

CYC-Online

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

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Nudging the Development of Relational Safety

Thom Garfat

I spent the past 4 days in a retreat in Santa Fe with a dozen colleagues who work in the same field in a few different places in the world – lets loosely call the field Child and Youth Care (CYC). Without going into the details of how this came about, let me say a few things about this gathering.

There was no designated leader or facilitator. We agreed there would be no specific agenda except to discuss whatever came up regarding CYC. We were together from breakfast until final nightcap doing everything together: cooking, eating, laughing, talking, working, playing – mostly in the large group and sometimes in smaller discussions. Some of us knew some of the others well, some of us knew others a little, some of us had worked together, some of us had never met.

We talked about a lot of CYC-related things and the one which consumed most of our time is the notion of ‘relational practice’ and, of special interest to me, ‘relational safety’. For this piece, I am going to use the description of relational safety I have used elsewhere which is, basically, ‘in this relationship with this person, in this context, I feel safe from harm from self or other’. As we talked we acknowledged that relational safety is a goal in working with others – a place we would like to get to because it is only in the context of relational safety that I might find what I need to be able to take significant risks. Most often, of course, relational safety is the goal of the helper, not of the other person. After all, most of the young people we work with do not even know such a thing might exist.

For myself, one of the questions I am constantly asking is ‘how *might* what I am doing (or thinking of doing) impact the movement towards relational safety for me



and other?', acknowledging that true relational safety is the felt experience of both parties to the relationship.

We would all likely acknowledge that creating the mutual experience of relational safety takes time – sometimes a lot of time – and sometimes we might like to get there sooner – or get closer to 'that place' sooner. So, some of my wondering is, 'do we just wait, let time pass and constantly act in a manner which, we hope, might contribute to the development of relational safety or are there things we can do to nudge the process along?

Remembering that I was in a group of fairly like-minded professionals (not kids in pain), I know that anything I have to say here might be irrelevant to direct care practice, however, I wonder if we might not do some things like:

- **Inviting someone you don't know well to be with you in a way you think they might be hesitant about in this context** – like asking someone you do not know well to participate with you in telling stories of your history, or asking to close the physical space between you a little so you can talk more intimately when there is a group around.
- **Challenging, or responding to, someone you do know well in a manner different than you typically have done in the past** – exploring the safety of your relationship in different contexts – does it generalise, does the quality of your relationship and experience of relational safety differ in different contexts?
- **Making yourself differently vulnerable than you might have done in the past** – perhaps revealing more of your insecurity or sharing thoughts you might normally keep private – wondering the age-old question, will you still care for me if I am different than I have presented myself in the past?
- **Opening yourself up to allowing the other to be with you in a manner they have wanted but which you have resisted in the past;** taking the risk to see if your way of being together can be different yet still safe and at a different depth, perhaps.



- **Taking risks in engaging in relationship building interactions that would normally be outside of your comfort range at this stage of the process.** Not waiting for the process to ‘evolve’, rather trying to ‘push it along’ with care.

Doing any of the above may well be perceived on some level as a threat by the other person and so, ever mindful of the goal of creating relational safety, I would need to be prepared to respond to other – whatever *their* response – in a manner that, of itself, might contribute to the development of relational safety. For example, if I ask someone to ‘come closer’, I need to be prepared to acknowledge that this is my goal right now and they may pull back. In which case I need to respond in a manner that accepts that and do something to reduce the perceived threat. Like, for example, saying something like ‘I’m sorry. That was me acting in my typically way and I forget sometimes that we are not all the same. So, I will respect that with you in the future. My mistake’.

Coming back to, and changing, my earlier question, I am also constantly asking ‘how is what I am doing impacting on the movement towards relational safety for me and other?’

I mentioned earlier that this was a short-term group in which we (well, maybe I should say ‘I’) wanted to discuss in depth, have our thinking critiqued, expanded and enhanced and so the safer we all felt, the more likelihood there is that this might happen.

We often in this field end up working with kids and others for short periods of time and so I have been wondering if rather than just waiting for the process to unfold over time, we might act in a manner that might nudge the development of relational safety along. In a way, inviting someone else into a place of safety where they can find what they need to take significant risks. In doing so, we might need to take our own risks in the process - and maybe in our risk taking they will be encouraged to think of and take their own. As someone suggested, perhaps there is a value to creating a little anxiety in the relationship and then responding in a manner that might just move us forward a little more quickly.



A Life-Space Interaction

Kiaras Gharabaghi

This essay may at first appear somewhat ‘out there’; my intention is not to be prescriptive or to reflect a ‘real’ context of interaction. Instead, this essay is a *thought exercise* using a premise that abstracts the seemingly banal into relations of power and possible avenues of reflective practices. I hope it will make you think, and I don’t particularly care what it is you might think about. So here it goes.

Often, we might start a conversation with a young person by asking “How are you”? It seems like such a simple question, perhaps genuine or perhaps just a form of small talk, with an expected response of “fine”. If we really are asking because we want to know, then it turns out that this may not be the best question. In order to know *how* one is, one also has to know *who* one is. After all, it would be very difficult to evaluate the state of something if one is unable to identify what that something is. So this leads me to wonder how many young people could comfortably respond to the question “how are you” based on a good understanding of who they might be. Come to think of it, this is hardly unique to young people; in my child and youth care classes, we spend a lot of time reflecting on Self, and I am always amazed just how hard that is for so many of my students. Turns out, when asked point blank to talk about their Self, students often freeze up, start questioning if they really know their Self, and become confused about the initial question. Perhaps this is as it should be; Self is, after all, not a static concept, and not one that can exist without contextual layers that have relational, mental, imaginary, physical and spatial dimensions.

We should therefore be clear in our minds about what we are expecting a young person to do when we ask him, her or them how he, she or they are. We are asking the young person to coordinate thoughts that are racing, colliding, intersecting and sometimes fragmenting through a complex network of life space dimensions, and then to articulate a singular, perhaps fully integrated outcome of



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this network analysis; interestingly, a word like ‘fine’ seems oddly underequipped to capture such outcome. Let’s face it, the only authentic response to “how are you” on the part of anyone, when articulated with only one word, is likely “uncertain”, or perhaps “confused”.

The question “how are you”, while seemingly innocuous, is in fact an act of oppression, albeit not one that is generally intended. It is oppressive because rather than promoting any form of emancipation, or authentic dialogue, it promotes simplification, exclusion of possible nuances, and ultimately a consumerist interaction in which no value is exchanged. If I ask a young person “how are you” and the response is “fine”, this interaction would be largely without value, since it is not possible to *be fine*, even if in the moment one might *feel fine*. Therefore, the interaction does not produce knowledge, nor does it serve to engender genuine dialogue, since it is from the start based on at best a half-truth. I and the person I asked are trapped in a language convention, and our relational space is one that privileges such convention

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over authenticity. There is nowhere to go from here. The next question, in the context of the now embedded and legitimized triviality of this interaction, will likely be something like “what did you do today”?

With this question, we continue the oppressive process by now forcing the young person to either make arbitrary selections amongst the infinite number of things anyone does on any given day or by having to select those activities that the person asking likely might be interested in. Since the latter is more likely, the question itself is not focused on the young person and therefore not genuine. It is focused instead on the person asking the question, since the response will seek to please that person. Since young people are very good at pleasing adults, they will provide a response to this question that meets the expectations of the person asking. And so this consumerist and value-less conversation continues: “Anything special happen today”? Special for who? Special in the sense that what happened may not have been expected within a normal course of events, or special because the consequence of what happened may have been unanticipated? How are young people to respond to this question when living in a context of such limited control over their lives to begin with; is the unexpected announcement of another placement change ‘special’? Is a new worker assigned ‘special’? Is getting suspended from school ‘special’? The question does little more than accentuate the vulnerability of the young person in relation to the enormous power exercised by the person asking. Any response to this question exposes that vulnerability and therefore further perpetuates the centrality of the person asking the question rather than the young person, whose role it is simply to comply and provide a fitting response for the benefit of the inane conversation.

“So, what’s your plan for today”? Another nail in the coffin of emancipatory interaction. For the young person, the stakes are very high in responding to this question. Truth is almost certainly out of the question, since a truthful articulation of the plan would simply mobilize the containment measures that are so powerfully at the ready at all times. The option is therefore to deny or to lie. “No plan, really”. or “going to do lots of homework tonight”. The former response negates the young person’s identity altogether; he, she or they are simply a plan-less object, with no thought about even the moment about to happen. The latter response forces the young person in a position of delinquent, which may well have been the



unintended intention of the person asking in the first place. Regardless, there is really no way out.

I started this essay with some warnings about asking the question “how are you”; from there, I have given you a conversation, which turns out to be more of a monologue of the person asking, since the responses of the young person are a trap. Let us imagine, then, this conversation as the person asking “how are you” is structuring and controlling it, and then compare it to one of many other possibilities that in fact are much more genuine:

How are you?

Fine.

What did you do today?

I went to school, came home, had snack, then listened to some music.

Anything special happen?

Not really.

What's your plan for today?

No plan, really.

Pay careful attention to the structure, and also the agency within this conversation. Whose conversation is this? What is the purpose of the questions, and what is the purpose of the responses? Who is in charge of this interaction? And given that the interaction itself is banal, produces no new knowledge, and is relationally inconsequential, can such an interaction be connected to authenticity?

Now let's change the conversation by making it more truthful, and by shifting the direction of agency.

How are you?

In the moment, frustrated, because yet again some asshole is asking a question that I can't possibly answer meaningfully as I journey within the discovery of Self.

What did you do today?

I peed several times, yawned at least once, and I took multiple steps.

Anything special happen?

There was unrest in Madagascar today.



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What's your plan for today?

I'm hoping to piss off a couple of people I don't like, but most importantly, my plan is to have a better day than you will, which could happen if my day goes awesome, but since that's not so likely, it will be easier to make that happen by ensuring your day is really bad.

In this second conversation, the power relations between the person asking and the person responding are shifting, largely because the person responding is maintaining a focus on authenticity. In reality, such a conversation likely won't take place, because the embedded nature of power in the series of questions asked will ensure that the young person follows the commands of the expected. The interaction itself is a perpetuation of power imbalances, even if the person asking really had no intention of perpetuating these imbalances.

So what is the point of all of this? How can we have interactions with young people that are emancipatory? And does this mean that we should never ask a young person "how are you"?

The point is that our forms of engagement are inherently tied to pre-existing structures of power, often embedded in language conventions, but always designed to mitigate authenticity and in the way we are with young people. Emancipatory interactions are those that resist these power structures, and open opportunities for young people to exercise autonomy in their interactions with others. They are interactions that aren't tied to expected outcomes and necessary performances. And of course we can still ask young people "how are you"; but when we do, we ought to be aware that this is hardly an innocuous question. What we are really asking is "how will you conform to the dominant world today, and how will you make yourself be so that your actions and your plans correspond to the expectations of what this dominant world deems reasonable"?

Child and youth care practice is indeed a complex undertaking. Perhaps one lesson of this thought-exercise is that silence, and allowing oneself to be led by young people, is often a better way to go.



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RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

Tuhinul Islam and Leon Fulcher
Editors



Residential Child and Youth Care in a Developing World builds from a critique of Courtney, M. E. & Iwaniec, D. (Eds). (2009). *Residential Care of Children: Comparative Perspectives* (Oxford University Press) which evaluated de-institutionalisation policies in the residential care of children in 11 countries.

It also builds on the comparative efforts of Whittaker, del Valle & Holmes (2015) *Therapeutic Residential Care for Children and Youth: Developing Evidence-Based International Practice*. We started from an intellectual claim that residential child and youth care “places” exist everywhere – whether called homes, orphanages, schools, centres or institutions. Unlike Courtney & Iwaniec or Whittaker et al, we include private boarding schools, madrasa and other religious learning centres in our definition of residential child and youth care. Residential establishments involve any building(s) (and sometimes tents) where children or young people are brought together to live in shared community life spaces for given periods of time, whether as refugees of war, poverty, disease, abuse, famine or natural disaster.

Residential Child and Youth Care in a Developing World captures some of the challenges and changes faced by residential child and youth care workers in 73 countries – places that rarely feature in the international literature. Each contributor has highlighted challenges and opportunities facing residential child and youth care in their own country’s.

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Gifts from our Elders

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In this column I want to return the fundamentals, the founding precepts of our work both historically and in actual practice. In one sense, I am intrigued by the apparent raw simplicity of the foundations of our work. At another level, I am astounded by how complex apparently simple ideas and practices really are. This month I find myself haunted by the echoes of CYC voices such as Mark Krueger, Gerry Fewster, Michael Baizerman and Thom Garfat. While these elders are cited often in our conversations, teaching and training, I worry that the centrality of what they have to offer is being pushed to edges of our work.

It is intriguing to me that I would find myself in the position of writing on their behalf, when I have spent so much of my theoretical expositions explicitly or implicitly arguing with each of them over the years. In that regard, it is the idea of the nature and importance of the encounter between the self and the other or, in our work, between CYC workers/adults and young people that I want to address here. Ironically, while this is the very ground of our most fundamental disagreements, I feel strongly that this foundational set of ideas needs reinvigoration.

To put it simply, from my perspective each of these formidable practitioners and thinkers have rooted their work and writing in the centrality of self-actualization founded in the encounter with the other. I would argue that this powerful line of thought has its roots in the radical (one might even say revolutionary) theories of existentialism and phenomenology. These theoretical frameworks, which arose as an antidote to the dehumanizing effects of industrial capitalism, have been deeply influential in key ideas in CYC, such as centering our work on relationships and creating our practices within concepts of life space.

Indeed, from existentialism, our field has drawn the idea that it is important ethically and pragmatically that we see ourselves and the young people we



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encounter as individual people who can produce their own life path through exercising acts of free will for which they are responsible. CYC scholars have argued that we should begin our work with young people as human beings, not diagnostic categories and in this we have viewed young people first and foremost as living, feeling and acting persons. These principles are seen as self-reflexive and the implication has been that we as CYC workers undertake our engagements with young people as opportunities for us to self-actualize; to recognize ourselves in our full agency as acting, feeling agents in our own lives.

From phenomenology, CYC has taken the idea that our experience of the world is central to the ways in which we construct our lives. From this perspective the actuality of our lives is not made up of abstract sets of ideas or concepts, social conventions or moral dictates, but in the ways we experience our encounters with the world itself. This actual experience of the world is often obscured from us by the ways in which culture and society deny our experience and even encourage us to act in ways contrary to what we know to be the nature of our individual and unique reality of things. Central to phenomenology is the idea of the life-world or how we make sense of the world through our encounters with it. It is in our evolving sense of who we are in relation to the physical world, our sense of time and the others in our lives that we come to understand who we are. In CYC these ideas come through powerfully in the conceptual frameworks of life space work.

Similarly, CYC borrows key ideas from existential humanistic psychology drawing on the encounter between young people and workers as the transformative event that sets the stage for mutual self-actualization. This is powerfully articulated in the writings of the elders I have noted above. These CYC practitioners and scholars have emphasized the importance of bringing ourselves to our work as fundamentally human. They have articulated, in a variety of ways, what the philosopher Martin Buber distinguished as the difference between the I-Thou and the I-It relation.

The I-Thou encounter is the act of coming to the other in a way that allows each person to sustain their own unique individual attributes without being subsumed into any set of universal characteristics. On the other hand, the I-It is produced through categories of difference premised in universal definitions. The I-Thou is a participatory encounter that is composed out of the messy and



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indeterminate dynamic processes of life. The I-It sees the other as a separate “thing,” a determinate, knowable, predictable object.

Buber tells us that the I-it relation is monological and focused on our perceptions of the other alone. It turns our attention inward and away from the other and confirms, rather than challenges, our sense of the other. It allows for us to see the other as a manipulable object. In the I-Thou relation, conversely, we participate in a relationship of mutuality through which the world becomes known to us by way of our encounter with the other. Our understanding of the world doesn't reside within us, or the other, but between us.

While I have issues theoretically with certain aspects of each of these formulations, my objections have never been with the fundamental importance of the encounter and its capacities in our work. In fact, most of my objections have been that the existential and phenomenological aspects of our work don't go far enough. However, I have written about that in lots of other places and will leave it alone here. The reason that I want to leave my objections aside, importantly, is because without this foundation, most of the rest of my own work becomes irrelevant. Without an acknowledgement of the fundamental nature of the encounter between living beings as a messy indeterminate, creative and genetic foundation for what we do, I would argue that CYC becomes just another technology for manipulating young people and adults on behalf of the dominant system of control and discipline.

I was reminded of this recently in a spirited exchange that happened recently on the CYC-Net discussion group having to do with whether or not to read young people's files. As far as this issue goes, I have to say I have never been a big fan of reading files and I have historically come down on the side of wanting to form my impressions of young people through my encounter with them rather than through what someone else wrote about them. That said, the debate was thoughtful and raised a number of good points on either side, but as I reflected on it, there was one aspect of the conversation that troubled me.

In a number of the posts in favor of reading the files, an argument was made that 1) if we didn't read files we would be seen as lacking professionalism and 2) the files could warn us about young people's deviant behavioral tendencies that could constitute a risk to ourselves, other young people or the agency. The



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argument was that we would be remiss as professionals if we didn't conduct a reasonable risk assessment of young people entering our programs.

As I read this, I was reminded of a story that Steve Bewsey of Austin, Texas told me years ago about a young man he had interviewed coming into his program (apologies to Steve in advance if I get the particulars of the story wrong—it has been a while). Now to be fair, I don't know whether or not Steve had read the file on the young man prior to the interview, but that is not really my interest here. It is, instead the way that Steve considered the question of risk. What was certainly known at the time of the intake was that this young man had been expelled from pretty much every program he had ever entered and that he was reputed to require the use of restraint frequently, sometimes more than once a day. When Steve interviewed him, he asked him what he needed from the program. The young man responded that he required restraint on a regular basis. Steve responded by telling him that while he was welcome to enter the facility, but the program didn't do restraint and he wondered how they might manage this. The young man thought about it for a minute and then said, "Well I guess I will to do something else then." Steve reports the young man did well in their program and never did do anything that would have required restraint.

There are several aspects of this story that resonated with me as I thought about the question of risk assessment as it was raised in the thread on reading files. Reflecting on the roots of our field in the existential and phenomenological I-Thou vs. I-It encounter, it strikes me that attempting to determine how much we should worry about a young person's future behavior on the basis of how they behaved in other contexts is a fundamental exemplar of the I-It relation. It produces the young person as a determinable object of observation that can be assessed in terms of the risk they pose. If Steve had taken this approach, there was little or no chance this young man would have been admitted to his program. They didn't restraint in their program and past behavior indicated restraint was a necessity.

In the I-thou relation, what happens between CYC workers and young people is entirely dependent on the indeterminate elements of the encounter. I wasn't there and so I don't know what happened between Steve and that young man that allowed both of them to see another way of being together, but assuredly it had little or nothing to do with Steve's professional demeanor or his knowledge of the



young man's chart. It more than likely had to do with Steve's ability to bring himself as living, acting, compassionate human being to the encounter that impacted the conversation in ways that a risk assessment never could.

This is what we have always relied on as the magic of CYC work. It doesn't always yield the kind of result that Steve recounted here, because relational encounters are messy and unpredictable. However, neither does even the very best and competently administered risk assessment. Encounters are inherently risky and when we enter this work as CYC workers we need to know this and be willing to bring ourselves fully to that reality.

I started this column by saying that I was concerned that the kind of work proposed by our existential/phenomenological elders was being marginalized in contemporary CYC work. I am concerned about this when we place professionalism above relationship, when we place risk assessment over relational possibility, when we put files before interpersonal encounters and when we create young people as objects of assessment rather than partners in an ongoing process of mutual self-actualization.

It is my hope that we don't forget or abandon our foundations in our drive towards professional self-valorization. I would suggest that when we read Kruger, Fewster, Garfat and Baizerman we don't simply pay lip service to them, but understand that what they have proposed for our field is still an actively radical and revolutionary proposal that we should be placing front and center in our work and seeking to extend. As we enter the 21st century world of global capitalism, the project of seeking mutuality in our relations with others becomes a vital imperative if we are to survive socially, culturally and environmentally. Our elders have left us the gift of the power of the encounter. I hope that we have the sense to comprehend its force and increasing relevance as we move forward with our work developing CYC as a field of practice and thought.



Threshold Concepts

Jack Phelan

There has been some thinking about how our profession, like many others, has threshold concepts. This means that there are key ideas in our field that, once identified and understood, create more comprehensive learning because they open us up to understanding several other connected ideas. There is great curiosity among some academics about these concepts because they will be critical to what needs to be taught and learned in our professional training programs.

Initial steps in this endeavor have identified life space, relational, and developmental as possible areas to explore further. I am excited by this research and will also add another dimension to the discussion. There is a threshold encountered at the transition from being a Level 1 practitioner (Capable Care Giver) to becoming a Level 2 practitioner (Treatment Planner and Change Agent) that involves a developmental shift. The fully capable Level 1 practitioner, as he/she progresses professionally into becoming a Level 2 practitioner, experiences a profound change in 3 dimensions, thinking, acting and professional identity. The initial step into level 2 practice involves an awareness that existing competencies and attitudes are not fully meeting the needs of the youth and families we serve, nor are they satisfying the professional aspirations of the worker. This desire to become more capable and complex in CYC ability is created by professional supervision as well as personal motivation.

The Level 1 practitioner gradually needs to master the anxiety that emerges from fear about personal safety and professional competence created by life space dynamics, difficult to reach young people and families, and job demands that seem overwhelming. Punishment (in its many guises as logical and natural consequences, among other justice approaches) is embraced because it basically reduces the adult's anxiety around both safety and "doing something to respond". After a year or so of practice, anxiety is much more manageable and now punishment starts to feel less important and even uncreative. What is happening is that external control



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skills are now fully integrated and the worker feels both safe and competent. The knowledge needed in Level 1 is mainly behavior control and daily program activity implementation, which is learned by experience, with little theoretical thinking. Acting consists of managing behavior and interacting with a minimum of conflict while running programs that are already prescribed and in place. Professional identity is focused on being good at keeping youth functioning within program guidelines and reporting on behavior. Many practitioners describe their job in practical, daily event details or as people who manage difficult youth and families without difficulty.

The emerging Level 2 practitioner begins to see the need for theory and professional knowledge beyond the common sense thinking of Level 1. He/she starts to think more developmentally and less behaviorally, hopefully with supervisory support, and begins to work relationally, reducing the use of external control. Thinking about individual needs and dynamics replaces the belief that consistent responses to similar behavior or consistent adult reactions to the same youth are really useful. He/she also begins to appreciate the differing levels of expertise on the staff team and is comfortable with that reality. Previously CYC educated practitioners start to appreciate the complexity of life space work and rediscover the value of the theories they have learned but were unable to effectively use until now.

Competent professional behavior now means that each youth should be treated differently based on developmental needs, and responding to behavior without resorting to rewards and punishments is more effective. Relational influence and supporting strengths instead of controlling bad behavior becomes more logical and desirable. Interactions with youth and families are evaluated by whether they increased or hindered attachment and relational strength. Justice issues and worry about letting people get away with things are no longer important considerations. Caring behaviors increase because this is what our practice is about, with the boundary dynamics becoming more flexible and fluid with each individual.

Professional identity changes from being a doer to being a change agent. The need for theory and CYC knowledge creates the desire to read, discuss and try out new ideas about CYC practice. Professional activities like joining the provincial CYC Association, attending training and workshops, and sharing ideas in staff



meetings rather than just hearing information become real and obvious professional requirements. CYC work is now seen as a complex process that cannot be done well by merely controlling behavior and supervision is now expected to be a learning activity, not just a management check-up.

Basically, the ceiling of Level 1 practice has now become the floor of Level 2 and the threshold has been crossed.

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The Naivete' of Evidence-based Practice

Doug Magnuson

Maruyama and Ryan (2014) described “naive hypotheses” (p. 15) that all of us have about how the world works. These are beliefs about constructs—ideas about the world. We have theories about how these constructs are connected, that is, how they are causally related. Usually they are naïve, because they are untested.

One purpose of evaluation and research is to examine these naïve beliefs. The weird thing about how evidence-based practice is being used, at least in North America, is that instead of being used to help us test and examine our naive beliefs, it is too often a process of substituting one set of naive beliefs for another. Instead of using evidence-based ideas to challenge our own naïve beliefs, we place a naïve faith in ideas someone else says are evidence-based. Using someone else’s ideas is not what evidence-based should mean. I have found that some organizations have not read the research that they believe justifies their practices, and some organizations do not even know where to find it.

Still, agencies and programs around the world are increasing calling themselves some variation of “evidence-based,” as in the sentence “We are an evidence-based program.” For this to be a legitimate truth claim, at minimum some things ought to be known:

1. Data about the success, failure, and struggles of one’s own clients while those clients are still in the program and after leaving.
2. The “fidelity” of our own program practices to the recommended evidence-based standard. That is, we ought to know how our practices are similar and different from the studies that determined “best practices.” Fidelity here means correspondence in real life, in actualized program practices.



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3. How we are operationalizing practices that were originally developed in the context of research.
4. Whether our clients are the same or a different demographic than the service population of the research studies.
5. What proportion of the samples in research studies did not improve, and how that proportion compares to our own work.

Without this information a program that claims to be evidence-based is naive and operating on some faith rather than evidence.

There are at least three stakeholders who are responsible for our current situation. The most culpable might be funders and contract managers who are ordering programs to adopt evidence-based practices, even when there is no clear evidence and without funding studies to help service providers figure it out.

A second group of stakeholders is the academic and research community, which has not done very well at articulating and clarifying the research findings. The professional education programs do not always help students articulate a strong practice identity and a framework for evaluating claims about effectiveness. Also, some academics are making a nice career and income out of promoting untested ideas.

A third group is professionals/practitioners. This group has been slow to evaluate its own practices. Many have not acquired the ability to implement evaluations or read evaluations and research.

There are some things we can immediately do about this. When academics, funders, and trainers use phrases like “the gold standard” and “evidence shows,” “cutting edge,” “for the 21st century,” or make claims to have a better idea, we should perk up and ask, politely, that the speaker or writer show you the evidence. Frequently there will be none. If there is some, carefully examine it and decide for yourself. Read more than the abstract. Is it good data? How good is that research design? Does it really apply to you?

When I go looking for evidence of best practices, too often what I find is a group of people citing each other but none of the citations is research or has any data. All of the citations are essays claiming there is evidence. It is like the old belief



that we should drink eight glasses of water each day. It was a self-fulfilling belief because it was stated so many times.

Recently I did a quick literature search about cognitive-behavior therapy (CBT) for youth who have suffered trauma. CBT is recommended by some as THE way to “treat” trauma. I read almost 30 major literature reviews and meta-analyses, and all were quite cautious about recommending CBT; the results were mixed and the reviewers said it was rare for someone to document outcomes more than 30 days after the end of treatment. The American Medical Association has said that knowing what is effective is complicated and that caring for someone who has suffered is a long-term commitment.

Yet it is easy for me to find people who will say that CBT is the gold standard. Somewhere between this confidence and the caution of most researchers is a problem.

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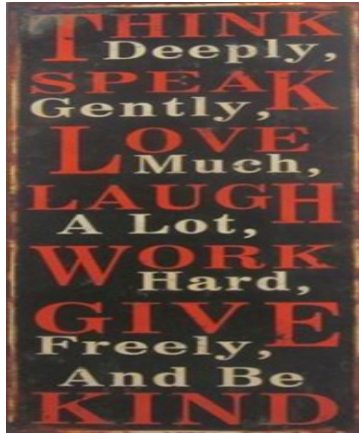
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A 'Hidden' Agenda: Or was it?

Maxwell Smart and John Digney



There is risk and truth to yourselves and the world before you.

Seamus Heaney, Irish Poet and playwright

A purpose, an intention, a design, strikes everywhere even the careless, the most stupid thinker.

David Hume, Scottish Philosopher

Once Upon A Time In The West

In recent times, we have come to describe our profession in Child & Youth Care as a rendezvous discipline, where our work with children, youth and families will draw from the bodies of knowledge of many professions, in addition to our own. We also have acknowledged the need for input from other professions such as psychology, social work, education to name but some. But the rendezvous we



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refer to in this article is a very different type of thing. It is a reflection on a recent rendezvous that occurred in mid-October 2016, in the 'wild west' town of Santa Fe, New Mexico. It was a rendezvous involving group of colleagues from the CYC profession who met for a retreat, a meeting of minds and one which was agreed from the outset to be different, with the main difference being that there was to be no pre-set agenda.

The Wild Bunch

13 folks rolled into town from places as far afield as Canada, Ireland, Scotland and Australia to meet with our colleagues from USA, who provided a safe and comfortable space to muse about our 'eclectic' field; to ponder the present; to celebrate the past, and to consider the future. The conclave (some said coven) gathered in the home of our most generous and kind hosts with the mantra of 'no agenda' resonating loudly. Those gathered were long established in CYC practices, coming from backgrounds of direct practice, education, supervision, management and administration ... and we all struggled with the idea of 'no agenda', or so it seemed.

The Searchers

With 'no agenda' it is always difficult to know where to begin, so we fumbled around, considering what we might like to get out of the four days and what the ground rules might look like, all the while being careful not to be seem to be setting an agenda. Quickly though some themes emerged, as did a method for engagement with each other. In this narrative, the authors wish to look at what was to become an agenda, one that was beyond our initial sight (hidden) and which when discovered became the implicit agenda for us all.

True Grit

By the afternoon of the second day a consensus was reached that we should begin to decide on what we would like to discuss for the rest of the time and what we might want or need to get from the process. Around this time one of the participants noticed a wall hanging partially hidden behind a door. It was moved to a more prominent position in the room and the messages contained within it came



to inform a type of 'agenda', providing topics to discuss and be aware of as being relevant. The messages spoke to some ways of conducting ourselves; not just in this conclave, but also in our work with children, youth and families. The messages conveyed by this wall hanging stated some principles of living and encouraged us to:

- Think Deeply,
- Laugh A Lot,
- Speak Gently,
- Work Hard,
- Love Much,
- Give Freely, and
- Be Kind.

The Magnificent Seven

To the authors this implicit 'agenda' said so much about our field. When we consider what, our field should aspire to be, these seven aspirations grew in our consciousness. Now some might consider the 'magnificent 7' aspirations as being sugary sweet sentimentality. Some may consider it to be 'candy box' CYC - impossible to replicate in the real world of working with trouble youth and families. Well maybe, but whilst they may not always be the present reality of caring for children and families in crisis and beyond, they should at least present what the potentiality of our field might be. These seven areas are in our opinion, things that can help create connection and potentially lead to healing for children dealing with deep seated emotional pain. Let's take a closer look at each.

The Proposition

As with many professions, Child & Youth Care practices have evolved out of much trial and error and equally have emerged out of the shadows of other related professions. Yet we know that our 'doing' and just as importantly our ability to **Think Deeply** has changed beyond recognition over the last 30 years. We now recognise the importance of the lifespace as the main arena for our practices, we also acknowledge the importance of meaning making, interpretation, context, reflection and to deeply consider that which is not immediately apparent. We



recognise and have now validated the importance of relational caring through advanced Neuro-science understanding. We now recognise that all behaviour has a purpose, to try and meet needs yet unmet. These ways of doing have required deep thought and consideration by our pioneers but just as importantly requires just as much thought in the present and in the future if we are to reach the aspirations noted above.

Blazing Saddles

Even in times of stress and adversity there can be a time to laugh, and to laugh and to, **Laugh A Lot**. For the writers understand that humans need humour, fun and laughter even in (especially in) their darkest of hours. Some writers have suggested that the responses to irresolvable dilemmas gleaned through gallows humour are not illogical or (as suggested by some) psychotic, but that they offer a way of being sane in what might be an otherwise insane place.

Laughter has many benefits, including medical, emotional and social. Research and experience teaches that a good laugh can be as effective as a course of antibiotics, relieving stress and strengthening the body's immune systems. Humour and laughter communicate feelings, to the extent that one smile or laugh can express more than hours of talking. Acceptance is one of the greatest ways to show caring and the greatest motivation behind social laughter may be a desire for social acceptance. Sharing a laugh can be a non-threatening demonstration of caring. It's easier for a young person to accept that someone cares about them if it is not explicitly stated and presented in a humorous manner. Humour and laughter can create a medium for empowerment of children, youth and families; treating them as social equals and allowing them opportunities to decided how to be in relationship with us.

The Great Silence

Ok, maybe we are not required to be silent but we sure do need to be able to **Speak Gently**. Why though should we be gentle in our verbal interactions? It can be because sometimes we need to say things that are very difficult for troubled kids to hear. Additionally, as we link back to our better understanding of neuro-scientific knowledge we can now appreciate that human brains have built in



structures to respond to threatening circumstances. Our amygdala reacts to tones of voice as they look out for danger and signs of threat.

Therefore, when youth encounter helping adults who solely react to their defensive behaviours they immediately interpret interventions with them in regards to perceived intent, i.e. whether this person is friend or foe. Speaking gently is not the same as not challenging youth; speaking gently conveys respect and invites respect not hostility. Difficult things can be approached with youth in ways that do not trigger the fight, flight, freeze or flop responses. We also recognise that 'speaking gently' can be conveyed through deeds, as well as words. It is about the gentle encouragements that encourage hope, optimism, and strength; it is the whispers that calm fears and display a willingness to listen and hear. Also, as we speak gently we can design our programmes and interventions to 'speak gently' with systems, regimes and architecture designed to reflect care and connection.

Ride The High Country

As anyone involved in CYC work will tell you, is not an easy job and it requires a constant commitment. All things that bring satisfaction in life require us to **Work Hard**. As we are reminded by Lorraine Fox, 'When you care for kids, you do all that's required ... It means that you clean up after them ... It also means that you're going to study and you learn how to take care of the more disturbed'. Lorraine also say, 'It's easier to care, by the way, when you understand ... education and training will enhance your caring ... professional caring requires emotional involvement. It requires a willingness to act in whatever capacity is needed. And, it requires a willingness to study and learn, to constantly improve our skills. And this is hard work. To be a professional and involve all three dimensions of our self requires considerable dedication'. To work hard is a requirement and that is all there is to it!

Love Comes Softly

How difficult it can be to convey the need to **Love Much**, yet as Gandhi said, 'where there is love there is life'. This notion of love is a component of Child and Youth that is controversial as it is bound up in so much political correctness and definition drama. To love is to care, and this is the essence of what we do. We



have written on this topic and presented at conferences on three continents on this topic, so can recognise and reflect how difficult and contentious this issue is. It is mired in the ethical questions about whether we can or should love the kids we care for, yet for many love and loving have components which are rooted in effective and essential CYC practices – love talks to compassion, connection, caring, hope, kindness, and the need to understand the meaning of the other.

In our caring interactions with kids over our years of practice, both writers have experienced the desire of our kids to know whether they are loved by their carers. Based on our experiences and in our opinion it is essential that kids in our care experience ‘being loved’. Love is the foundation of meeting other developmental and emotional needs. Love talks to needs for personal safety; competence in life; and significance to others. In meeting these needs we create positive belonging that changes lives.

A Fistful of Dollars

In any relationship, there needs to be give and take, and this is true in of the relationships we have with children, youth and families. To **Give Freely** of our time, our commitment and our support is to demonstrate that we are in it for the right reasons. To give freely talks of generosity and as one of the ‘retreat’ participants, Heather Modlin has previously stated, ‘that’s the way it works in this field – we all give freely of ourselves – our time, knowledge, and expertise – to help each other’. In earlier writing Eric Laursen recorded that when adults make time for youth, they (the kids) find peace and gratitude. Young people interviewed by Laursen expressed their opinion that adults who give freely and unconditionally of their time convey that children are worthy and important.

The Treasure of The Sierra Madre

Mother Teresa once noted that we cannot do great things on this earth, only small things with great kindness. To **Be Kind** is to show you care, it demonstrates that you understand the need to nurture, be respectful and be connected. The potency of ‘small kindness’s’ can be pivotal in the formulation of trust as we being in our embryonic relationships, and as we have previously noted, putting kindness at the heart of what we do may sound a bit gooey and sugary sweet, but we would



assert that, 'acts of kindness are the core of healing and development at the core of care ... tiny acts, imbued with meaning and derived from human instincts, can promote care and caring'.

Yet, paradoxically offering kindness can be a neglected area of practice in our profession – possibly due to child protection concerns. This neglect has not served the profession well as it can be seen to reinforce suspicion upon acts of kindness and tarnish the sentiment expressed by those daring enough to perform such selfless action. Nicholas Long reminds us that kindness is a vital force to our well-being and in our therapeutic work, he tells us that just as, 'sunlight is the source of energy that maintains organic life, kindness is the source of energy that maintains and gives meaning to humanity'.

And Dances With Wolves

So, at the end of this reflection on the 'hidden agenda', we can see that it was in fact a 'candid agenda', hidden in plain sight. It is an agenda that is threaded throughout the writings and thinking within the field. We dance around these message, concepts and principles – whatever you want to call them - in our everyday interactions with each other and with the kids we are tasked with looking after. So, with these thoughts in mind we will endeavour to bear in mind these magnificent seven principles and try to think, live and practice in a meaningful way.

And to our hosts our thanks and gratitude for your unbridled kindnesses to us all; and thanks for reminding us of these simple truths Deb (and sorry for messing up your house!). Also, apologies for all the poor use of these iconic Western film titles as we made our points in the article; and from us both we would like to thank all involved and end with a big Yee Ha for now.

Digz & Maxie



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Connecting with Youth through Storytelling

Yvonne Bristow

Child and Youth Care Practitioners are story tellers. It's how we reflect on our practice and it's how we go about explaining 'what we do' to those outside of our community. We share stories that have helped shape our path in the field as well as stories of our struggles. Through experience and our various perspectives "... storytelling can have a powerful and very positive influence on the lives of kids" (Woodard, 2006). There are times too, when sharing stories of our life and past are helpful for the children and youth we serve in practice.

It can happen unexpectedly, but sometimes the experiences of the young people we work with jog us back to a specific event from our personal history. I experienced this recently when a young woman I was working with expressed feeling nausea before certain events in her life. Her family passed along that on the first day of school or before a significant family event, she would begin to gag, or would refuse to eat with her family and on some occasions, actually throw-up. I immediately thought back to my experience at a Denny's restaurant in Florida. When I was seven, my family and I went on a trip to Disney World, I was overwhelmed by excitement and eager to venture out and experience everything Disney World had to offer. Of course, my excitement and anxiety for this event lead me to become incredibly nauseous to the point where I couldn't sit next to my family at the same table when we went to Denny's for an 'authentic' American dinner out. I had to sit at a separate table from my family not just on one night, but for every single meal during our trip.

Throughout my life, I can think of so many times where 'big events' both exciting and anxiety-provoking made me feel so nauseous such as the prom, when going on a trip and, more recently, my wedding day. Feelings of worry and anticipation can manifest themselves in different ways for different people, and it



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can be normal for anxiety to produce both mental and physical characteristics. The fact that this young woman and I shared this experience was something I thought was unique and could be beneficial in our relationship. Relating to the bizarre and unfortunate feeling of being sick when we are excited or nervous could be an opportunity to build a relationship, as odd as that may be. The greatest benefit of this situation was that she might trust my suggestions and strategies because she knows I can relate.

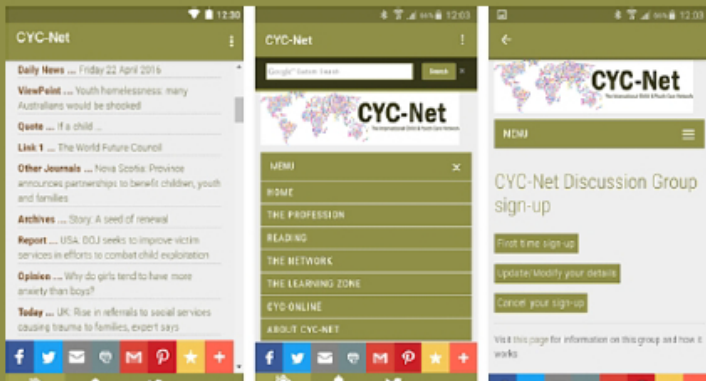
Sometimes we worry that sharing too much about our personal lives can be harmful to the children and youth we serve. Could we be crossing a boundary? Is it 'professional' to talk about ourselves? We have a unique relationship with each and every young person we serve, and we really need to assess what we are comfortable talking about in those individual relationships. I think when we are hoping to be equal partners in a relationship with young people we can't expect them to be the only one's sharing their lived-experiences. When reflecting on the fundamentals of being, interpreting and doing in the field of Child and Youth Care, we can't forget that, "In relational child and youth care, we make bids to connect with others [and]this bid for connection is a two-way exchange" (Freeman & Garfat, 2014). I think in this situation with this young woman, it shifted her embarrassment towards an experience we could share, relate to and joke about together. Our stories can help us build relationships, make young people laugh and ultimately help us all grow together.

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Neuroscience, Child and Youth Care, and Constructive Conversations

Janet Newbury

In August I attended the 33rd FICE Congress and 2nd CYC World Conference, which was entitled ‘Together towards a better world for children, adolescents, and families.’ Much to my surprise, one of the keynotes that most stood out to me was by Dr. Isabella Sarto-Jackson, a neuroscientist from Austria. The title of her talk was ‘Neuroscience and Social Pedagogy: Possibilities and Limits of an Interdisciplinary Approach.’ There were, among others, two important points in her talk. First, that she constructively and critically engaged with the body of knowledge from which she was working, recognizing the need to consider the partiality of all knowledge. Secondly, that there are both possibilities *and* limits to what the two fields of study and practice have to offer each other.

Immediately upon my return home, I read a chapter by Gergen, et al (2015) in which similar questions were tackled, but from the perspective of social scientists rather than a neuroscientist. Their chapter is entitled ‘The neurobiological turn in therapeutic treatment: Salvation or devastation?’ and it integrates research exploring not the ‘truth’ of neurobiology, but the pragmatic implications of it – particularly in relation to mental health services. They do a skillful job of considering individual, social, cultural, political, and economic dimensions of the discussion – implicating all of us in one way or another, and highlighting the need for critical interdisciplinary conversations.

Here, I will unpack just some of this thinking, drawing particularly from what I’ve learned from these two sources, taken together in the context of my own previous research and practice as well as pre-existing concerns about the



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enthusiasm with which neuroscientific discourses are being taken up within Child and Youth Care (CYC).

Neuroscience as a humble and creative endeavour

Scientific discovery and inquiry has long (or perhaps always?) been a creative endeavour that developed from imagination and a curiosity that extends beyond many of our taken-for-granted truths about the world. In Sarto-Jackson's presentation, this tentative posture towards knowledge creation was demonstrated again and again. We must be careful in how we interpret and apply all knowledge, because the interpretation and the application are (rightfully) not only informed by one field of study or kind of experience, but many. Even when asked directly by an audience member, she humbly refused to make any recommendations as to what the information she was presenting means for working with children and youth. Indeed, she expressed a great deal of caution when it came to presuming any kind of certainty in this regard.

As one example: the brain develops in response not only to biological information, but environmental information as well. Certain relational experiences release brain chemicals that can impact development in certain ways. Thus, taking a still image of a brain and presuming it is a representation of something that is hard-wired or even static is to dangerously simplify what we know. She described several ways biological realities are in a very real sense contextually contingent, and socially and relationally constructed. Given the complexity of human development and the fact that we are indeed not only biological but also social beings, she optimistically pointed to the potential not only of neuroscience informing relational work, but of social science informing her work. This, however, is where we seem to be dropping the ball.

Making the uncertain certain

Although Sarto-Jackson suggested that social scientific knowledge about relational processes are vital to our understandings of how to effectively and ethically respond to children and young people, our profession seems to have less conviction in this regard. In Gergen, et al.'s chapter, the implications of forfeiting our commitment to relational practice and inquiry in exchange for a false sense of



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certainty (and perhaps recognition) are outlined in detail. Indeed, taken in conjunction with some neuroscientific knowledge, there may in fact be detrimental biological implications of mechanical and/or generalized interventions that do *not* take relational practice serious in their implementation (such as a heavy reliance on clinical assessments, checklists, diagnoses, medication, etc.)

To a great extent, we are behaving as if neuroscience can actually offer us some certainty when it comes to *practice* with children and families, despite the fact that neuroscientists themselves are clear that causal links between what is happening in the brain and what we should do in practice are not evident. One significant point the authors make is that “there is substantial reason to believe that much of what we call mental illness is sociogenic in origin” (p. 3). They elaborate as follows:

The fact that some forms of “mental illness” in the American cultural setting scarcely occur in others, is a strong argument against a biological disease model. ... And in terms of demographics, the fact that depression is most disproportionately located in lower class populations, in women, and in the aged is difficult to justify in terms of a disease model of depression. ... [W]hy such groups should be more genetically prone to mental illness remains a mystery. However, the fact that all such groups live under circumstances of high stress, provides a ready explanation in terms of cultural genesis.

There is a second way in which the attribution of anguish to neuro/biological suppresses concern with the socio-cultural issues. ... For example, there is nothing inherently “ill” about a highly active child, and the primary reason for the diagnosis of ADHD resides in the inability of teachers to effectively carry out their task. In effect, the teacher’s suffering is re-directed to the child, and labeled as an illness for which pharmacology is the answer. (p. 4).

Both Gergen et al, and Sarto-Jackson offer multiple reminders that while we can ‘know’ what a brain scan looks like, we can’t ‘know’ how to interpret what we see. And the danger in presuming we can (particularly in the current capitalist global economy) risks leading us to increasingly pharmacological interventions and



decreasing attention to relational interventions – even though *both* neuroscience and the social sciences point to their potential.

It's not just about what we know, it's about how we use what we know

To be clear, this is not a critique of neuroscience. I certainly don't know enough about it to offer any commentary about the field. And as mentioned, I was quite impressed by what I learned from Sarto-Jackson. What I *am* critiquing, however, is the uncritical manner in which some within my own field seem to be taking up neuroscience, or perhaps more accurately, co-opting some of its language and concepts without the complex understanding of them required to use these ideas responsibly. I agree that information about brain development can be extremely useful for our field. My concern is when information about the brain is discussed a) in decontextualized, deterministic, and universalistic terms and b) without consideration of the diverse implications it may have – intended and otherwise. This can lead us away from much of what we know about the relational nature of human development, which was ironically emphasized more by the neuroscientist at the recent conference than by many others.

Frankly, this is a surprise to me. As long ago as 2002, Gerry Fewster wrote an article in *Child and Youth Care Forum* entitled 'DSM IV but not IV me' in which he raises concerns about a reliance on objectifying and rationalizing human experience in our field of practice. Indeed, there has always been at least a current of activism within Child and Youth Care, resisting dominant norms that take what we 'see' on the surface at face value. I long for these critical conversations at our conferences and in our publications. Critically reflecting on our own ideas and practices is crucial if we wish to avoid replicating some of the oppressive practices that unfortunately mark our field's history – or creating new ones.

I feel a great deal of concern about the implications of riding the wave we are currently on, as it is moving us towards an increasingly medicalized society. An individualized focus on brains without adequate consideration of the relational nature of human experience is leading us towards a situation in which all aspects of life can be pathologized, diagnosed, and medicated. This is not to say that individuals are not facing hardships, and that sometimes something about these can be observed by looking at scans of brains. It is, however, to say that presuming



those hardships a) originate in the brain and b) can be solved by intervening with the brain risks *robbing us* of opportunities for meaningful person-to-person engagement that is culturally, contextually, and individually meaningful. I shudder at the thought of the long-term implications of this trend, though Gergen et al elaborate on some possibilities.

So what now?

Both Sarto-Jackson and Gergen and colleagues point to how we might move forward responsibly:

6. Engage in interdisciplinary dialogue that does not only adopt ideas from other fields (including the 'hard' sciences), but critically engages with their *implications* – both for individuals and for populations, both in the short-term and the long-term.
7. Remember the important contribution social sciences offer the broad interdisciplinary body of knowledge, and the important role it can play in *humanizing* practical interventions. Don't set this knowledge aside in favour of what may look like 'hard' science.
8. Commit to *critically reflecting* on our own practices and ideas. Be both humble and creative when exploring possibilities. We need not replicate the past, nor the dominant trends of the present.
9. *Work together* with both the big picture and interpersonal/individual experiences, recognizing them as indeed constitutive of one another. A commitment to social justice and to good relational practice are not contradictory.
10. Actively *resist* the trend towards medicalization of children and youth in every way we can. Both brain research and the growing body of research in our own field (and other social science research) strongly suggest that relational interventions are more effective and less risky.

What gives me a sliver of hope is the similarity between what I heard from both of the above thinkers. I heard a neuroscientist and a group of social scientists



advocating for constructive conversations as we move forward together, rather than succumbing to the seduction of certainty.

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Healing the wounded child

Michael Niss

Children who are removed from their parents and placed in an institution or other form of custodial care, may carry with them into adulthood their early experience of removal — together with the experience of the events leading up to the removal. Most children are removed because of dysfunction in the home. It is difficult, if not impossible, to identify what aspects of their experience affects them most. What the literature does show, however, is that children growing up in problem families, manifest behaviourally in different ways. A dysfunctional home can be broadly described as a home that does not provide for the healthy development of its children, or one in which children have to tolerate depriving or abusive circumstances. The family interaction is disturbed by either the open or hidden dysfunction of one or more adults, for example, by excessive drinking or drug taking, aggression, violence, neglect and mental illness. It is important to define this population for those working in the field of child care, so that they have an understanding of the conditions to which children have been exposed. This understanding is vital for successful treatment and intervention, since children who take unresolved childhood patterns into adulthood are likely to repeat those patterns in their turn.

Children who are removed from their families not only have to deal with effects of their problems at home, but must also come to terms with living in an institution. Working with children from a children's home, I have taken an in-depth look at their feelings, thoughts and behaviour — at their experiences of removal and at the influence of living in a group home. While there are unique aspects about each child and situation, there are also certain generalisations which may be made.



Low Self-Esteem

Any child who has been exposed to the double message of "I love you, but you can't stay home, has difficulty in distinguishing as to who's fault it is that they have been 'sent away'. The contradiction results in a distortion of the child's sense of self.

Most of the children from problem homes seem to have in common low self-esteem. This is not surprising, since the conditions, which lead to the development of self-worth, are acceptance and unconditional positive regard. Persons with low self-esteem are easily discouraged and feel that they are failures. They often feel isolated, unloved and unlovable.

Low self-esteem leaves them incapable, or at least with an impaired ability, to express themselves and reach self-fulfillment.

In the literature of adult children of alcoholics, writers have long recognised that growing up in an alcoholic home causes damage. This article draws on the information from this area, recognising the similarities with children growing up in dysfunctional homes.

The stress which children are exposed to when being removed from their parents is outside the usual range of childhood experience. Being removed from a parent, even temporarily, is considered extreme in itself. However, it is usually the events leading up to the removal which can have devastating effects. In order to deal with the traumas, the child very often denies and covers up genuine feelings. This psychic numbing then results in failure to express feelings, and in isolation and a sense of not caring about life.

To list some characteristics of children growing up in group settings is not intending to label; they are only general characteristics that may apply to some degree or perhaps not at all. An understanding of these characteristics can help heal the pain of their experience, and help them to detach from the problem, at least to the extent that they learn that they are not the cause of their parents' dysfunction, and that they can develop a healthy sense of self.

Children are not sure what 'normal behaviour' is

Children from problem homes are not sure how to respond to normal situations and social cues. Their role models are poor and have often been



inadequate for them to learn how to manage certain situations. A child who has been exposed only to violence in the home, grows up learning that he deserves to be treated that way by everyone. A sexually abused young girl said that it is only now as an adult that she has learned that the abuse was not her fault, and that it was not a normal experience. She believed that it was expected of her in order to get the attention and love from her father.

Only after she came to terms with this, was she able to let go of her excessive need to please and to understand the foundations of her promiscuity.

Often children feel they do not have a right to their own feelings, and don't know when and how to express themselves. They trust when they shouldn't, and they fail to trust when they should. They have no sense of self and don't know how to behave in different situations. They may be aggressive or defensive at times when they don't have to be. Most situations are interpreted as rejection.

Once the trust of primary relationships has been damaged, there is always a fear of allowing oneself to get too close to others — a fear of being hurt again.

The children have difficulty with intimate relationships

Building up lasting relationships becomes difficult for the children. Once the trust of primary relationships has been damaged, there is always a fear of allowing oneself to get too close to others — a fear of being hurt again. The natural reaction of any species is to protect itself from further pain, and so these children build up defenses. It often takes a long time to build up a friendship, and consistency is difficult to maintain. The children lack intimacy, and often in the adolescent phase they may confuse intimacy with sex. People are seen as objects and are valued for what they can give. When a child care worker leaves an institution after working with a group of children for some time, it is not surprising that some children show little sense of loss and don't deal with the hurt associated with separation. These children may grow up with poor interpersonal relationships. Very often they manifest behaviour problems which are labelled 'conduct disorders'.



The children constantly seek recognition and approval

Recognition and approval, and a sense of well-being, is derived through external approval and satisfaction. The children learn to behave in such a way that pleases others — at any cost. One result is that they often join sub-groups and over-identify with peers to seek approval. One may find a child who will go out of his way to identify with the values of the home. Children who are constantly seeking recognition are often trying to validate themselves, and either proves their worth — or their lack of worth. Mathew, a 12-year-old boy living in a children's home, started smoking dagga. When he was caught he openly said that he would do it again, because the people who tell him to stop are the people who took him away from his parents — while his "smoking" friends welcome him as a friend. Mathew interpreted his removal as not being wanted on the one hand, and gained affirmation about himself on the other.

Loyalty even at times when there is no reason

Children from a dysfunctional family do not talk about their family or about the hurt they experience. They see talking about their family as betrayal, even with the background of physical or emotional abuse. The children deny the abuse, and blame themselves in order to protect the parents.

I see this as defending themselves against guilt-feelings over what they might have done, or the shame they feel about themselves. Talking about the family problems is difficult and scary for the child — firstly, because they remain confused about what is normal, and secondly, opening up would mean breaking through the defense of denial and facing the pain of rejection.

The children lack social skills

Children who lack appropriate skills will either compensate for the deficit, or they will minimise them by identifying with a group in which their skills are adequate. They talk about themselves as a collective identity. Anyone working with children in a children's home knows the crucial need for social skills training. This lack of social skills, together with the children's poor sense of self, highlights the difficulty of teaching skills. How can children learn to be assertive when they don't



believe they have a right to anything? There has to be a sense of self and self-worth in order to learn socially appropriate skills.

Healing the wounded child

Until healing takes place, children continue to experience their original pain. They carry with them into adulthood their guilt that as children they failed, and they carry their shame about their family. Very often the behaviours learned in the family are acted out in later life. Children from dysfunctional homes tend not to get their needs and feelings met. They have learned to hide feelings and to push them so deep down that they are safe in their state of not feeling. Healing is learning to feel the pain, It is being able to separate yourself from and put distance between yourself and the hurtful experiences. Healing is being able to evaluate the events and see that as a child you could not have been to blame for your parents' dysfunction. Healing is learning that you have the right to exist and a right to be loved. Being close to someone is normal and one does not have to go hand in hand with abusive or inappropriate behaviour.

After learning to feel, comes anger about past events. This is referred to as the original events. Anger is normal and something that may always have been there, but which was never appropriately expressed. Anger towards a parent because of rejection may manifest itself in many ways, for example, in disruptive behaviour at school, but getting to the source is healing the feeling about the original event.

There may be grief work to do about the losses and in coming to terms with not having had a caring home. This is a very painful stage and one which needs much support.

An important stage in healing is forgiveness — which is based on acceptance. This helps children to stop blaming and frees them up to carry on with their lives with a feeling of self-worth. Trying to heal the pain is impossible while remaining silent. Sharing experiences in a group and telling your story validates your experience and lets you know that you are not alone.

Group therapy is thus a helpful medium to help the child recover from pain. Sharing feelings, and learning that others feel the same, lessens the shame and guilt. Group therapy helps also with bonding and closeness. The group leader should have a working knowledge of group work and understand the concept of the



wounded child. Through the group, the members can also learn appropriate responses and boundaries. Very often the group leader's own experiences and self disclosure can be important in facilitating the healing process.

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November, 2016 – Budapest

Postcard from Leon Fulcher

Szervusz and Warm Greetings from Budapest! We arrived from Prague into the Inter-City Railway Terminal on the Pest side of Hungary's Capital City. Terrific modern trains!

Budapest is comprised of Buda and Pest, with the Danube River flowing past along a stretch of 28 kilometers. The two historic independent cities were united in 1873, and became a single city occupying both sides of the River Danube. A simplistic explanation might say that the Pest side of the City is where the peasants and trade took place while the Buda side of the river is where the royal and religious seats of power were situated.

Parliament Houses are located on the Pest side of the Danube. The Peoples' Parliament was officially opened in 1896 to commemorate the 1000th Anniversary of Hungary, although the building was not completed until 1904. It is the World's



Budapest Keleti Pályaudvar is the Main International and Inter-City Railway Terminal



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3rd largest Parliament Building. First, during Nazi occupation and then under Soviet-Communist regime administration, Hungary's Peoples' Parliament has staged many different encounters around governance.

The Detention Facility used by both Nazi and Communist security police has been maintained as a reminder, today as a Museum of Terror. The very thought of detention and torture practices carried out by occupying forces during the 1956 up-rising beggars belief.

It was interesting to note how for centuries, the regional centre of political and religious governance in this part of Central Europe was centred around Buda hill which overlooks the Danube and the population centre of Pest. Like in the other Danube centre Melk, Buda is another centres of learning that blended religious and class-based control of the economy.

While wandering around ancient manuscripts and old books, I found myself thinking about then and now. In the old days, anyone in search of learning had to go and live – sometimes for a lifetime – at learning centres rarely accessible to ordinary people.

Contrast that with contemporary child and youth care workers who can now live and work anywhere in the world and obtain access to continuing learning and professional development opportunities through a digital library. CYC-Net and The CYC-Net Press now offers a library with a growing scale of



Hungary's Capital City made up of Buda and Pest on both sides of the Danube River



Parliament House was, then wasn't, and then was again – a Peoples' Parliament!



The Nazi and Communist Eras Detention House of Terror on a Leafy Pest Boulevard





Centre of Royal and Religious Governance situated on the Hill overlooking the Danube



Parks and Play Areas are now a Prominent Feature around the flatter Pest side

learning opportunities – within a digital world that is near and accessible to child and youth care workers wherever they live and work!

It was interesting to note how parks, leisure facilities and playgrounds for ‘the people’ were found on the Pest side of the city where public transport draws more than half a million people from the Buda side to employment activities in Pest. A large motorway now rings the city whilst ancient bridges and buses move people across the Danube every day.

A tour guide told us that during the Communist era, plans were drawn up to tear down the ancient royal palaces on Buda hill, to build housing and administration buildings. Alas, financial



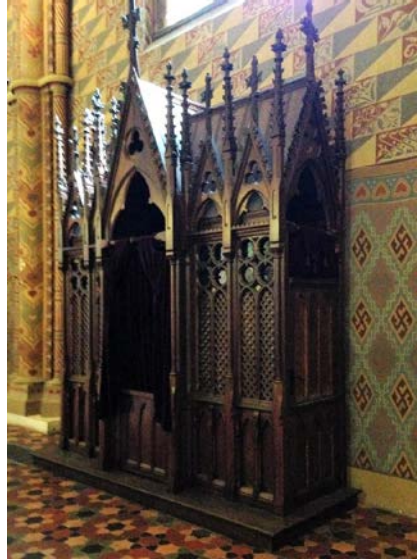
Unbelievably ornate detail and artistic merit in every feature of the Buda Cathedral





We were told that Buda Royal Buildings were to have been destroyed

cutbacks prevented such destruction. Today, art galleries and museums ensure that new Budapest and Hungarian generations learn about their history and share this with visitors to their city. If you ever get the chance, be sure and visit Budapest!



The Confessional has a long history in the field of child and youth care



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Endnotes

You can only be young once. But you can always be immature.

Dave Barry

Enjoy the Spring of Love and Youth,
to some good angel leave the rest;
For Time will teach thee soon the truth,
there are no birds in last year's nest!

Henry Wadsworth Longfellow

We were wild, we were crazy, we were mostly young.

Kenny Chesney

Enjoy your youth. You'll never be younger than you are at this very moment.

Chad Sugg



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It takes a long time to become young.

Pablo Picasso

Youth doesn't reason, it acts. The old man reasons and would like to make the others act in his place.

Francis Picabia

Youth itself is a talent — a perishable talent.

Eric Hoffer

Stories you read when you're the right age never quite leave you.

You may forget who wrote them or what the story was called.

Sometimes you'll forget precisely what happened,

but if a story touches you it will stay with you,

haunting the places in your mind that you rarely ever visit.

Neil Gaiman, *M Is for Magic*

Young people don't always do what they're told, but if they can pull it off and do something wonderful, sometimes they escape punishment.

Rick Riordan



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Information

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John Digney – Tusla, Ireland
Maxwell Smart – Lothian Villa, Scotland
Leon Fulcher – Transformation, New Zealand
Aurora Demonte – Fleming College, Canada
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