression, phobias, eating disorders, and other disorders (see Lothian, 1991, for a de-



scription of the program and treatment strategies by a founder of the group home).

## Theory

The main theoretical sources that inform the treatment planning are Applied Behavioral Analysis, Strategic/ Systems Therapy, and Narrative Therapy.

### *Applied behavioral analysis*

Often, clients are unwittingly rewarded instead of given negative consequences for unhealthy behaviors. In youth care, the most common reward for maladaptive behavior is individual attention or counseling. When clients act out, they often receive the undivided attention of one or more staff to “process” (receive counseling about) the behaviors. Regardless of the content of the discussion, or the other consequences associated with the transgression, the one to one attention serves as a reward for many clients, and may increase the occurrence of the behavior.

Applied Behavioral Analysis (ABA) helps us to analyze behaviors and the responses that maintain or reduce them. It was developed when O. I. Lovaas (1987) applied principles of basic behavioral theory to individuals with developmental delays. The fundamentals of his approach are applicable to many populations with behavioral challenges, including those without developmental delays. We apply the principles to understand and resolve the behavioral problems of teenagers.

In ABA, the antecedent of a behavior, the behavior, and the consequence are an-

alyzed. The antecedent is the situation or event that immediately preceded the behavior. The behavior is what the person did. The consequence is the response of other people to the behavior. The consequence can be positive or negative. The way to judge whether the consequence is positive or negative is by how it affects the behavior. If a consequence is positive, the behavior is likely to increase. If a consequence is negative, the behavior is likely to decrease. In behavioral literature, this is referred to as the “Law of Effect” (Thorndike, 1911). Just because we assume a consequence is negative or positive doesn’t mean that the assumption is correct. For example, a teen at the group home had the chore of putting the dishes away. He was in the middle of an exciting computer game when the group leader asked him to do his chore (antecedent). He went to the kitchen and tossed the dishes roughly into the sink, almost breaking some of them (behavior). The cook gave him a lecture, took the dishes from him, and kicked him out of the kitchen (consequence).

This consequence got him attention from the cook, who he adored, plus he got out of doing his chore. In this case, the consequence was positive as it was likely that the young fellow would be no more careful with the dishes in the future.

An example of a negative consequence for that behavior would be if the cook ignored the boy and an educator made him re-do his dishes plus clean everyone else’s dishes.



### *Strategic/systems therapy*

Strategic/ Systems Therapy is a branch of family therapy in which the family is viewed as a system, and strategies are used to bring about changes. Bateson (1980), Haley (1976), and Minuchin (1974) are developers of this approach. According to Chloe Madanes (1981), “strategic family therapy developed from a concern with power in the relationship between therapist and client and in the relationship among the members of a family. Strategies of psychotherapy were developed to utilize this power in order to produce change” (p. xxi). Some features of this approach that inform our practice are:

The family is viewed as a system in which each person affects the whole, and a change in one person has an impact on the whole system.

- The therapists take responsibility for solving the problem. When the problem is not successfully solved, it is the therapist’s responsibility. When the problem is resolved, all credit for success goes to the clients and their families.
- The emphasis is more on problems and solutions than on past trauma or insight.
- Problems may be reframed to be seen in a more sympathetic way.
- Directives are given, and some of them may be paradoxical (for example, prescribing some element of the symptom in order to gain control of it, like having an overly perfectionist client make one mistake per day).
- The family hierarchy is examined and corrected if necessary.

### *Narrative therapy*

In their book, *Narrative Means to Therapeutic Ends*, Epston and White (1990) write: “Externalizing is an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive” (p. 38).

Some of the innovations of Epston and White are routinely put into practice at the group home, particularly externalization of the problems and using documents in the service of the clients.

*Externalization.* Some clients’ inner battles are so overwhelming that it is hard for them to get through the day. One strategy that is often helpful for these clients is to externalize the battle in order to help them fight against their symptoms. The symptom is personified as a monster, vampire, or enemy that is trying to deprive them of all that life has to offer. The treatment plan is used as a tool to attack problems instead of identifying with them.

*Therapeutic use of the document.* Documents are written for the benefit of the clients and their families. They are written



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so as to offer hope, encouragement, understanding, and solutions. They may show the symptom in a more positive way, as an attempt to problem-solve. The treatment plan histories (see below) and the treatment plans are written as therapeutic documents.

## Writing treatment plans

### *Why treatment plans?*

The main value of treatment plans for clients in a group home setting is to ensure that they are responded to in ways that are consistent and that address their difficulties. In other words, all of the people in their lives give them reinforcement for their strengths and negative consequences for their maladaptive behaviors. The goals of the plans are to solve or reduce the behavioral problems that the clients present with.

### *Steps*

There are several steps involved in writing a creative treatment plan. The following is a description of the steps and the process used to create the plans.

*Observation period.* During the observation period, the clients and staff will learn about the challenges and strengths of the newcomer. They will notice behavior patterns which bother people, ways of coping with stress, and skills at adapting to a new situation. They will also learn about the particular interests of the newcomer. Time in the community is restricted during the observation period. The observation period lasts about three to five weeks.

*Client group feedback.* Once the newcomer has settled in and the group has gotten to know her a bit, the clients will be asked to give their feedback at a client group meeting (the client group meets twice daily to work on treatment issues). One of the clients will record the impressions of the group. The staff ensure that the experience is as positive and constructive as possible. In general, the teens are quite generous and offer their comments in a supportive way.

*Timeline.* During the observation period, the new client is asked to create a timeline representing important events that happened in his life. The goals of the timeline include understanding the origins of the symptoms and engaging the client by aligning with the person and not the symptoms.

The young person is given an 18 in. by 24in. paper and drawing supplies and asked to draw a line representing her life through time. She can start it at birth, or even before if major family events occurred before she was born. She plots the year and her age on the timeline. She continues the line through the years and writes such things as the birth of siblings, moves, schools, changes in the family situation, illnesses, hospitalizations, and so forth. Most of the young people we deal with have had considerable upheaval in their lives, and these events are plotted on the timeline. Once the time line is done, the youth is asked to go over the events and describe how she coped with the various events. We find that many coping mechanisms that have become maladaptive began as creative ways to



deal with difficult situations.

*Treatment plan history.* The information in the timeline is used to write a treatment plan history. This is a brief history of the events in the client's life told from her own perspective. Optimally, it includes the history of the symptom and the youth's own desire to reclaim her life from the symptom.

The treatment plan history is written by the Art Therapist/ Treatment Plan Coordinator, based on the information given by the client. Several drafts may be written, as each draft requires the approval of the client. Sometimes, discussing the events or the drafts of the treatment plan histories leads to the sharing of more information, which is then included in the next draft of the history. The writing of the treatment plan histories is considered a therapeutic intervention, as is every step of the treatment planning. Every word is written for the benefit of the client and his family. Nonjudgmental language is used throughout.

*Initial draft of treatment plan.* All of the above is taken into account when writing the initial draft of the treatment plan. The plan is written with the client's ideas and cooperation and they are consulted and contribute to the whole process. Often, they become very excited as the plans take shape, and they see themselves as the main architects of their own plans.

*Introduction.* The introduction sets the therapeutic tone of the treatment plan. The information in the treatment plan history, the observations of the staff, and the feedback of the clients and the parents are taken into account in deciding on the main

theme of the plan. This is explained in a sympathetic way in the introduction.

*Themes.* Each treatment plan has a theme that is suited individually to the client. Therefore, no two treatment plans are ever the same. The clients help to develop the theme by stating their interests. Some clients come up with their entire plans by themselves after observing the other clients' plans. Ideas are also solicited from peers and the staff. Examples of themes taken from the clients' interests include: skating, kickboxing, swimming, computers, guitar playing, painting, and drama. Examples of themes from plans in which the inner battle has been externalized include fighting against: Anorexia, The Dragon, The Evil Twin, The Shadow, and The Obsession Monster.

*Cues.* Most treatment plans have three cues to help redirect the clients' behaviors. The first cue is usually a warning that the behavior is present. The client is then given the chance to immediately correct their behavior. The second cue is generally used when the client fails to respond adequately to the first cue. The second cue may signal that they have to separate themselves from the group and do a task such as a soothing technique. The third cue is usually the signal that desired behaviors are present. The cues are individually suited to the client and the treatment plan. Usually, they make up their own cues. When they contribute in this way, they experience more ownership of the plans.

The following is an example of a plan that helped a 14 year old girl from a family with many difficulties gain control of her



behavior. The team nurse came up with the idea of using Tara's beloved butterflies to represent transformation.

### **Tara — Butterfly treatment plan**

Tara is in the process of evolving from a (sometimes) anxious and dependent girl into an independent, mature, and responsible young woman. She has a butterfly plan to help her with her transformation.

#### *Caterpillar phase*

The caterpillar represents Tara's less evolved behaviors. When Tara displays the following behaviors or characteristics, she is in her caterpillar phase:

Shyness preventing her from communicating

- Overly dependant
- Overwhelming anxiety
- Temper tantrums
- Refusing to go to school
- Refusing to do what is asked of her ( i.e., chores, getting off of the phone or computer, going to bed when mom asks, etc.)
- Other immature behaviors

When anyone notices any of these behaviors, they will ask Tara if she is "CRAWLING", or tell her she is crawling.

Tara may immediately correct her behavior. If she continues to crawl, Tara will be told to go to her "COCOON".

When Tara is told to go to her cocoon, she will go to the conference room (or another designated area) and work on "transforming". She will do this by developing ten techniques she can use to calm

and soothe herself and address the issue. She will spend a minimum of 10 and maximum of 20 minutes working on her techniques.

Tara may request to go to her cocoon at any time that she needs to.

#### *Butterfly phase*

While in her cocoon, Tara will work on becoming like a butterfly. The butterfly represents Tara's mature and independent state. Tara is in her butterfly phase when the following behaviors or characteristics are present:

- Socializing with others
- Speaking her mind
- Taking responsibility for her chores
- Being more independent (i.e., not crying when she gets off the phone with her mother)
- Taking good care of herself
- Accepting no's
- Participating with the group
- Coping with her anxiety without misbehaving
- Attending school
- Other mature behaviors

When anyone notices Tara doing any of the above, they are to tell her she is "SOARING".

### **Discussion**

Before Tara came into care, her "less evolved" behaviors resulted in attention from her mother, and being allowed to stay home from school. When we substituted her "crawling" cue as a response to her behaviors, it changed the chain of





events. It put the adults in control of the situation, and Tara had to do some work to solve her problem. Changing the consequence reduced the recurrence of the “less evolved” behaviors. Tara’s positive cue, “soaring” was used to constantly reinforce her mature behaviors and help her to feel competent.

The family system was involved in helping Tara by using her plan. Her mother was supported for her strength and determination, and her skill at using the plan. She was not blamed for keeping Tara home from school or for any of Tara’s problems.

A metaphor based on Tara’s interests was used to symbolize her personal evolution. It helped her to identify more with her strengths than with her difficulties.

The clients whose battles have been externalized by the treatment plans have cues which reflect the externalization. For example, a girl whose depression made her feel suicidal had a Shadow Fighting Plan. When she needed to fight the shadow that was attacking her, she was told, “Shine your light!” When she was doing well, she was told, “Your light is bright!”

While the 3 cues are used in many plans, it should not be read as a menu for writing plans. Each plan must be distinct and relate specifically to the individual. Some plans may have more or fewer cues.

*Self-soothing techniques.* A self-soothing technique is an activity done individually by the clients to help to calm and focus them when they are in distress. Some of our treatment plans require a daily practice of the techniques to create the habit

of doing activities to self-regulate.

Typically, clients are asked to create a repertoire of techniques that are helpful to them. A technique that could benefit one youth could harm another, so they are chosen on the basis of each individual’s requirements.

Some examples of soothing techniques are journal writing, colouring, walking around the block, yoga, deep breathing, getting a cup of hot chocolate, reading, playing an instrument, making a collage, beading, biking, and weight lifting.

Activities that require other people, such as counseling or calling friends, are not included. Most of the clients request counseling as one of their techniques, and they are refused. We want them to be able to calm themselves. Counseling is offered regularly by the child care staff, the art therapist, the social worker, and the consultant psychiatrist, but not in response to crises or bad behavior. As discussed above, the individual attention of counseling is considered a reinforcer or reward, and therefore we try to offer the individual attention of the staff when clients are doing well and achieving their goals.

*Indicators.* Each client has written indicators that accompany their plans. The indicators are questions which the client must respond to at each client group meeting. The answers are recorded and this data serves as a record of the client’s progress. Indicator questions typically ask about the frequency of the use of the treatment plan cues and the handling of treatment issues. The indicators also serve as regular reminders to the client, peer



group, and staff of the main issues the client is working on.

*Poster, presentations, and role plays.* Once the initial draft of the treatment plan is written, it must be approved by the client, the staff, and the client's family. When it has been approved, the client is then required to make a poster illustrating and explaining their plan. They must present the plan and the poster to the client group. The client must also present the plan and the poster to the staff in a weekly staff meeting. The presentations increase the clients' investment and pride in their plans.

The parents are asked to do some role plays of the plan with the child at a family meeting so that they will be comfortable using the plan at home.

*Testing.* The first couple of weeks of practicing the plans is the test run: Sometimes some problems arise in the execution of the plans. These are corrected as soon as possible.

*Revisions.* Once the treatment plan is in effect, it should be reviewed and revised if necessary at regular intervals, ideally about every 4 months, to ensure that it is meeting the needs of the clients. If a problem is solved, there is no need to continue working on it. Another problem may be identified, or the plan may be faded as the client integrates back to her home. Fading the plan may involve eliminating some cues, or changing the cues to more commonly used language, for example, saying, "Great job!" instead of "Masterpiece". As they master their difficulties, the clients hear fewer of their warning cues and more and more of their reinforcing cues.

*Challenges to youth workers in applying treatment plans.* Youth care workers report that the biggest challenge in applying the plans is the initial resistance. Clients regularly test out their treatment plans to see if they will be applied in a consistent fashion. The most common testing is that clients say that the plans were used at the wrong time, for the wrong reason, or that they were used incorrectly. When youth workers become familiar with the plans, they do not fall for that ploy. The clients begin to trust the plans when they see that everyone involved in their treatment knows how to use them.

There may be organizational difficulties in applying this method of working. It requires an organizer and the cooperation of all of the staff. Any staff member who does not like the approach can easily disrupt the functioning of the plans by not applying them or by applying them in an unproductive fashion. Dealing with the resistance of staff as well as clients is part of the job of the treatment plan coordinator.

*Adapting the techniques.* The simplest and arguably the most important technique to adapt in different settings is the principle of rewarding desired behaviors and limiting attention to unwanted behaviors. Examples of ways to reward desired behaviors are: meeting with a client to tell her what she is doing well; arranging a special outing in recognition of a client's success; and giving the client extra privileges to support responsible behaviors, citing improvements at group meeting. When the team concentrates their time and creativity on rewarding desired behaviors, it creates a positive culture in the



unit. Clients learn that they will get a lot of appreciation when they do well, and that helps them to improve their behavior.

## Conclusion

Creative treatment plans are the main vehicles for working towards change and organizing responses to the group home clients. They focus the therapeutic work and keep the process positive. This model of creative treatment planning is adaptable and teachable and it could be applied to many different points of service. Most of the teens we work with successfully integrate back to their families and to school or work with relief from or reduction of symptoms. Outcome studies are needed to quantify results.

The following are some comments from educators who implement the treatment plans:

*"All the plans are playful, use humour, and capture the imagination. "*

*"The use of metaphors allows people to step outside of their habits and patterns of behavior, and view them from a different angle."*

*"The plans highlight the behaviors being addressed and empower the clients and their families to choose more successful interaction options. "*

*"The creative aspect of the plans helps the clients to own their own behaviors and to assert self control."*

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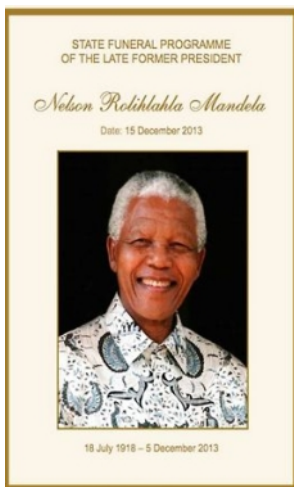
# Postcard from Leon Fulcher

**Te Urewera**



2013 ended with the death of anti-apartheid hero, Nelson Mandela and a few days later, Auntie Georgina died as well, leaving a legacy of native-speaking Maori young adults through her dedication as a teacher in kura kaupapa Maori (schooling through Maori language medium). For fleeting hours, the World's attention was directed towards cross-cultural rituals associated with mourning and family restoration.

The World media focused for ten days on the formalities associated with the death, mourning, saying farewell and burial of a transformative Head of State, for a quarter century held prisoner at South Africa's Robin Island, and Nobel Peace Prize winner.



**The State Funeral for Former South African President Nelson Mandela**



**Madiba Mourners on the Road to Qunu**

The World followed the funeral procession and transporting of Madiba from near Johannesburg to his ancestral homelands. His flight into Umtata reminded me of that airport, of the rolling hills, the sound of goats, and the warm-hearted people of the Eastern Cape. As he



Mandela travelled by ground transport to the place of his ancestors, national and international formalities gave way to traditional tribal customs.



**Mourners across the World followed all 10 days of formal mourning**

I clearly wasn't alone in following the 10 days of formal mourning by South Africa, by the peoples of Southern Africa, of Africa, Europe, the United Nations and the World. My New Zealand digital provider offered Al Jazeera coverage, so I chose that over BBC World or CNN. South Africans who couldn't be there still followed the events via television. His final graveside minutes were private with family and extended family.

Two days after Mandela's funeral, I received the call that Auntie Georgina had passed away in Ruatahuna, on the west side of the Te Urewera National Park west of Lake Waikaremoana. Piripi, Huhana and I drove through early on the morning after we got the call. Auntie had joined other seniors for the bus ride into



**Marae Atua Clean Up after Auntie Georgina's Funeral at Ruatahuna**

town, sat down in her seat and fell asleep – never to leave her valley again. Cultural rituals amongst Hapu (sub-tribe) Ngai Te Riu of Ngai Tuhoe (tribe) involve close family members gathering together at their ancestral house to erect a *wharemate* (house where the coffin is located) in which female elders and children gather to be with their ancestor during her first hours of passing on to the spiritual journey to the mythical Hawaiiki.



**Tangata Whenua (locals) welcome Manuhiri (visiting mourners) to the Tangi**

As family, we were welcomed onto Tata Hoata Marae without formal speeches from our side. Thereafter for the next 60 hours we sat with and joined in the singing of waiata in support of our Kuai and her family. Manuhiri or visitors arrived to pay their respects in waves. Formal protocols involved noticing that visitors had arrived at the front gate, a female elder would finally sing out her karanga, calling these visitors onto the marae before one or two spokesmen welcomed their visitors and spoke of Auntie Georgina's life as a native speaker of te Reo Maori as well as English. As a qualified teacher, she taught at Native Schools, then later as a Kaiako teacher at a Kura Kaupapa Maori (language immersion) School in Rotorua.



**Children around the World followed Madiba's Funeral with their parents**

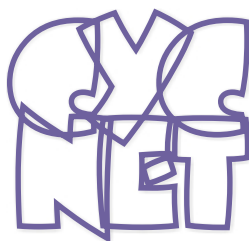
Whilst sitting at the back of the *paipai* (family seating) for several hours of communications at Georgina's tangi in the Maori language, I found myself reflecting

on how often child and youth care workers enable children to participate in rituals associated with death, and grieving. What do young people learn about mourning processes and rituals of restoration through mourning? Mandela offered us a role model for hope and reconciliation. Madiba, we will remember.



**A Vision for Peace and Hope for the Future in Our Places in 2014**





THE INTERNATIONAL CHILD AND YOUTH CARE NETWORK

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## ... end notes



### **Worries**

The occasional anxiety or scare  
is not a bad thing for kids;  
It's a builder of reality and  
competence, and the sun  
comes out again on the other side.  
When they've been through  
a worry, and dealt with it,  
the world holds less threat, and  
tomorrows come back once more.

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"I may not have gone where I intended  
to go, but I think I have ended up where I  
needed to be."

— Douglas Adams

---

"Listen to the mustn'ts, child. Listen to  
the don'ts. Listen to the shouldn'ts, the  
impossibles, the won'ts. Listen to the  
never haves, then listen close to me...  
Anything can happen, child. Anything can  
be."

— Shel Silverstein

"Music expresses that which cannot be  
put into words and that which cannot re-  
main silent"

— Victor Hugo

---

"When you wake up in the morning,  
Pooh," said Piglet at last, "what's the first  
thing you say to yourself?"

"What's for breakfast?" said Pooh.  
"What do you say, Piglet?"

"I say, I wonder what's going to happen  
exciting today?" said Piglet.

Pooh nodded thoughtfully. "It's the  
same thing," he said."

— A.A. Milne

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### **A NEW YEAR WISH**

"May your coming year be filled with  
magic and dreams and good madness. I  
hope you read some fine books and kiss  
someone who thinks you're wonderful,  
and don't forget to make some art -- write  
or draw or build or sing or live as only you  
can. And I hope, somewhere in the next  
year, you surprise yourself."

— Neil Gaiman

---

"Reality is merely an illusion, albeit a  
very persistent one."

— Albert Einstein

---

"A children's story that can only be en-  
joyed by children is not a good children's  
story in the slightest."

— C.S. Lewis



Ssh...we're watching a good programme



"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."

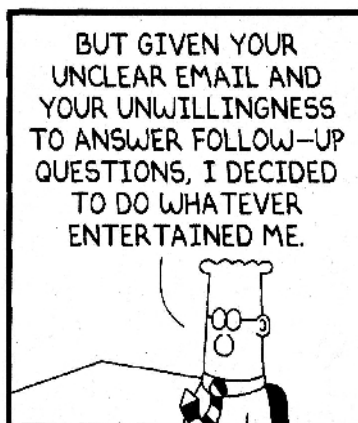
— Bessie Anderson Stanley

"A children's story that can only be enjoyed by children is not a good children's story in the slightest."

— C.S. Lewis

"It wasn't until we dropped him at his university dormitory and left him there looking touchingly lost and bewildered amid an assortment of cardboard boxes and suitcases in a spartan room not unlike a prison cell that it really hit home that he was vanishing out of our lives and into his own."

— Bill Bryson,  
*I'm a Stranger Here Myself*



## information

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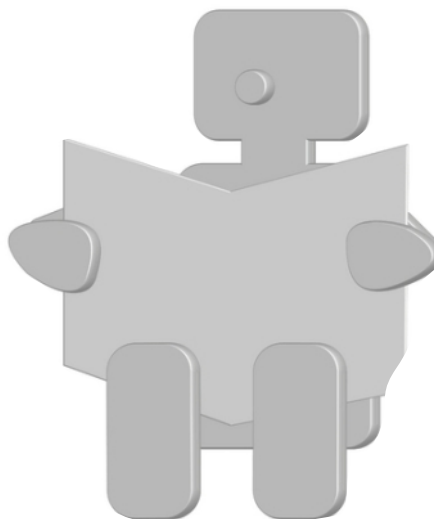
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