

CYC-Online



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Children and Young People**

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SIRCC-ing to the Future

A number of years ago I was meeting somewhere – Detroit? Chicago? – with a number of people from my ‘then’ network – read ‘people of my age’ – and we were discussing the future of child and youth care. At this meeting someone expressed his concern about ‘future leaders’ and the ‘future networks’ within which people were connected. The general consensus was that there was reason to worry. ‘Who?’ they wondered ‘would lead the field in the future?’ I remember saying that I was not worried – I see future leaders and the future network all the time – in trainings, consultations, conferences, etc. For me, the future was present, viable and evolving. I was met, of course, with serious scepticism. After all, the message seemed to be, ‘without us, who will lead?’

Just recently, there was the annual SIRCC (Scottish Institute for Residential Child Care) Conference in Scotland. And I was able to follow the experience of many participants on Twitter (and thank you, Caitlan for getting me hooked up). I was thrilled.

I would see pictures, hear comments, from people gathered together from Ireland, Scotland, South Africa, Canada, the USA and other places as they hung out together in learning and socializing – as they built their own network, a – for older folks like me – next generation network.

And as I ‘listened in’ I was happy for our field – happy to know there is a developing international network which will move the field forward – happy for us, and for the children and youths and families with whom we are engaged. In connectedness, I always believed, we will find solutions.

I did not go to the SIRCC this year. Truth is, I have only been once many years ago – or maybe twice 😊

But however many times, it is not a venue familiar to me. Well, shame on me, eh? I hope to get there again one day to experience, if nothing else, this developing network of connected, caring individuals.

Life is about connections – we connect to be born, and connect to live – it is fundamental. In connectedness we find belonging, energy, meaning and motivation. In connections like I saw / heard represented at the SIRCC conference, we might even find hope for a better future.

As I get older and become more disconnected – not really a choice but more a question of perceived relevance - I am thrilled to have some small glimpse into the potential future – and the tweets from the recent SIRCC conference gave me that – a peep into the potential future of our field.

Recently I gave an opening talk to a gathering of residential care providers in Canada. I was satisfied to see that the evolved values and beliefs of our field are striking more and more relevance to current practitioners. The values and beliefs about how to approach youth, which we have developed over years of concentration, are gradually taking hold.

So, well done to all of you who are building the future – children and families

may be well served by you as you build the future of our field.

And in the meantime, olding as I may be – will we see you in Vienna in 2016? Hey, one never, I hope, lets go of the future, even as one is drifting off in the present. And I am sorry to have missed the SIRCC conference.

Thom



Hard at work at the SIRCC conference

Newly hired staff are a constant reality for supervisors in our work. The supervision of these people is a major issue in many CYC agencies, and I believe that the first 6 months of CYC experience follows a predictable path that often determines future success.

The first 90 days are qualitatively distinct for new staff, and supervisors often overlook the need for safety and reassurance that is needed by these people. In the rush to make new staff capable and adequate to the many challenges of the job, supervisors attempt to over train and advise new hires in policies, procedures and techniques. Unfortunately, new staff are like “deer in the headlights”, unable to absorb any of the information offered. Training for new staff should be limited to essential information, and focused on personal safety rather than professional competence. The overwhelming demands and stimuli experienced by new staff create anxiety that have them just trying to get through each day without too much stress, hoping that they can be injury free and not too embarrassed by their own lack of skill. Unfortunately, most well experienced supervisors have forgotten their own distress as brand new CYC workers and try to rush this process, which only adds to the anxiety for the new worker

who is trying to hide her incompetence fears.

Supporting new staff to manage this personal anxiety is more important than skill development. New workers want advice on handling the challenging behavior of youth and families, when the best way to manage these events is to reduce the obvious lack of confidence oozing out of their pores and which creates a matching anxiety for the youth/family.

The most effective mentor for a new worker is actually someone with about one year of experience, since they can still remember this stage, but have mastered it successfully. Useful supervision issues include normalizing anxiety and poor performance as part of the

learning journey, not increasing anxiety by criticizing mistakes. Reduce the focus on controlling youth behavior and support the worker to be aware of self-control and anxiety management strategies. Avoid comparison to more experienced workers and build a trusting relationship during this stressful time. Supervisors need to be visible and available as much as possible. New workers regularly mention this as the most useful thing that they need from their supervisor.

After the first 90 days, the focus of supervision will shift, more about this next month. •

Supervising new CYC staff

Jack Phelan



Relationships and Relational Practice

Kiaras Gharabaghi

School of Child & Youth Care, Ryerson University

k.gharabaghi@ryerson.ca

The centrality of ‘relationship’ within child and youth care practice is well established within our field. Just about everyone who writes or comments on our field points to this concept as ‘indispensable’. Increasingly, however, the language used to talk about relationship has become characterized by a nuanced degree of differentiation that we don’t consider enough. Over the years, we have used phrases such as relationship-based work, having relationships, doing relationships, being in relationship, and relational practice as way of ensuring the field remains centered around the way we connect with young people. Some commentators have argued that ‘relationship is the intervention’, others seem to position relationship as the medium for intervention, or as a pre-condition for doing good work with young people. Often, the centrality of relationship in child and youth care

practice is cited as a unique characteristic of our field, and one that distinguishes child and youth care practice from other professions, and notably from social work.

In this column, I want to provide very brief discussions of several key characteristics of relationship that need to be considered before laying claim to this concept as a defining feature of our field. My purpose is not so much to shed light on the complexity of relationship *per se*, but more to provide a series of thoughts and ideas that may help especially newcomers to our field to recognize both the opportunities and the potential problems associated with the concept of relationship. In addition, I want to highlight the various contexts in which our field’s discussions about relationship have evolved. Below I will present five key issues that might help to inform practitioners’ thinking on this topic.

1. The discussions about relationship in our field have evolved from a focus on residential group care. A great deal of writing and thinking about relationships in child and youth care practice reflects the context of residential group care. Many of the scenarios used to exemplify the role of relationships are really vignettes based in group homes, and make assumptions about how practitioners and young people are connected. Such assumptions include the institutional context of group care, the length of time that practitioners have access to the young person, the relatively controlled context of living in group care, as well as the resources that can 'feed' a relationship within a group care context. There are also assumptions about the perspective of the young person with respect to relationships that reflect the group care context. For one thing, young people living in group care are exposed primarily to teams of workers who all share a pre-occupation with relationships, and who focus on the dynamics of relationship over time as a major point of reference for their work.

It is not inherently problematic that our concept of relationship has evolved out of a group care context, but it is important to note that much of our field does not in fact unfold within a group care context. Relationships in the context of school-based child and youth care practice, for example, may need to be informed by a different set of assumptions. Young people are exposed to a range of professionals within schools, and the role of child and youth care is

often one unfolding at the margins of the school rather than at the centre. The core frame of reference in schools is academic performance, and potentially behavior, rather than relationship dynamics. The frequency of interaction, as well as the length of time of specific interactions (or the time between specific interactions) is fundamentally different in schools compared to residential settings. In other settings, such as home-based family support programs, relationships are not characterized by the same level of inter-personal interaction between practitioner and young person, but instead involve a much more complex set of interactions between practitioner and families.

Given the differentiation of contexts, many questions still need to be answered. For example, how does one work with relationships in settings where face-to-face, and largely private interaction between practitioner and young person is limited, short, interrupted, and often not nearly as isolated from the young person's other relationships as it is in group care? Do we have sufficient representation of non-residential settings in our development of relationship as a central context for child and youth care practice? I would suggest that we don't.

2. Many vignettes about relationships in our field's literature are mono-cultural; by that I simply mean that the representation of actors within relationship often makes references to Fred (the staff) and Bob (the young person). The names



alone suggest a cultural landscape that is unlikely to be representative of what practitioners encounter in their everyday work. This is awkward for our field, because relationships are inherently cultural phenomena, and the nuances of relationship are characterized by quite significant cultural differentiation. A scan of our literature reveals a very limited focus on how Fred (the staff) connects with Abdul (the young person), or how the staff team at the Uptown Group Home (the colonizers) connect with John Littlefoot and his kin (the indigenous family seeking to heal from centuries of systematic oppression).

Although cultural competence, diversity, anti-oppressive practice, etc. are increasingly recognized as core competencies in our field, the connection between these and specifically the concept of relationship is profoundly under-developed in our field's literature.

3. The societal context of 'relationship' is not static; while we have accommodated societal changes to other core concepts, such as family for example, we have done little to consider the changing societal dynamics that may impact on how we understand, and then put into practice, relationships. Much of our work on relationship is centered on face-to-face interaction. In fact, I would suggest that technology and social media have fundamentally altered the meaning of relationship over the past ten years or so. Certainly for young people, relationships are unfolding increasingly in virtual

media, with concepts such as 'friend', 'peer group' and 'engagement' evolving rapidly to reflect this new medium for relationship. At the very least, we can observe that the idea of a private space, where two people interact in solation of the world, has largely disappeared. During any such interaction, the iPhone rings, Facebook messages come in, pictures of other acquaintances are streamed and both practitioners and young person are keenly aware of other relationships in their lives unfolding and evolving simultaneously, and demanding their attention and their engagement. We have moved, one might argue, from a 'centered' relational world to a highly 'fractured' relational world, but the discussion of this shift in the societal context of relationship is limited in our field.

4. An underlying core assumption of our field is that a good life is one characterized by strong and meaningful connections to a wide range of other people, from family members, to peers, to professionals, to team members, to co-workers. For many practitioners this translates into an assumption that a 'good' relationship between themselves as practitioners and specific young people will transfer to 'good' relationships for the young person with others, if not right way, then at least at some point in the future when it matters. Inherent in this way of thinking is the idea that 'having' 'good' relationships develops skills and perhaps attitudes toward an increased capacity on the part of young

people to 'have' 'good' relationships in other contexts.

Once again in scanning our literature on relationships, it seems that there is not much content that would speak to building such a capacity for young people to transfer the experience of one relationship to experiences in other relationships. In fact, it has been my experience that almost all practitioners are able to articulate something about their relationships, but struggle significantly with articulating how this relationship will impact other relationships for the young person. Aside from some vague and very generalized references to attachment theory, I am not sure that our field is doing enough to render the assumptions about the transferability of relationship experiences a credible one. In fact, I would suggest that the evidence related to the experiences of young people in emerging adulthood points to relationship as a major vulnerability, and the loss of a 'good' relationship with a practitioner in a previous placement or life space as a net deficit rather than a resilience factor. This raises some questions about how we train new practitioners in their understanding of the role of relationship in child and youth care practice.

5. Finally, I want to highlight the emerging language related to 'relational practice' as opposed to relationship-based practice as holding some potential for resolving or at least advancing our field's use of the concept of relationship. Rela-

tional practice is concerned more with the dynamic process of connecting between people and less with the more static constellations of being connected that is characteristic of relationship-based practice. As such, relational practice de-commodifies relationships and also de-territorializes relationships. Such practice is not bound by setting or context, and can evolve in a multitude of cultural and cross-cultural ways, and also be sensitive to societal shifts in relationship, including those driven by technology. Moreover, relational practice is not bound by expectations of time and frequency of interaction; such an approach to practice can unfold in a brief, one time interaction as much as in a longer term, frequent contact set of interactions. Most importantly, relational practice shifts the focus from the actors engaged in some form of interaction to the experience of interacting regardless of the specific actors, and therefore provides greater promise in terms of transferability to other encounters.

I offer these five thoughts as a way of opening some space for thinking and talking about the centrality of relationship in our field. I think we would do well to ensure that relationship, as a phenomenon, does not become a magical foundation for our work. Instead, I think it is important that we continue to critically engage and problematize this phenomenon we all suspect to constitute a core element of our practice.



The Irreplaceable Value of Colleagues in Relational Care

James Freeman

Abstract

Colleagues provide an critical value for child and youth care practitioners. This article highlights five specific benefits of connecting and collaborating with colleges and encourages both thoughtful and thankful reflection on those we work alongside.

Over the past few weeks I joined gatherings of CYC practitioners in both Canada and Scotland. In Canada I was with the Ontario Association of Child and Youth Care (formerly Ontario Association of Child and Youth Counsellors) for their provincial conference. In the following days I was with the Scottish Association of Residential Child Care, a part of the Centre of Excellence for Looked After Children in Scotland designed to support the professional development of CYC practitioners. I experienced some wonderful hospitality (thanks again Andy, Kathleen, and Max!) and connected with friends and colleges both old and new. Being with and learning from so many wonderful people has made me even more thankful for our field.

In the days since I returned home, and fittingly on the first anniversary of the CYC World Conference in Newfoundland and Labrador, I have been reflecting on and thankful for the friends and colleges I have in my career. I think back to the earliest days of my practice and the people with whom I worked. To this day, even though some of us are separated by time or distance, we can pick up a conversation like we never separated. They have made a huge difference to who I am and how I go about my practice. So, I invite you to reflect with me on some important reasons to be thankful for the colleges who might be impacting your life and practice.

We are not in this work alone

Some of the most challenging situations that young people and families find themselves in come as a result of becoming isolated from community. It can be the same for us as practitioners. Whether you work in a home, the community, a school, or as an educator, trainer, or manager, it is easy to become isolated. We can, at times, begin to think we're the only one experiencing a certain difficulty, or worse, the only one who can help in a certain situation.

A few days ago as we were about to visit a young person in Scotland, someone reported, "He really doesn't want you to visit, but he's looking forward to your visit". We were startled by the fact that we all knew exactly what that meant and how the young person might have been feeling. Anyone outside of CYC work would have likely needed more explanation. This moment of shared understanding meant something to us because it highlighted our shared and common experiences.

Working in the care field allows you to get extremely close to another person and be with them in a way that supports or encourages them. Our work, therefore, may be individual at times, but is never intended to be carried out in isolation. Your colleagues are there for a reason and it is important to stay connected with them. What are the ways you have found to overcome barriers in staying connected with colleagues who support you?

We help each other think in different ways

Caring has an element of being natural and following our instincts. It also takes intentional shaping of our attitude, knowledge, and skills. (As Jack Phelan said at the OACYC conference, "naturals can only become excellent with training".) Our journals, online learning, local and regional associations, and global networking all serve to help us meet this need - and the best of this comes from contributions within our own field. It's up to us to take ownership of our professional development and access and use these resources.

I sat in on a number of sessions that were thought provoking and meaningful. Some of them came from my friends who I value and appreciate the way they push us all to think, rethink, and reconstruct the way we go about our practice. Some of the most meaningful sessions were about the value of renewing our passion for our work (Hare, 2014), the way we advocate for others and understand power and privilege in our work (Sago & DeMonte, 2014), the meaning of threshold concepts and the ideas that transform us and our work (McPheat & Steckley, 2014), and ways to think about how we approach our own practice in the life space (Digney & Smart, 2014). Each of these thought leaders are moving us forward in meaningful ways.

There are also two statements that have really stuck with me from the plenary sessions at both the Canadian and



Scottish conferences. I haven't fully digested them, but they are in my daily thinking, helping me look at things in new ways.

“Humility is the ability to stay curious and unthreatened when confronted with attitudes and beliefs that contradict our own values. It keeps us from using judgment as a way to protect our own thinking.” (Phelan, 2014)

And another:

“It's time to stop talking about attachment for looked after kids and to start talking about love. How often are we using technical terms to hide behind what it is that young people really need?” (Cameron, 2014)

Again, I am still digesting these two ideas and it will likely take me some time to do so. What new thinking have you been challenged with from a co-worker or colleague? If you can't think of something recent, search a subject on www.cyc-net.org and let someone challenge you to grow.

We share in the making of something new

Child and youth care is becoming more clearly recognized and aligned around the world. We have an opportunity to shape our profession, leveraging our influence on behalf of others and



My morning routine in Scotland – cooking breakfast for my colleagues!

demonstrating to others how to stay close and engaged with those we serve.

We may not be happy with the approach of a government toward young people or specific policies that are in place, but when we talk about policies and promote or challenge them we become part of the discussion. As our associations and work become more recognized by others our voice for young people (and their own voice) will be harder to ignore. We may not always like the response, but it is up to us to do what is within our power.

Through your colleges you have exposure to significant new ideas emerging in the field. There are unfolding conversations about the role of things like the

developing brain, love, and the life space in our work. These are old ideas but they are being looked at and talked about in new ways. And they are transformative ideas that have the potential to significantly advance how we do our work.

We shape one another and who we are as as practitioners

All it takes is to attend one conference or event outside of your immediate circle of influence to realize there are wonderful people doing care work around the world. We shape each other, learn from each other, and encourage each other. Some of the best moments of my past few days were simply gathering around a table for a meal and being together in conversation.

It is utterly impossible to be in this work and remain unchanged. Those who stay in it and engage in reflective practice will find they become more in tune with themselves, others, and the world around them. As we support others in the process of change we undergo our own change, growing and becoming more alive to ourselves and the world.

I thoroughly enjoyed collaborating with others in sessions at both conferences. My co-presenters in Canada - Thom Garfat and Heather Sago – challenged me to think about how to train and ways to be with one another. My co-panelists in Scotland - Kathleen Mulvey, Kelly Shaw, Okpara Rice and Frank Delano – challenged me to think about relational practice and leadership

styles. I also gained much from the great conversations with Martin Stabrey.

In what ways are you open to your colleagues shaping your development as a person and as a practitioner? Are you too open? Too closed? What is it you would like to do differently in the days ahead?

We help each other not to take ourselves too seriously

Working in child and youth care is not easy, but it does include fun. Make sure your practice is full of enjoyable moments, whether it's hanging out with a child engaged in activity you both enjoy, sharing ideas and stories with colleagues, or talking a self-care walk with someone through a park. Fun is a basic need and is an integral component of care work.

In the midst of the past few weeks I enjoyed walks around the countryside (even got to watch a home run at a small town softball game and the finish line of the longest running canoe race in North America), catching the new Edinburgh tram across town, twenty minute tours of Scottish landmarks, and enjoying meals together. There was the birthday party organized by Heather Van Bregt and therapeutic bocce ball on the lawn with Don Francisco (great idea, Don!).

These moments of everyday life are just as meaningful as formal learning. I could say they are a part of my self-care plan or just a part of enjoying life with great people. Either way, who is it that you can count on to help you enjoy life, stay sane, and renewed?



Colleagues of the past and the future

Caring for others as a calling has a long and rich history. The stories and lessons learned by others in the past support us in our work and inform how we go about our practice. Their experiences are accessible through the writing and reflections of those who have gone before us. We have had - and still have - great leaders in the field and each of us adds to that history as we live out our practice.

The world has no idea of our potential. We work a lot to explain what we do to those outside our day to day work so they can make sense of it. Some will never quite get it - and that's ok. All they need to know is that there are talented, skilled, sometimes undercover, superhero-like practitioners around the world ready to provide care when it is needed. We are, perhaps, a part of the most meaningful of all human endeavors.

Together we are stronger. We support one another, stretch one another, and love one another.

So, what about all of this resonates with you and your experience? What would you add to the conversation? Take the next few moments to reflect on what it is you gain from your colleagues - and what it is you contribute (or have the potential to contribute) to them. You may even find the process of reflection strengthens your dedication and passion for what you do.

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James Freeman has been in relational practice for over 20 years and will be hanging out with CYC practitioners at a retreat in Austin, Texas USA for a few days in July. He can be reached at jfreeman@casapacificca.org

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In this extract from her 1973 classic *Children under Stress*, British psychiatrist Sula Wolff talks directly to child and youth care staff

The psychological treatment of deprived, delinquent children

Most methods of therapeutic Intervention pre-suppose a framework of care and order in the child's life. Only when there is a stable home, providing affection, continuity of care and some basic social standards, can a psycho-therapeutic approach alone be helpful.

For a totally rejected child, for a neglected child from a family in which social standards are grossly lacking, or for a child who has lost his family and is being cared for under conditions in which he has no parent figures at all, psychotherapy as such is not appropriate. What such children need more than anything else is an adult who will assume parental responsibility. They do not need a doctor; they need a parent. But, because of their past deprivations and experiences of stress, such children need a very special kind of parent. They need a person or group of people who will guarantee unconditional affection and support, who are prepared to forego, often for many years, the satis-

factions that parents normally get from their children and who will bring to their task professional understanding not only of childhood behaviour but of their own responses both to the children in their care and to the parents whose inadequacies have brought the children to this

plight. These are enormous demands and It is not surprising that the care of deprived and delinquent children in our society is often at variance with the treatment principles and tech-

niques recommended by professional experts such as psychiatrists, educationalists and social workers. While neurotic children on the whole get competent treatment based on professionally accepted principles, the same is not generally true for deprived and delinquent children.

The needs of the deprived child

Psychiatrists are often consulted about children in foster care, in children's homes and in various special residential



schools. Some of these children have behind them prolonged periods of maternal deprivation in infancy; many were reared by uniformed nurses in institutions governed by strict routines; many have experienced a series of separations from people to whom successively they have become attached. Such children present very special problems. Not only are they poor at forming relationships with others, not only are their capacities to express themselves in words limited and their ideas about the world in general immature for their age, they usually display marked behaviour disorders too. Aggressive outbursts, bed-wetting, soiling, stealing and running away are common among all children who find their way into foster homes or residential care. Grossly deprived children in addition often show obsessional patterns of behaviour. They may be compulsive masturbators; they may be obsessively preoccupied with sexual topics and swear words; they may be fascinated by keys and locks; they may be fire-setters.

The basic need of such children is to have a permanent home, yet their symptoms, distressing enough in themselves, often make them quite unacceptable to foster parents and even to some children's homes. In this situation psychiatric help must be directed both to the home and to the child. Foster parents and house-parents require at least as much professional help as ordinary parents do. But the children themselves can often benefit from individual psychotherapeutic treatment. Lavery and Stone have

stressed that grossly deprived children respond best when they are not required to enter into a close one-to-one relationship with the therapist all at once. The fear of yet another broken relationship prevents such children from coming close to their doctor and every approach from the other person evokes anxiety and retreat. In a less intensely emotional situation, for example in a play group with other children, the deprived child may more readily be able to make his initial contact with his therapist. For substitute parent and therapist alike it is important to let the child decide how much he can trust the adult and how much of himself it is safe to reveal. Given a stable substitute home, able to tolerate the child's disturbed behaviour and not make excessive demands on him, deprived children can make considerable gains in personality development.

Often quite old children who have at last found a permanent home need to retrace their development steps, adopting for example at eight or nine years of age infantile dependent forms of behaviour. Psychological treatment aims to help the substitute parents recognise this behaviour as an attempt at self-cure as a recapitulation of an earlier stage of development that failed to provide satisfactory experiences. Sometimes parent surrogates can then, with support, supply the needed satisfactions for the child; sometimes the psychotherapist is able in his treatment sessions with the child to provide the intense infantile satisfaction he craves, nursing him for

example like a baby, feeding him from a bottle, making no demands on him at all. Such needs for infantile gratifications if fulfilled, are gradually outgrown by the child. Oral behaviour may be followed by an anal stage, pleasure in messing and In tasting out capacities for destruction, or by genital stage activities. In summary, psychological treatment with such children has two aims: to provide them in the present with experiences they have missed out in the past; and to allow them to correct their distrust of human relationships. It is less a matter of interpretation, of undoing defence mechanisms, than of providing stable supplies which the child can use to make good the gaps 'In his personality. This process takes many years. The main agents in treatment are, of course, the substitute parents, and the psychiatrist's chief functions are to help them In their task and to supply directly for the child those experiences his particular substitute parents are unable to provide.

Psychological treatment of the delinquent child

The basic problem of treatment for delinquent children, whose main defect is in their conscience structure, is how to help them acquire an inner set of stable standards and values. Often severely delinquent children are also deprived children, and the treatment problem is a dual one. Most successful treatment approaches have used group methods and these have been particularly rewarding in

institutional settings. The pioneer in this field was August Aichhorn whose book *Wayward Youth* was first published in 1925. It is a reflection of his genius, but also of the lack of progress in the treatment of delinquent children, that after so many years little has been added to his original contribution.

Severely delinquent children, like deprived children, do not benefit from interpretative psychotherapy alone. They require intensive twenty-four-hour-a-day treatment. The popular notion that undisciplined, impulsive children who do not care about the consequences of their acts and are incapable of guilt feelings require merely firm and consistent discipline has given comfort to a great many people working in approved schools and in children's homes. Such institutions are with few exceptions run on disciplinarian lines and while children are in residence their behaviour is often kept in check. There is however little evidence that a regime of enforced discipline and order contributes anything to children's personality development. They accept unavoidable external restraints while they last, but they do not become identified with them and are no more able to exert inner controls than they were before.

In 1918 Aichhorn, a school teacher turned psychoanalyst, founded a home for delinquents that was run on very different lines. All children in his care had experienced gross parental deprivation in the past and had suffered from extreme severity and brutality in their

upbringing. His first aim was to compensate the children for their past deprivation of love. He deliberately made the institutional environment as enjoyable as possible for children and staff alike. No demands were at first made on the boys and Aichhorn insisted that all staff members were affectionate, permissive and non-aggressive even in response to aggressive attacks from the boys.

The experience that their own aggression did not evoke retaliation was new for these children; it was unexpected and provided the essential corrective experience. When aggression was not met with counter-aggression it ceased to be satisfying and in fact led to intense outbursts of frustration and misery, and the first inklings of a guilty conscience. Aichhorn describes a regular sequence of behaviour shown by the asocial and aggressive delinquent boy in response to this permissive environment: an increased sense of his own power, more frequent and more violent acts of aggression, followed later by tears of rage when counter-aggression was not forthcoming, then a period of sensitivity and, finally, conforming behaviour. The emotional crisis which most boys experienced, and which was often deliberately provoked by the staff, contributed to the change from delinquency and unconcern for other people to increased tolerance of frustration and affectionate relationships with others. In time this group of serious delinquents established their own standards and values in the home and all of them later became adjusted in society.

Among the children in his care, Aichhorn distinguished between those who were asocial and aggressive, in constant conflict with their environment but with no inner conflicts and those in whom delinquency was merely an expression of an underlying neurosis. It was the first group of children who benefited most from the therapeutic community he created.

In a recent review of the literature on juvenile delinquency Donald West stresses the need for adequate diagnosis and for the careful selection of children for specific treatment approaches. The efficacy of different treatment methods cannot be judged on the basis of results with unselected groups of delinquents.

Ernest Papanek set up a community at Wiltwyck school in New York similar to Aichhorn's. A study of his treatment results confirmed Aichhorn's finding that the therapeutic community approach was more successful in the case of delinquents whose socialisation had been defective than in neurotic children with internal conflicts. A comparative study of Wiltwyck boys and boys living in a typical public reformatory where discipline was rigidly enforced, demonstrated the superiority of a therapeutic community approach. Thirty-five boys from each institution, similar in age, social background and the nature of their disorder were compared on a series of personality tests. It was found that Wiltwyck boys became less anxious the longer they were at the school while reformatory boys became more anxious. Authoritar-

ian attitudes and prejudice decreased with length of stay at Wiltwyck; prejudice increased in the reformatory. Wiltwyck children tended to view the world as good rather than evil, to be satisfied with themselves, to see their parents and other adults as loving, and to be much more closely attached to the staff of their school. In the children from the reformatory all these attitudes were reversed. They saw the world as evil rather than good; they viewed adults as punitive and they had few attachments to the Staff of their school. These findings tend to bear out the ideas of Papanek who is quoted as saying: 'Punishing teaches the child only how to punish; scolding teaches him how to scold. By showing him that we understand, we teach him to understand; by helping him, we teach him to help; by co-operating, we teach him to co-operate.'

Deprived and severely delinquent children require total care. The reparatory processes necessary to make good their defects of ego and super-ego development, that is, of emotional and intellectual functioning on the one hand and of conscience structure on the other, can occur only when the child spends twenty-four hours a day in an actively therapeutic environment. Moreover, recovery from gross deprivation or distortion of the socialisation process in early life takes many years. It is not surprising that society has not yet found a way to meet adequately the treatment needs of these children. Neurotic children are in a different position.

Psychotherapy alone is often helpful even within a relatively short time. The treatment aims here are not to provide missing supplies but to alleviate anxiety and guilt and to undo excessive defences in order that normal personality growth can once more proceed.

Robins's long-term follow-up study of children referred to a child guidance clinic has shown that children who presented with delinquency and acting-out behaviour disorders are in adult life far less well adjusted than children who presented with neurotic symptoms. In particular, the delinquent child is more likely in later life to become sociopathic and alcoholic. How far a more intensive and more highly skilled treatment approach to delinquent children can reverse this trend remains to be established. Certainly few delinquents are currently given the kind of emotional experiences Aichhorn and Papanek provided for their charges.

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Thinking about leadership in child and youth care

Adrian Ward

From downstairs I can hear Jodie up in her room, shouting – almost roaring – at her careworker, Lauren. It sounds like she’s tearing the hell out of her. From time to time she lets out a long, desperate scream, which sounds like it’s aimed at the whole world rather than at Lauren herself. Jodie’s mother failed to appear today, yet again, despite her promises on the phone, and Jodie sounds like a beast abandoned in the wilderness. Lauren stays patient and calm – I can’t pick out her words, but I can hear the tone of her voice. Somehow she is managing to metaphorically ‘hold’ Jodie in her pain and rage. I am monitoring this situation from a distance, in case I need to go back up to offer support to one or both of them.

Meanwhile I am also trying to pacify an auditor who has appeared out of the blue to check our accounts and has found a small anomaly in the petty cash – he is questioning me closely and suspiciously, hyping this up as if we are conspiring to defraud the agency, but he seems oblivious to the drama unfolding upstairs, and to the real task of the place. In the room next door, a social worker and her senior are waiting to meet with me and a colleague to review a very delicate situation involving another child, and that child will

be home from school soon, expecting to join in the meeting. The social workers seem unsettled by the noise from upstairs and impatient with me for spending so much time with the auditor.

All the time I am juggling in my mind between these different situations, each of them competing for my attention and involvement. It feels like the day is closing in on me, as if any moment one or all of these incidents may explode into a full crisis – either that, or I myself will implode under the various pressures. Maybe that’s why Jodie’s scream gets to me so much. But in fact, this is just another day’s work for me as the Director of this small residential child care unit.



The field of Child and Youth Care, like the discussion of it on CYC-Net, is complex, multi-layered and always fascinating. Practice is difficult, if ultimately rewarding, since it engages the whole person – mind and body, heart and soul – in the business of trying to help troubled young people and their families to resolve and/or recover from some of the most challenging circumstances imaginable.

It is a task which requires great sophistication but also true simplicity, in the sense that each individual young person (like Jodie) ‘just’ needs the whole-hearted engagement of someone who cares enough to step delicately into their lives, get alongside them, and help them to move forwards. But this ‘someone’ can’t get anywhere in that task unless there is a team of like-minded individuals around them, working together, supporting and enabling each other. And the team itself won’t be able to do this, reliably, consistently and purposefully, unless it has good, clear and supportive leadership.

And yet the topic of leadership is one which has not been very much addressed in all the extensive writing in the CYC field. Instead, we have often had to rely on ideas and models of leadership adapted from elsewhere – from health and educational settings, for example, but also from business and commerce. Some of those models may be of theoretical value, but to me they never felt close enough to the lived reality of practice, and they certainly didn’t help me much

during my own experience in leadership.

What I seemed to face when I was in that role was an almost-endless sequence of difficult incidents, potentially-chaotic conflicts and ‘awkward’ people (both younger and older). Often these would all coincide as they did on that afternoon when I could hear Jodie screaming. The feelings evoked in me and others were powerful – almost overpowering at times. What did help me at that time was that I could draw upon the models of good constructive leadership which I had already experienced in my previous roles, but also that I had regular access to dependable and insightful supervision, supportive senior management, and the benefit of an external consultant who could be relied upon not to take sides in any of the situations confronting me. Nevertheless I still often felt I was making it up as I went along, and perhaps every leader has to experience some degree of this process of learning on the job. But that should not be all that we can rely on, and indeed few other professions have so little research or other writing on leadership to draw upon in their practice.

Those experiences of mine were many years ago now, when some of the policy context was rather different, and yet all the evidence suggests that the fundamental challenges of the leadership role in this setting have not really changed. Certainly there has still been very little written about this topic – little that I have been aware of, at least.

So when I was invited to write a

paper about this theme a few years ago, I was interested in giving it a try, even though at the time I was recovering from an accident and not feeling sure I had much more to offer in this field. I was asked to write about 5000 words, although once I got started I found there was more and more to think through before I could even get my own thoughts clear, let alone try to write about them in a way which might be of any value to others. Luckily, Jonathan Stanley, who had commissioned the paper for the National Centre for Excellence in Residential Child Care (in the UK), seemed quite relaxed about the ever-increasing length of the paper, since it was to appear online rather than in hard copy. When the deadline finally came, the text had already expanded to several chapters, and it was then made available as a download, and a couple of the chapters also appeared in CYC-Online.

All the time I was writing, what kept coming back to mind was that long history of difficult incidents and situations which I had faced, and the learning which I had ultimately derived from them. So it was these incidents which began to form the backbone of the book, as I reworked each one and re-examined the learning which was always hidden somewhere in the situation. Some of them are based on vivid memories of my own struggles to establish confidence as a leader, while others draw on situations which I faced later in my time as a leader. Not only that, but a whole set of further incidents came to mind, which I had encountered

over the intervening years while supervising students and offering consultation to other leaders.

Of course, in the text itself, I have taken all possible steps to change names and other potentially identifying details in these incidents, while trying to preserve the essence of the original situations and to focus on the various themes which they embody – themes such as ‘Boundaries’, ‘Values’ and ‘The Leader as a Person’. This last one, which is the title of the final chapter, could be seen as the theme of the whole book: my approach is one based on the personal experience of leadership and on the quality of relationships which any leader needs to establish and maintain. I have taken a ‘relationship-based’ approach, meaning that my focus is on the whole network of relationships in the place, on how these may be affected by the nature of the work itself, and how the leader will often need to concentrate above all on understanding and influencing these relationships.

So even though I had not planned the book in this way, I found that I was building its structure out of these incidents and out of the themes which they suggested. While the book is not specifically intended as a ‘workbook’, it could in fact be used in that way by those studying the subject: any of the incidents could be lifted from the text and used as the starting-point for a group discussion, with participants drawing their own lessons from the discussion rather than relying on my analysis.



The original paper was quite successful as a download, although I always regretted that it had not appeared in print. Over these last few months, however, I have been working on revising and expanding that text to turn it into hard copy, an idea that was triggered when a friend started a small publishing house locally. I realised that this opportunity gave me the chance not only to make the text available in print at last – I am of a generation which still seems to believe that things which have only a ‘virtual’ existence are somehow not quite real or permanent – but also to complete the project by expanding and clarifying it where necessary, and by including a few more of those ‘incidents’.

So, although there is still plenty more that could be said on this subject, I hope my own contribution will be of interest

and value to people across the whole CYC community – and not only to those working in residential settings, since I believe that similar issues will be found right across the board. I focus in particular on the primary leadership role of the ‘Director’ (or similar title), but I hope the book will also be of interest to those working at many other levels and in other roles, from the temporary shift-leader right through to the CEO of an agency providing CYC services.

And who knows, maybe some of those folks in health and education, and even in the business world, might yet find themselves turning to CYC practice and leadership for ideas about their own practice. After all, which business leader is not also just ‘a person’ having to work within the maelstrom of relationships and incidents which arise in any workplace?

Leadership in Residential Child Care

A relationship-based approach

ADRIAN WARD

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Action Transforms

Now and Then

**Maxwell Smart
and John Digney**

*And now, this is the sweetest and most
glorious day that ever my eyes did see.*

– Donald Cargill, Scottish Clergyman

*These days man knows the price of
everything, but the value of nothing.*

– Oscar Wilde, Irish Poet,
Novelist, Dramatist and Critic

Of Looking Back and Looking Forward

During a very recent conversation with a ‘care leaver’, one of the authors asked him the question, ‘So, do you feel happier that you have gotten your wish, now that you are out on your own?’

The answer was that all too familiar response, ‘oh you know, now and then’. Oh, that phrase, ‘now & then’, it’s one of those phrases we all use when we are

not really engaged nor prepared to elaborate deeply, or share too much. It’s like those other phrases that have become habit to respond with, phrase like, ‘from time to time’, or ‘every so often’ – the type of phrase which is noncommittal and doesn’t really give an answer to a direct question.

It’s the sort of response that tends to deflect away or to casually communicate, without actually communicating anything of substance. If we were ‘sort of’ paying attention or ‘kind of’ listening or even ‘a little bit’ interested, we might respond with, ‘that’s good’ or ‘I suppose that’s a start’ or some such half-hearted comment.

Philosophically Speaking

Having delivered a workshop on communication and active listening the previous day, the author was in a different zone to the one he usually occupies (somewhere in the clouds, some would say) and was intent on ‘listening and responding’ to possible ‘cues’ or ‘bids’. As a result, the response to the young man was a little more probing. The following is the conversation that took place for the next 20-30 seconds:

Author: ‘When you say you feel happy *now and then*, are you happy now?’

Young person: ‘Eh?’, replied the young man.

Author: ‘Are you happy now, you said you are happy *now and then*, I’m just wondering if you are happy now, I mean right now’.

Young person: 'I suppose so, I wasn't really thinking about it'.

Author: 'Well, think about it for 5 seconds and tell me.'

Young person: '... I don't know, I suppose so'.

Author: 'OK – forget about NOW for a second, you said you were happy *now and then*, what about then, when is then and are you happy then?'

Young person: 'What are you talking about {name}, have you lost it man'.

The conversation took on a bit of a life of its own after that, but it was good and it did challenge the young man to think about a couple of things;

- (i) Is he 'happy'?
- (ii) Is he happier now than he was when 'in care', and
- (iii) What do I need to do to avoid this crazy old 'ex-keyworker'?

From the authors perspective though, it generated further thinking about the concept of 'NOW' and the one of 'THEN', both being 'temporal constructs'. These 'periods in time' occur independently of each other, one occurring as we live our lives and the other speaks of that which has passed. Of course, speaking of the past and the present causes one to also think of the FUTURE (starting to sound a bit like the 'Christmas Carol' ghosts!

Yesterday is history, tomorrow is a mystery, today is a gift of God, which is why we call it the present. – Bil Keane

Being 'Present'

Where (in terms of temporal zones) should we suggest to our young people that they live; past, present or future? This might seem like a daft question, but if we look back to the question posed by this (experienced) practitioner, 'do you feel happier that you have gotten your wish, now that you are out on your own? Was this a question that asked to young person to look to the 'now', the 'future' or 'the past'? Does this now suggest that the young person makes a comparison between their 'present' and their 'past'? If so, was this fair?

Many famous and respected people suggest it is best to 'live in the present' and powerful quotes abound, such as:

Yesterday is gone. Tomorrow has not yet come. We have only today. Let us begin.
– Mother Teresa

The future starts today, not tomorrow.
– John Paul II

No longer forward nor behind, I look in hope or fear; But, grateful, take the good I find, The best of now and here.
– John Greenleaf Whittier

The past is a ghost, the future a dream and all we ever have is now.
– Bill Cosby

For the present is the point at which time touches eternity.

– C.S. Lewis

In the past, I always used to be looking for answers. Today, I know there are only questions. So I just live.

– Sarah Brightman.

To the Front and Centre

Now and then it is good to just pause in our pursuit of happiness and be happy – Guillaume Apollinaire

It does seem clear, we need to live in the PRESENT with a connection to the future being one of planning. Yet this planning does not need to be the entire focus of our being in the PRESENT. It also seems that that we should use the ‘past’ as a point of orientation. To quote Kriss Akabusi at the SIRCC conference (2014), ‘the past is for reference not residence’. The PAST, besides being over, should be used to provide insight that we may apply to the present. The wisdom of Akabusi’s quote seems self evident yet as people working with vulnerable youth we often seem to do the opposite and locate resolution of the PAST as a practice imperative rather than what needs to be done now. Consequently we often judge youth on where we expect them to be rather than encounter them where they are now.

That does not mean that the past is not relevant to the here and now, either

for youth or us, but for the past to be useful it must be used to release kids from emotional prisons rather than further constrain them from PRESENT opportunities. So it may be that we need to train ourselves to focus more on the PRESENT than the PAST, for, as was one inscribed on an old sundial; *on this moment eternity is hinged*. The PRESENT can be viewed as the exact moment both worker and youth are in. Eternity is hinged on the ‘being interpreting and doing’ with each other in that moment, whether we are shooting hoops, sitting on the beach, playing football, or just reflecting on the day. We know that we can use these everyday moments in the ‘life-space’ for therapeutic benefit of kids.

That moment is to the front and centre of intervention and response. For if we focus too much on the PAST or the FUTURE the PRESENT slips away. The present is always right here - the past and future never are, they are always elsewhere (but never too far away). The present is located in the doing and it is imperative for us to be present in the doing. It is important that we are a profession that makes memories with youth rather than one that merely assesses and or writes of memories in reports to others; managers, administrators or judiciaries, for in these memories is the growth and learning, the foundations to build the walls of adulthood. Jenny Mollo (2014), in her new book speaks fondly of ‘her staff’, the people who helped her through her ‘in care’ years. Reflecting on her key-note presentation

at the SIRCC (2013) conference she shares with us, 'I looked out at the residential care workers, a sea of faces full of warmth and love. I love people like this, what they do for people like me, for people who's life at home is shit. These people are my friends, people olike this brought me up, and they're like my family'. (Daniels & Livingstone, 2014 p3.)

Being present in the present

To return to our theme, every 'now & then' we must reflect on the power of relationship, the most important tool we have in our toolkit'. We must also debate the most important aspect to consider when developing and maintaining a relationship. We speak of things such as 'trust', respect', engagement, 'caring' and so forth. True, we need to identify these, we need to understand how they work and we need to strengthen our skills in response to this understanding. Also, we need to continue to distil these further, to find the nub.

Kriss Akabusi also spoke of another aspect of care that encompasses trust, respect and engagement. That is that workers must be the 'centre' of holding things together for kids. Akabusi stated that "when the centre does not hold, thing fall apart". Child and Youth Care people must act as that centre, and hold on when things are difficult, not give in or reject. Hold on and hold fast to allow the youth to take hold of the hand you offer ... this builds relationship in the here and now. It is something many youth refer to

on reflecting on the past and something used to build for the future.

In the recent volume that has been published, aimed at those studying any of the many social sciences in Ireland (and hopefully beyond) the authors of this article have written, 'so, if relationships are the golden threads used to knit together all positive aspects of care and healing, then we should rest assured that they are of crucial importance in helping all who struggle and need our **presence**' (Digney & Smart in Howard & Lyons, 2014). In this quote, we refer to the important of our presence in the lives of others.

And to paraphrase the quote above, 'yesterday is history, tomorrow a mystery. Today is a gift. That's why it's called the present'. Being fully present in the PRESENT is the greatest present we can give and to be able to give this all the time and not just '**now and then**' has gotta be even better again.

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Maxie & Digs



Transitions and Separations

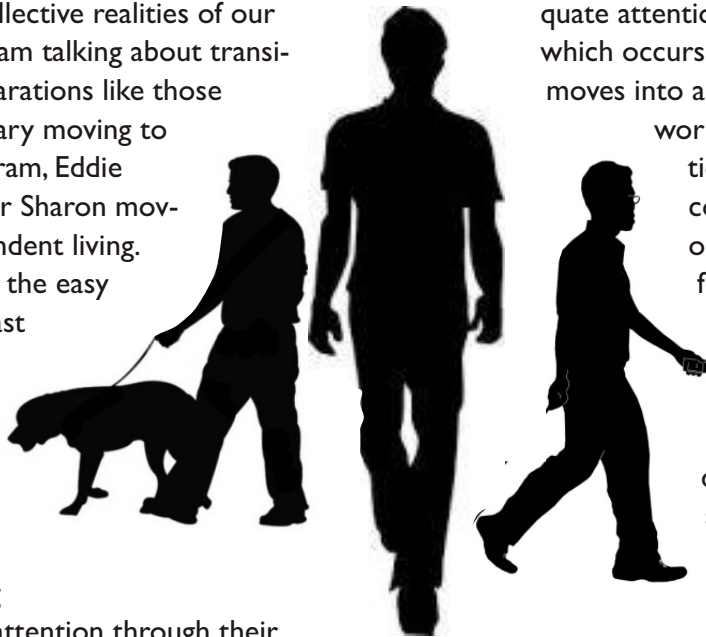
Thom Garfat, PhD

We don't pay enough attention to transitions and separations in our field, which is really a shame, because they are among the few common experiences that we and the youth in our care share. Transitions and separations are one of the collective realities of our work. Now, I am talking about transitions and separations like those involved in Mary moving to another program, Eddie going home or Sharon moving to independent living. But those are the easy ones — at least they're easy to identify. We think about them because the children bring them to our attention through their anxiety and behaviour, and the adminis-

trative component of our organisations cause us to notice them because of the paperwork.

But there are other, equally important, transitions and separations in our work to which we don't always pay adequate attention. Like the one which occurs when a child first moves into a program, or when a worker goes on vacation, or the team composition changes, or a youth moves from one phase of a program to another, or changes schools, or just develops different skills and abilities.

You see, transitions involve shifting from one way of experiencing yourself to



another way of experiencing yourself. The child who learns to succeed moves from experiencing herself as someone who *can't* — to someone who *can*. When one member of a team leaves (say it's Bill), others shift from an experience of self as one who works with Bill to an experience of self as one who works without Bill (or with someone new).

I know it seems obvious. But transitions in the experience of self are places where we, as child and youth care workers, and the youth with whom we work, tend to get stuck a lot. Think of the child who has learned a new skill but still thinks of herself as a failure; or the team who used to work with older children and now works with younger ones — and how they cling to the belief that young children are still “outside of their mandate.” Or the child who tries desperately to remain a child even in the face of rampant biology — because he's discovered that he can never live with his mother and his experience of self as a “child with mother” is more satisfying to him than experiencing himself as “adolescent without mother.”

I can hear some of you shouting that it's only denial — like what happens in death and other important separations in our lives. And, I guess to some extent you're right, although I don't know if I would use the

word “only”; or even the word “denial.” which has become such a convenient label. Personally, I prefer the word “stuck.” It lets me think of a car spinning its wheels and all I have to do is figure out how to provide the right amount of traction to get it moving again: a way to “get a grip” on things.

This isn't a metaphor which works very well because it's the death part that I really want to talk about. In every transition there is a little death. In order to experience myself as different, the old experience of self has to die. And in order for it to die, I have to be able (or willing) to let it go. That's the hard part: letting something important die.

No matter how bad my past experience of self, there was always something in it that was important to me. And when I let go, I may have to let go of important parts as well.

Maybe if we could let ourselves think



of transitions as involving some little death, we would allow ourselves to think about the processes involved in separation and grief. And then maybe we would pay a little more attention to this reality in our work. Let me give you a few examples. When a child moves into our program we might realise that he is going through a grieving process and we can help him through it. We also might pay attention to some of the other unresolved separations that have occurred previously in his life, like when he left home or moved between foster homes.

When a child leaves a program we might notice that the other children are going through a complicated process of individual and collective grief and we might spend time dealing with it individually and in group. We might use it as an opportunity to help the children prepare for other separations in their lives.

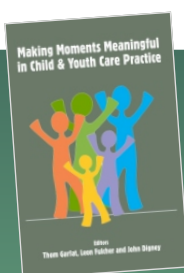
When a team member leaves we might realize that some of the charged effect on the team is related to our loss — and those other unresolved losses in

our personal lives, that are triggered by this separation. When a time comes that it's important for us to let go of an old way of experiencing ourselves, we might understand our own resistance better and give ourselves permission to move on — and, we might be better positioned to help others who also have to adjust to their new experience of self.

All transitions, all separations, require a shift in our experience of self — who we are in the context within which we find ourselves.

And maybe, if we could let ourselves approach it like this, then we, as child and youth care people, could let go of our professional experience of “self as the adolescent low person on the ladder” and get on with experiencing ourselves as professionals with something valuable and different to contribute.

From: *Child and Youth Care*, Vol. 14, No.11, November 1996



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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In my last column, I wrote that a central preoccupation of mine has been around how to have boundaries, set limits and create safe environments that promote development and healing without resorting to punishment; I also committed my next few columns to thinking and writing about this. Well, it's been busy and I didn't manage to get further thoughts developed enough to offer up last month. Frankly, I'm pretty much the same position this month. In addition to the busyness, I think I've gotten myself a bit stuck. The subject matter is important to me and I want to do a good job with it (whatever that may mean).

In gearing myself up to write, I read John and Max's column last month (June 2013, pp. 41-45) and I felt a bit comforted by their content on getting stuck with writing; it's nice to be reminded I'm not the only one. I was also bolstered by their bravery in risking a different kind of column,

and in sharing their feelings about doing so. So rather than miss another month, I'm going to approach my column differently as well. I'm going to allow it to be itty bitty, as I'm going to simply introduce a concept that I've found helpful in think-

ing about boundaries, limits and punishment. This concept is *disruption-repair*, and it refers to the process of re-establishing harmony in a relationship. The disruption I've been thinking about happens when an adult sets a boundary or limit with a child – perhaps (but not necessarily) through the use of a consequence. This can often have a disruptive effect – to the child's behaviour, to the

life-space, but most importantly to the relationship.

There are other types of disruption to relationships as well, and there is something fundamental, even primitive about our need for repair. This repair can be done subtly, even unconsciously, or it can take

Disruption-repair: A key element in setting boundaries and limits

Laura Steckley



a very explicit form. Words of reassurance, physical contact or caring gestures are all ways we tend to do repair.

The following clip comes from Dr. Edward Tronick's Still Face Experiments and demonstrates a toddler's distress over a disruption in the harmony or sense of connectedness between his mother and him:

<https://www.youtube.com/watch?v=apzXGEbZht0>

The clip also shows a clear example of disruption-repair. I always have a somewhat visceral reaction to watching clips from the Still Face Experiments and it makes me think about the many young people I worked who didn't have consistent, predictable experiences of repair. For some, disruption instead meant despair. I wonder how many times we misinterpreted a young person's misbe-

haviour as a reaction to being told 'no', when perhaps the stronger underlying reaction was to the experience of relationship disruption. It also makes me wonder how often we made the situation worse by presenting a sort of 'still face' in our efforts to remain calm and professional.

Anyway, I don't have an easy formula for exactly how to do disruption-repair in the midst of a big reaction to the setting of a personal boundary or life-space limit, but I do think it is a key ingredient in doing boundaries and limits without punishing. I also have further thoughts about why it's important and how we might enhance this aspect of our practice, and I'll develop these further for my next column.

Until next time ...

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Anxiety: The New Mode of Social Control

Hans Skott-Myhre

*Professor, Child and Youth Studies
Brock University, St Catharines, Ontario*

hskottmy@brocku.ca

Let's begin with the fact that a great deal of Child and Youth Care work is about discipline and control. While we pay lip service to relationships, development, and equity, when push comes to shove there is little that can be accomplished in a child and youth care setting that does not support the ability of child and youth care workers in their belief that they can control the young people under their care. Given that this is the case, our on the ground analysis of the role of discipline and control in our work is surprisingly unsophisticated. We have a tendency to trot out the most hackneyed vernacular such as "kids want and need discipline," "its more important to be an adult role model than a friend," "real life has consequences," and the ever popular "kids need structure." In fact, most of the conversations of this type are based on the personal convictions of staff rooted in what they were trained to believe by the schools, parents,

churches and so forth, with some minimal and vague belief that the research literature supports these ideas as well. The bottom line is that staff believes these things because they believe it makes for a less stressful job and it fits with the way that they perceive that the world is organized.

Implicit in these descriptions is an unspoken and very possibly un-reflected upon set of self-disciplinary practices and moral codes that staff and administrators apply to themselves consciously or unconsciously on a daily basis. Of course, we as the field of child and youth care, claim that our work should be self-reflexive. We remark on how our daily interactions with young people should be subject to critical thinking. However, I know that most institutional meetings, such as shift change or treatment planning meetings, have little or no content in which the staff critically reflect on the beliefs and ideas that shape their work.



The conversation is usually utilitarian i.e. how do we make the kids behave better, or diagnostic, i.e. what is wrong with this kid and how can we fix it so they will then behave better.

We might wonder what inhibits our ability or willingness to think critically about the unexamined assumptions we make in our work. Of course, we could assume that we are simply control freaks who love to boss other people around or lazy workers who only want a highly controlled environment in which that every shift an endless effortless repetition of routine and simple functions. For myself, I have met very few child and youth care workers who operate on either one of these logics. Generally, child and youth care workers choose this field because they have an affinity for a certain level of creative chaos and prefer flexibility over routine. So what happens that overcodes these inclinations.

It is the Marxist scholar Althusser who gives us the notion of ideology as the method by which the state imposes the logic of the dominant system of rule through its dissemination as common sense. Foucault goes further and suggests that systems of rule have historically used different vehicles and logics to create what he calls docile bodies or those bodies that can be used by the dominant system of rule. He suggests that such systems work best when they are invisible and seamlessly interwoven into the logic of a particular social structure so that the ways in which we discipline ourselves and constrain our behavior comes

to appear as simply what “normal” people do.

Because modes of control and discipline are constantly mutating depending on the needs of the dominant system of rule and because the most effective modes are invisible, they can be quite pernicious and hard to spot. In our current time period, several theorists have argued that we have moved from modes of discipline focused on the body to new modes of control premised in our emotions and abilities to interact as social beings. This, it has been argued is because we have moved from a system of capitalism primarily invested in industrialism, with its factory based mode of production, to the new mode of global capitalism, with its emphasis on computer code and communication. As a recent blog

(<http://www.crimethinc.com/blog/2014/04/14/new-zine-about-capitalism-and-anxiety/>) put it:

When we understand capitalism as *affective* — as producing and being sustained by certain feelings, attitudes, and ways of relating — many things come into focus. These affects are not simply the *effects* of economic relations; they are essential to the relations themselves. The ostensibly material needs that drive the economy are socially produced, just as the obedience and dissociation it demands are culturally conditioned . . . Private sentiments and personal relations

are no less fundamental than material conditions. We need language with which to discuss the *affective conditions*.

If the mode of control has shifted from an emphasis on controlling what we do with our bodies, to how we feel and communicate, we are now fully in the realm of relational child and youth care. The question is, does our field have the language and the tools necessary to join with the young people we encounter in such a way that we can offer them a future as something other than a docile body. That seems quite unlikely, if we ourselves as child and youth care workers, are unwittingly subjected to the very modes of control and discipline we need to challenge. How would we know if this was the case? What might be the signs?

There is a lot that we might say here, but let's propose that there is one particular affect that drives reactionary formations of discipline within our programs and institutions more than any other. The affect that blocks our creativity and which, I would suggest, impacts profoundly on our need for high degrees of pseudo-control and institutionally supported discipline is anxiety. Anxiety is a nasty and effective driver of behavior. It is particularly powerful because it has no particular object. Anxiety is fear or concern over an indeterminate, but worrisome possible future event. That is to say, it is an affect premised in something that might happen, rather than in events that are happening.

In another recent blog (<http://www.weareplanc.org/we-are-all-very-anxious#.U5cn9C-xQQs>) the relationship between anxiety and our current social mode of contemporary capitalism suggests that there have been a series of affective modes of control beginning in industrial capitalism with misery. Under the brutal social and economic conditions of early industrial capitalism the majority of people were miserable both physically and emotionally. Without elaborating here, it is safe to say that the majority of people would do almost anything to escape from the miserable condition of their daily lives. Capitalism used this to control and discipline people to the regimentation of the factory. The good news is that once collected together in the factory, workers began to organize themselves and get control over their ability to be fight misery. As misery faded, capitalism began to make a deal with workers that the boredom of the assembly line with its endless repetitive tasks could be traded for economic and social security. This new mode of control, which was premised in a funda-

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mental trade off that sacrificed the idiosyncratic and unique creative potential of workers, for the security of a paycheck and a certain standard of living defined much of life until the late 20th century.

At the end of the 20th century, though, there was a world-wide revolt against this mode of control. The countercultural movements of the late 1950's and 60's were rebellions against boredom. As noted in the blog above, the response of capitalism in the early part of this century has been,

Capitalism pursued the exodus into spaces beyond work, creating the *social factory* – a field in which the whole society is organised like a workplace. Precarity is used to force people back to work within an expanded field of labour now including the whole of the social factory.

In short, Capitalism turned our very abilities to produce social alternatives into a new mode of control. This mode of control has been honed and refined as Capitalism has expanded globally turning the entire set of global human relations into cultural capital. That is, forcing our relationships into a system of monetary exchange, where capitalists can now make money, not off what we make, but instead on our very thoughts, feelings and social interactions.

Once again however, there has been resistance to this appropriation of our social lives and so a new mode of con-

trol that might forestall our ability to re-claim of social relations is necessary. The most recent mode of control is, as we have proposed, anxiety. As the group Plan C puts in the blog previously cited,

Today's public secret is that everyone is anxious. Anxiety has spread from its previous localised locations (such as sexuality) to the whole of the social field. All forms of intensity, self-expression, emotional connection, immediacy, and enjoyment are now laced with anxiety. It has become the linchpin of subordination.

The blog goes into an extremely well formulated and extensive explication of how anxiety functions in our contemporary period, but there is one aspect particularly pertinent to our concerns as child and youth care workers. They state,

Anxiety is also channeled downwards. People's lack of control over their lives leads to an obsessive struggle to reclaim control by micro-managing whatever one can control. Parental management techniques, for example, are advertised as ways to reduce parents' anxiety by providing a definite script they can follow. On a wider, social level, latent anxieties arising from precarity fuel obsessive projects of social regulation and social control. This latent anxiety is increasingly projected onto minorities.

Which takes us back to the concerns I raised earlier. What if we could resist our anxiety? What if we were able to take each moment of our interaction with young people on its own merit and manage our interactions as creatively and idiosyncratically premised in what was actually happening, not what we are afraid might happen. What, if like previous generations who have resisted the discipline and control of capitalism, we worked to seize control of our social relations so that we could effectively support one another by developing alternative social relations not dependent on the predatory practices of capitalism.

To do this Plan C proposes that we 1) reconnect with our actual daily experience. We need to talk with each other about how we are experiencing anxiety, so that we can come to understand that this is not an individual malady but a shared experience we can combat together 2) We need to affirm that the pain we are experiencing and the insecurity that is driving our behavior is real and not a psychopathological individual problem. Indeed, it is the result of a concerted effort to undermine our sense of legitimate complaint and resistance to the evisceration of our cultural and social lived experience 3) It is important that we find a way to speak to each other about our experience in such a way as to challenge the kinds of “common sense” that hinder our ability to work together effectively worker to worker and worker to young person. As the blog puts it, echoing Foucault, we

need to expel “the cops in our head.” 4) It is important to create alternative spaces where we can not only combat anxiety, but also create alternative forms of sociality that operate on an alternative logic. Finally, they propose

The goal is to produce the *click* — the moment at which the structural source of problems suddenly makes sense in relation to experiences. This click is what focuses and transforms anger. Greater understanding may in turn relieve psychological pressures, and make it easier to respond with anger instead of depression or anxiety. It might even be possible to encourage people into such groups by promoting them as a form of self-help — even though they reject the adjustment orientation of therapeutic and self-esteem building processes.

If we are to truly care for each other and the young people we encounter, I would argue that we need to seek to provoke and produce just such a *click*. To work and live together with each other and the young people we encounter with some degree of relational integrity, absent socially inscribed fear and anxiety, may well be the next revolution for our field. To work in this way would be an application of the revolution that is love.



War stories

Brian Gannon

The situation

Next week I meet “Shane-Man.”

I’m not looking forward to the challenge. “Shane-Man” is not his real name, of course, but a name he has given himself, and one that has stuck to him wherever he has gone. Shane (which is his real name) is one of those “career welfare kids” who has been through the system — and back again — a few times now, and each time around, the accretion of horror stories gives him a tougher and meaner reputation.

I am going to be his primary care



worker, and I have heard about him from several different sources. The first (and longest) report was from the school that has just been responsible for his nth suspension from school. It is filled with words like insolent, subversive, cunning ... and other nonspecific but highly evaluative words. The next report was from his mother (he has no father), which seemed to say all the same things, but in different words, disobedient, disrespectful, deceitful. A third report was the official referral report from the state office responsible for Shane’s placement. It hedged all its bets with convoluted phrases like “has resisted repeated attempts at intervention,” “has demonstrated an unwillingness to cooperate with treatment plans,” and “has shown little capacity for improvement.”

More discouraging yet have been the (probably highly unprofessional) reactions of child care colleagues who have come to know this boy during his frequent contacts with “the system.” “Shane-Man!” they say. “Boy! Here comes your trial by fire!” And then follow what I have heard called the “war stories” of our profession, reminis-

cences of past engagements with difficult clients — and with “Shane-Man” in particular: tales of confrontation, of eyeball-to-eyeball stand-offs, battle and

survival, of strategy and counter-tactic, victory and defeat.

Next week I meet “Shane-Man.”

Comment

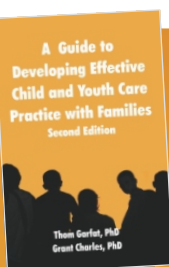
1. We know this feeling. It's like when you were at school and the school bully finally got around to you — and your friends looked on to see how you handled yourself. Or worse, it's like when you (now as an adult child care worker) step in to resolve some problem with a really difficult kid-and the rest of the kids in your group look on to see how you manage. As if it's not bad enough that you have to do a difficult job, you have to do it in front of a whole lot of people.

The temptation, of course, is to throw away all of those reports and opinions that others feed you when you start with a new youngster. “Let me make up my own mind,” you say. “This kid has been tried, convicted, and sentenced by everyone else before I even get to meet him.” With all those rave reviews preceding him, how hard it is for you to see this

person as he really is in your first encounter.

But don't throw them away. With a “repeating” child like Shane, these past experiences offer you a helpful blueprint of what *hasn't* worked for him in the past, with some clues about new things and different things you can plan. Too often youngsters come into care and we offer them no more than a rerun of their past conflicts and power struggles. All we change is the cast of characters; the story stays the same.

2. Examine the *stance* of your predecessors in Shane's life. When he comes in the door for the first time, figure out the stance (position, attitude, role) he will expect you to adopt — most probably, judging by his past experience, that of an opponent bouncing out of your corner for the start of Round Four, gloves at the ready to protect and jab out. If this is so, be certain that he will be ready for you. He will by now have developed quite some skills to handle himself in this



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head-to-head, pugilistic role. And think of his despair as he thinks, “Oh, no. Not this again!” Think of the hope, the *possibilities* you would present to him if he were to meet something quite different in his next adult — someone who appears not to have read the advance publicity, or is unaffected by it. Psychologist George Kelly was not a great supporter of the concept of motivation, and he believed that (his italics) (“*a person’s processes are psychologically channelized by the ways in which he anticipates events*”) (Maher, 1969, p. 86). We have to add more experiences — widen their repertoire of possibilities — to children’s ability to anticipate, so that something different might happen.

Your stance to a great extent decides the baggage we permit Shane to bring with him into the placement. Beedel (1970, 54 ff.) insisted that we “admit the whole child” to the unit. This means that it is wrong to let in only the “acceptable” feelings and behaviour; that way we never get to see the problems we are meant to be helping with. But it also means that it is wrong to have a program in which the child is encouraged to bring along only one set of “gear”: for example, protective gear for a bullying or abusive environment, achievement-oriented gear for a competitive environment, or fighting gear for a combative environment. If we truly hope to use a holistic approach and offer an opportunity for rounded development, Shane must be helped to

bring along more than artillery and ammunition. He must be allowed to bring with him his metaphorical teddy bear, his vulnerable side, his affectionate side, his co-operative side.

3. Examine also the *direction* in which your predecessors were moving with Shane. Very often we child care workers are standing in the path of the kids, arms outstretched, trying to stop them doing what they are doing. We become little more than an obstruction for them to find a way past, and we limit our opportunity for contact and influence literally to a passing moment. Lodge (1991) offers some moving words in his “Letter to a Kid”:

We will not meet you head-on; instead we will turn around and walk your path with you. While you are here, we will show you that we can feel what you are feeling and that we will *respond* to you, instead of *reacting* to what might be going on inside us ... While you are here we will not stand over you and constantly hold you in check. Instead we will build conditions around you that will eventually lead you to stand on your own ... It would be easy for us to form you to the way we want you to go, yet we choose the less comfortable and more difficult way, and that is to stand by you as you make your choices, and interpret with you the consequences of what you have chosen, to allow you to learn

from that for life. (Lodge, 1991, p. 12)

4. Don't be pressured into thinking that all of your moves must be memorable. At the times when we are interacting with real-live youngsters, few of us are able to deliver the master stroke, the brilliant *mot juste* or the ultimate strategic side-step. (We usually only think of those afterwards!) Mostly, we can act with simple sincerity and as adults, doing what we think is best. Hoghughi, writing in the context of a highly technical manual on treatment, reassures us by saying that "any human activity can be regarded as a treatment activity if it fits in with an articulated, purposive plan of action aimed at reducing a problem" (1988, p.5).

5. Don't be pressured into thinking that you must produce instant results. There is a chemistry in working with troubled children. Did you ever get to see a titration in the school chem lab, whereby we neutralize an acidic solution (the colour of water) in a clear glass jar by adding an alkali drop by drop? We add an "indicator" that remains quite clear (the colour of water) as long as the solution remains acidic ... but will change dramatically at the point where the liquid is neutralized. We add the alkali drop by drop, expectantly, waiting for the pH to reach the exact level required ... and with each drop the colour indicator remains stub-



bornly unchanged.

Another drop, no change; another, another ... then miraculously the colour of the liquid in the jar suddenly changes. One last drop changes it all to a bright pink — exactly at the point where the solution

changes from acidic to

alkaline. So with children and young people. No single intervention "works." Rather, our interventions stack up, one by one — and one day the penny drops, the balance turns over to the other side. I remember once being challenged by a colleague along these lines when I was on the point of despair with a particular kid. "Did you ever think," he asked, "that the next drop might be *the* one, that the present test this kid is putting you through might be the final test?"

This "drop-by-drop" analogy reminds us that we have to wait for Shane to change. The change, when it comes, will look miraculous, but there is no trick to it; it will have been something toward which we all worked, day by day, perhaps over many months. Just as all those people (his last school, his mother, the state department, or your colleagues) cannot expect instant gratification from your efforts, so you cannot expect this from Shane. However, it is often said that the quality of a treatment program is measured not so much by the behaviour of the youngsters toward the adults, *but by the behaviour of the adults toward the*

youngsters. To this extent Shane deserves from you not fancy footwork to impress anybody, but the basic belief that he can do better, and your “drop-by-drop” commitment toward that end. From Masud Houghghi again:

Underlying our actions is the belief that intervention is likely to ameliorate, or at least contain, the unacceptable condition (the problem) which has provoked it. This is more frequently implicit than explicit. However, it can be regarded as the most fundamental “article of faith” of the healer. The creed is usually unvoiced but, if it were, it would be something like: “Every problem can be resolved, or at least its impact made tolerable, by the helping process; no child, however serious his problem, is untreatable; our failure to find effective treatments is indicative of the quality of our efforts so far, rather

than the child’s condition, so let us try more and better; our next effort may well instantly bear fruit; we cannot and must not give up”. (1988, p.7)

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" I DON'T NEED TO DO MY HOMEWORK. I OUTSOURCED IT TO A KID IN CHINA . "

My name is Tommy McCafferty

I was born in Glasgow in 1968. From what I can remember of where I lived, it was a run-down area called Easterhouse. My father was an alcoholic and very violent, and I wondered why he was like this. When I was three years old, I had my leg broken by him. I used to wet the bed and he would come into my bedroom to see if I had wet it. If I had, he pushed my face into the mattress. I did not struggle as it meant that I would have got a real beating, but I was crying my eyes out.

I don't know if this made him worse because he picked me up and threw me down the stairs, and that is how I had a broken leg. I was placed as a child at risk. I still do not know why he did this to me. I cannot remember a single detail of what happened until I was 4. I can remember getting on the coach to come to England with two broken wrists. From then on, I got regular beatings from both my parents. I was the second eldest, and



the oldest boy, but every time something happened I was the one who got the beating even though I had done nothing wrong. I kept asking myself, 'what if I am doing something wrong?? But I could not ask anybody if I was, because it would get back to my family. If there was ChildLine then, I am sure I would have contacted them.

'My life just became violent?'

I really hated my parents Every time they said they would put me in a home, I wished they would. It would have been safer. I used to imagine being in another family, with someone to love me and take care of me.

When I was 7 years old, I was sexually abused by a person I used to call my uncle (but he was not an uncle). I never told anyone about this. He warned me not to, saying my Dad

would beat me up for lying. Even at that age, I felt really dirty. It took me a long time to tell someone, and that was when I was 21.

My problem in those days was that there was no one I could turn to, to talk to -- no friends or teachers. So this became a major problem in my life. I would not ask for help, or if someone did try and help me I wondered what they were up to. My life just became violent and it

still hurts when I think about it.

When I had games lessons I had to lie to my teacher, saying I'd forgotten to bring my PE kit in. Or I had a sick note from my Dad saying I was to be excused from games. The real reason was that I was black and blue. The teachers never questioned me about it, but I wished they would. I started playing truant from school as I could not think properly. But I always got caught and it meant that I got another beating.

Even at the age of 8 or 9, I wanted to die because I could not cope any more. I can still remember my Dad saying, 'I should have killed you at birth as it would have saved me from a lot of pain!'

I started to run away

My Mum and Dad divorced around this time, but she got re-married to another violent man. He used to hit me for taking a biscuit out of the tin. When my little brother was born, we went to the christening party at a local pub. At this age I could not eat cheese, but he told me to eat some. I told him I did not like it, so he belted me right across the face with his bare fist and broke my nose. But the thing that annoyed him was that I never cried.

I started to run away from home, maybe for a couple of hours or overnight. But every time, I got caught by the police and it meant another beating. I was put into a children's home by my parents for a couple of weeks, then I went back home. I carried on running

away and getting into trouble, even with the police.

Eventually the Juvenile Court sent me back to the home for a couple of months. I really wanted to stay there, because I was not getting beaten up.

I eventually left home at 15 and went to London. I stayed in night shelters and hostels, and became involved with solvent abuse and drink. Looking back, I think it was just to forget everything that was happening to me

Do Not Be Afraid

I am now 25 years old and I am in prison, serving a life sentence. I can blame no one for this except myself. But I do blame my parents for what has happened in my life. And I blame myself for not asking for help when I needed it most.

My Mum wants nothing to do with me now. I wish I could have stayed at the children's home and got new parents. I have no one now. There is a big gap in me.

I am on a therapeutic wing in the prison. I'm sorting out my problems and trying to find out why I am the way I am, and how I got into this situation. As I said before, my biggest problem was not asking for help. All I can say to anyone with a problem, however big, is that you should talk to someone. It helps. I know now that if I have a problem, I can talk about it.

I could not stand by and see someone going the same way as I have. I would talk

to that person and let them know what had happened to me, and hopefully that person would see things differently.

My reason for writing this is that there are kids out there who are getting beaten up and sexually abused, as I was. My message to them is to **ASK FOR HELP**.

Do not be afraid. There are people who care and want to help. I had to find out the hard way, but hopefully this will help you to find out before it is too late.



“I feel that you're limiting me to correct answers.”

Acknowledgements to *Who Cares?* the UK magazine for young people in care (2002).



“My report is about how important it is to save paper, electricity and other resources. I'll send it to you telepathically.”

Research has documented the positive effects on emotional well-being of many outdoor education programs. This Digest highlights emotional well-being that is intentionally or incidentally achieved in several program types: adventure therapy, personal growth, college adventure, recreation, and camping.

Outdoor education and experiential learning defined

Following the philosophy of Dewey (1938), outdoor education involves cooperative, democratic learning environments that stress an interactive process among students and teachers and experiential

learning. Experiential learning is most simply defined as learning by doing (Boss, 1999). Chickering (1976, p. 63) explained that experiential learning “occurs when changes in judgments, feelings, knowledge or skills result for a particular person from living through an event or events.” The Association for Experiential Education (1994, p. 1) defines experiential education as “a process through which a learner constructs knowledge, skill and value from direct experience.”

While we most often think about outdoor education as a way to develop

leadership abilities, environmental knowledge, and other useful knowledge and skills, it can also be used to develop emotional strength and well-being as evidenced in studies described below.

Intentional versus incidental growth

Although many outdoor education and experiential learning programs enhance emotional growth, they might not

do so as their primary intent.

Programs that are intended first and foremost as therapy enhance emotional growth in a purposeful, planned manner (Davis-Berman & Berman, 1994).

Other programs, like those found in recreation or

in college orientation programs, do not have emotional growth as the primary goal, but such growth may be a regularly occurring consequence of participation. In this case, growth may be considered incidental to the program goals.

Another way of making this distinction is to differentiate between the terms “therapeutic” and “therapy.” The first term, an adjective, indicates factors that may be conducive to emotional well-being and may apply to a variety of activities and programs. The latter term, a noun, involves a process of assessment,

Therapeutic uses of Outdoor Education

treatment planning, the strategic use of counseling techniques (including group dynamics, which are often a component of outdoor education programs), and the documentation of change.

Types of Programs

Many programs could be examined related to a discussion of emotional growth, including more than 2,000 camps that are members of the American Camping Association, and more than 700 wilderness experience programs identified by Friese, Hendee, and Kinziger (1998). Wilderness experience programs include programs designed for therapy, rehabilitation, education, leadership, growth, or organizational development. Interested readers are referred to a compilation of 187 research study abstracts on impact of a variety of wilderness programs (Friese, Pittman, & Hendee, 1995). In this Digest, we will highlight therapeutic aspects of outdoor education found in adventure therapy, personal growth programs, college orientation, recreation, and camping programs.

Adventure therapy programs

Programs that use the outdoors as a part of therapy often take place in wilderness settings and involve adventure. Most of these programs are geared toward troubled youth (Berman & Davis-Berman, 1995), who often have been diagnosed with mental health problems. Adventure therapy programs take many forms and may take place in a vari-

ety of settings. Program variations include games and initiatives, ropes courses, family therapy programs, adjunctive therapy, and wilderness therapy (Davis-Berman & Berman, 2000). Sometimes the adventure therapy program is the sole treatment modality, while other times it is used as an adjunct to more traditional therapy approaches (Davis-Berman & Berman, 1994).

Russell and Hendee (1999) describe two basic types of wilderness therapy programs:

1. Contained programs last up to three weeks and operate as expeditions, with clients and staff remaining together for the duration of the program.
2. Continuous flow programs last up to eight weeks, with clients and staff cycling in and out of the program.

Cason & Gillis (1994) conducted a meta-analysis of 43 programs that provided evidence of adventure therapy effectiveness. They concluded that participants became more internal in their locus of control, received better grades, and had more positive self-concepts after completion of adventure therapy programs.

Personal growth programs

While these programs are not designed as therapy, they are intended to have a positive impact on general psychological well-being. Participants are less likely to have been diagnosed with a



mental health problem or to be receiving treatment than participants in therapy programs. An example of a personal growth program is Outward Bound. Perusal of the Outward Bound Web site reveals the emphasis on personal development as one of their core values:

- to perform tasks that are beyond perceived physical, mental and emotional limits enhances students' beliefs in their own capabilities.
- developing capacities of mind, body and spirit to better understand one's responsibilities to self, others and community. Key areas of development are:
 - Self-knowledge
 - Tenacity
 - Teamwork

- The ability to go beyond self-imposed limitations
- Acceptance of responsibility
- Self-reliance
- Craftsmanship
- Physical fitness
- Leadership.

Hattie, Marsh, Neill, & Richards (1997) conducted a meta-analysis of adventure programs, an undertaking they found to be complex and multifaceted. They found that, in general, adventure programs positively impacted self-esteem, leadership, academics, personality, and interpersonal relations, with self-esteem change being most significant. These changes were shown to be more stable over time than the changes generated in more traditional educational programs.



College adventure programs

The use of adventure to orient new students, introduced at Dartmouth in 1935, continues today in colleges and universities across the country. Orientation and other college adventure programs facilitate the emotional and social development of students, who are experiencing a challenging and stressful period in life. While these programs do not fall into the category of therapy, they do seem to be therapeutic for the young adults enrolled.

Davis-Berman and Berman (1996) studied 50 wilderness orientation programs describing their purposes, structures, goals, and other aspects of the programs. More recently, Gass (1999) reviewed adventure orientation and other wilderness programs to facilitate ongoing adjustment to college, training for resident assistants, and pre-college programs. These researchers found that, of the college offerings, orientation programs have received the most attention. Although the programs vary greatly in design and type, they do tend to focus on peer relationships, socialization, emotional adjustment to college, and college retention (Davis-Berman & Berman, 1996; Gass, 1999). Orientation programs have been shown to increase retention, and to positively impact interpersonal skills and relationships (Gass, 1987). However, it is not clear if the retention differences remain over time (Gass, 1990).

Recreation programs

These programs do not attempt to facilitate emotional growth. Instead, they gear up, activate, energize, and excite participants (Priest, 1999). Webb's (1999) review of recreation programs suggests that their roots tend to be in college-based programs. Some of these programs are connected to degree programs but most are extracurricular.

In general, the goals of recreation programs are fun, enjoyment, and recreation. However, program organizers identify skill development and moral growth as secondary goals. Through the vehicle of recreation, different types of skill development can occur. For example, participants can learn to become more socially comfortable. They may also learn to be less inhibited and become more open to trying new things and taking some risks. In recreation programs, participants may also be exposed to different types of people, different ways of responding, and alternative ways of thinking. Sometimes through these experiences, moral and character development can also occur (Webb, 1999).

Due to the nature of the goals of recreation programs, outcome studies are generally not done. Descriptions of recreation programs throughout North America can be found in a recent publication compiled from a survey of college- and university-based programs (Webb, 1996).

Camping programs

The organization of camps for the ex-



pressed purpose of facilitating the emotional well-being of campers dates back to the early 1900s with Camp Ahmek in Algonquin Park, Ontario (Dimock & Hendry, 1939). Improving social behavior was a stated goal of this early camp, and extensive records of participant progress were kept in an attempt to document personal growth. Camps continue to be a popular outdoor experience, especially for youth. As with the recreation programs, even camps that are not therapeutic in their intent often work to facilitate personal growth in the participants.

Marsh (1999) conducted a meta-analysis on the influence of camp experiences on self-concept in youth. He found a positive influence on self-esteem in those programs that had a focus on self-enhancement. This increase in self-esteem was most pronounced for pre-teens, but was positive across all ages.

Conclusions

Despite the wide variety of outdoor education programs, a unifying thread seems to be the facilitation of emotional growth and well-being. Certain program types, like therapy programs, intentionally build emotional growth into their program structure. For others, like recreation programs, this growth is incidental to the original program goals.

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Websites of Interest

Outward Bound

<http://www.outwardbound.com>

American Camping Association

<http://www.acacamps.org/>

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Postcard from Leon Fulcher

July, 2014

Celebrating the FIFA World Cup

Hi Everyone and Ramadan Kareem!

This year the holy month of Ramadan coincides with the Winter solstice and shortest day of the year in the Southern Hemisphere. The Summer solstice longest day in the Northern Hemisphere means 30 days of fasting with a longer period between sunrise and sunset. Someone asked when fasting might start and end in the Scottish Hebrides when the sun barely sets at this time of year? Wherever you live, may this be a time for reflection and family thanksgiving for blessings in our lives, Inshaallah.



2014 FIFA World Cup Brazil



Another preoccupation in our World has been the FIFA World Cup in Brazil. Child and youth care sporting types, fans and casual followers of the World's news have seen glimpses of quality football. Think for a moment about how football (OK, read soccer) features prominently in child and youth care work.



Christ the Redeemer looking down on Rio de Janeiro's Estádio do Maracanã

The build-up to World Cup kick-off was filled with media coverage about unfinished stadiums and protests about the costs of forced removal of people and urban re-development of poor communities to accommodate sporting infrastructure. Did anyone else consider travelling to the Arena Amazônia at Manaus where England played Italy? Wasn't it amazing that the only way of getting to the Manaus World Cup venue is by riverboat or airplane!?!



Where were you when the 2014 FIFA Beautiful Game celebrations began?

Where were you when the Netherlands trounced Spain in their opening Group match? How many of the youths with whom you work went out to kick a ball around in his or her own personal world cup? The sale of football jerseys and merchandise soared! Youthful types bought jerseys with a hero's name on the back. How many of those heroes didn't live up to the hype and expectations?



Four years after South Africa, the World again follows their chosen team(s)

Many goals were scored during the 2014 World Cup, more goals before the Quarter-Final matches even started than were scored in the whole of the 2010 South African campaign! How many previously unknown young players will have their careers in professional football jet-tisoned towards meteoric fame?



Player celebrations after an equalising goal sent them into extra time!

Laura Steckley has noted in her writings about the purposeful use of football in residential child care work. I found myself thinking about the team of referees work as child and youth care workers, even with biting children! A handful of characteristics for effective practice kept springing to mind and *The Beautiful Game* offered a metaphor for quality child and youth work practice!



Referees play a key role in player and team achievements

Good footballers, as with child and youth care workers, need to demonstrate **Intentionality of Action**. Both pursue **Connection and Engagement** with purpose, **Working in the Now** whilst remaining attentive for 90 minutes of sustained, and at times, frenzied activity! **It's All About Us** is a mantra lived and played by successful footballers as well as Youth Workers. The importance of **Hanging In** to the very end, including injury time, was highlight time and again!

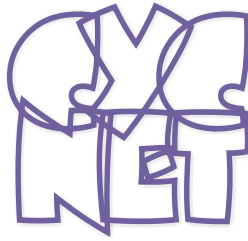
Child care performance indicators were yellow and red cards!



Winning and losing after extra time and penalty shoot-outs

Thanks to all who made it possible for World Cup football enthusiasts to enjoy their sport!

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



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miscellany

Rather than our usual *EndNotes* feature this month, we try instead some ...

EdNotes

An educational system isn't worth a great deal if it teaches young people how to make a living but doesn't teach them how to make a life. ~ Unknown

Education is a progressive discovery of our own ignorance. ~ Will Durant

The regular course was Reeling and Writhing, of course, to begin with; and then the different branches of Arithmetic — Ambition, Distraction, Uglification, and Derision. ~ Lewis Carroll

They say that we are better educated than our parents' generation. What they mean is that we go to school for longer. It is not the same thing. ~ Richard Yates

Modern cynics and skeptics... see no harm in paying those to whom they entrust the minds of their children a smaller wage than is paid to those to whom they entrust the care of their plumbing. ~ John F. Kennedy

... and those who teach:

I like a teacher who gives you something to take home to think about besides homework. ~ Lily Tomlin as 'Edith Ann'

In teaching you cannot see the fruit of a day's work. It is invisible and remains so, maybe for twenty years. ~ Jacques Barzun

A good teacher is like a candle — it consumes itself to light the way for others. ~ Mustafa Kemal Atatürk, translated from Turkish

What the teacher is, is more important than what he teaches. ~ Karl Menninger

Who dares to teach must never cease to learn. ~ John Cotton Dana



"I'm finding this 'Bring your child to work Day' very stressful. My daughter has already been asked to lead two major projects ahead of me!"

No man who worships education has got the best out of education... Without a gentle contempt for education no man's education is complete.

~ G.K. Chesterton

The aim of education should be to teach us rather *how* to think, than *what* to think — rather to improve our minds, so as to enable us to think for ourselves, than to load the memory with thoughts of other men. ~ Bill Beattie

If you promise not to believe everything your child says happens at school, I'll promise not to believe everything he says happens at home. ~ Anonymous

There is only one Education, and it has only one goal: the freedom of the mind. Anything that needs an adjective, be it civics education, or socialist education, or Christian education, or whatever-you-like education, is not education, and it has some different goal. The very existence of modified "educations" is testimony to the fact that their proponents cannot bring about what they want in a mind that is free. An "education" that cannot do its work in a free mind, and so must "teach" by homily and precept in the service of these feelings and attitudes and beliefs rather than those, is pure and unmistakable tyranny.

~ Richard Mitchell

A LATIN PRIMER

A gentleman need not know Latin, but he should at least have forgotten it.

~ Brander Matthews

If the Romans had been obliged to learn Latin, they would never have found time to conquer the world.

~ Heinrich Heine

One attraction of Latin is that you can immerse yourself in the poems of Horace and Catullus without fretting over how to say, "Have a nice day."

~ Peter Brodie

When a subject becomes totally obsolete we make it a required course.

~ Peter Drucker



If you rub sausage on your homework, you greatly improve the chances of a dog eating it.

information

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Editors

Thom Garfat (Canada) /
thom@cyc-net.org

Brian Gannon (South Africa) /
brian@cyc-net.org

Correspondence

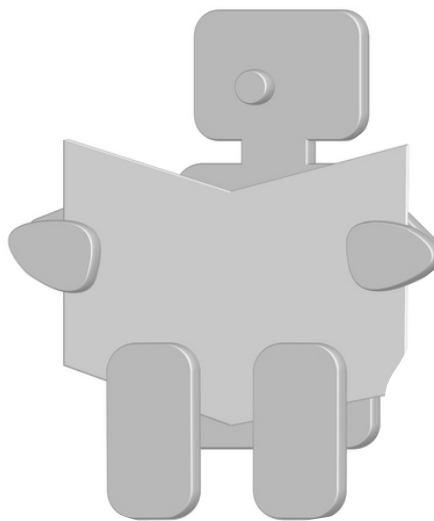
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