CYC-Online

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Missed Opportunities

As I write this, many friends, colleagues and members of CYC-Net are in Vienna, Austria for the 2nd CYC-Net World conference and the CYC-Net Clan Gathering.

For a variety of personal reasons, I chose not to go to the Conference – and it is one of a very few I have missed in the past few decades.

Do I regret not being there – yes, I do. Do I still think my reasons for not going are valid – yes I do.

But that does not mean I am sorry I did not go – it just means that I missed an opportunity to connect with friends and colleagues.

In our field we do not have many opportunities to connect with others (outside of our workspace) who are engaged in the same field as us – who experience similar struggles, wonderings and joys. And so conferences and other gatherings, like conferences and CYC-Now, provide us with the opportunity to develop and maintain connections across workplaces, locations and cultures – the chance to be a part of the larger network of people involved in direct service to children, youth and families.

This is, of course, a large part of the reason I have always gone to conferences, events, etc.; to build and maintain connectedness.

'Building and maintaining connectedness' – ah, so much a part of our work, eh? This is a part of the reason why we talk about 'relational' child and youth care practice.

Our work is founded in the relational.

And often, in our work, we miss, or ignore, opportunities to enhance or further our relational connectedness with others. In our work with children, youth and families this sometimes occurs because we are otherwise busy, preoccupied or even just ignorant. Elsewhere, (Garfat, 1993) I have noted 4 reasons why we do not notice things (and that includes 'opportunities':

- We do not know about them
- We do not want to know about them
- We choose to ignore them, and
- We are, simply, focused elsewhere.

All of these are understandable. After all, we cannot be focused on noticing everything all the time. We would have to be super-human to do that. And CYC practice is, indeed, only a regular human endeavor.

As I reflect on this missed opportunity in Vienna, I am reminded of the many – oh, too many – missed opportunities in practice and training. Usually, after the experience is over, and I reflect on missed opportunities, I am saddened. After all, our goal is to be helpful, to create and maintain relationships of significance – and when opportunities are missed, well, they are missed.

So, in this case – the 2nd World CYC Conference in Vienna, I chose not to be there. An intentionally missed opportunity.

Do I regret it – well, to be honest, I do. As I read my colleagues and friends' posts on Facebook, I wish I was there.

So, to you I would say – go to your next conference – do not miss the opportunity to connect with others – or live with regret.

As I am today.

Thom

Reference

Garfat, T. (1993). On blind spots and blank spots. *Journal of Child and Youth Care, 8*(4), v-vii.

Surveillance versus Supervision in Residential Group Care

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Young people placed in group care settings often make poor decisions that may jeopardize their own well being and sometimes that of others. Their decision-making is frequently impulsive, and their actions therefore often unfold with few warning signs. It is therefore not surprising that practitioners in group care settings place significant emphasis on the importance of supervising the residents; knowing where the young people are and what they are doing adds safety to the everyday happenings in these settings. Indeed, I know of many instances where serious occurrences have unfolded precisely at a time when staff in group care settings were not paying attention and left the residents to their own devices. Some such occurrences are very concerning, and can include sexual and physical assaults, self harming, suicide attempts and other terrible things. Young people themselves have spoken to some of the harmful things that unfold in group care when the staff are not looking.

The logic of supervising young people in group care settings is clear; it makes sense, it adds safety for everyone, and it is in everyone's interest that such supervision take

place. There is, however, a distinction between supervising young people using a child and youth care approach, and engaging in surveillance, reminiscent of a corrections approach. Unfortunately I have observed the latter process far too many times; and there is a price to be paid for engaging in surveillance, both for the staff and for the residents.

From a child and youth care perspective, supervision of residents unfolds through the process of engagement; child and youth care practitioners ensure safety by engaging young people in all kinds of activities that include food preparation, recreational activity, conversation and learning activities, play activities, and therapeutically-oriented group activities such as life skills groups, social skills groups, and others. Supervision is never a stand-alone activity; it is linked with every day moments of 'doing something', and doing something together. Within this framework of engagement, child and youth care approaches to supervision also allow for unsupervised times; the activity itself can be framed around concepts of trust, relational contexts, and, perhaps most importantly, opportunities for young people to pursue their exploration of autonomy, a critical element of attachment theory in the context of adolescent development. Unsupervised time in this context is planned, intentional, and integrated into the broader engagement between staff and young people. It is, in fact, the substantive content of relational practice, in which the spaces between practitioner and young person, and practitioners and young people, are constructed, filled with life, and constantly assessed through conversation, dialogue, and joint reflection.

When staff approach their reasonable and legitimate emphasis on supervision as an activity in and of itself, separate from their engagement of young people, they inadvertently engage in surveillance work, which has no value from a child and youth care perspective and is usually quite destructive. Surveillance work involves staff who make themselves physically present near young people 'in order to keep an eye on them'. Logistically, this usually manifests itself by having one or several young people in a room, perhaps playing video games or just hanging out, and there being a staff seated or standing in the corner of the room watching, but disengaged from whatever is happening for the young people. Staff often busy themselves with paper work while observing the residents. Surveillance cultures in residential group care programs often engender rules that restrict the movement of residents, such as requirements to ask

for permission to enter specific spaces, including kitchens, bedrooms, and basement recreation rooms. When staff are unavailable, because they are doing shift change, or perhaps one or more staff called in sick, young people are restricted to spending time in contained spaces, such as their rooms.

From the perspective of the residents, surveillance cultures are oppressive and reminiscent of being in custody. Young people must 'give themselves' to the patterns of the program, comply with the expectations of the program's structure and routines, and submit to a well developed culture of norms and behaviour. They become objects of observation, to be replaced and moved as deemed necessary by the staff. Their social performance is limited to obedience, with high levels of obedience earning positive 'treatment' outcomes. Their range of peer interactions become limited to the authority imposed by the observing staff member; their autonomy mitigated by the ever-present threat of redirection.

From the perspective of the staff, a surveillance culture is skill-depleting; there is no need to develop skills of negotiating one's presence among young people. The role is pre-defined as observational and re-directive if necessary. Their presence is *a priori* understood and defined by the expectation of performing surveillance. There is an over-emphasis on accentuating the physical elements of being present: "don't do anything that violates the expectations; I am here watching you". Staff become unaware of the impact of physical presence; a reliance on imposing presence begins to form, whereby male staff with large bodies gain extra value to the smooth operation of the program, because their presence results in fewer moments of negotiation, interaction and possible deviations from the prescribed 'dance' (a Mark Krueger metaphor) for any given moment. The concept of treatment becomes reduced to the measurement of compliance, the observational count of misbehaviour. In fact, staff performance becomes measured by the count of how many times there was a need to intervene in the group; less need for intervention implies excellence in performance.

Surveillance work serves to reduce empathy. Objects of observations are mere shapes placed in various spaces around the house. The practice becomes geometrical rather than relational. Even team dynamics, and specifically communication within the team, becomes mechanized. Shift change is reduced to the assignment of observation tasks – "you observe in the living room, and I will observe in the recreation room. We

will change up at chore time." The team work becomes non-reflective, operational and logistical.

Finally, surveillance cultures serve the need of the system. It allows the system to hire unskilled labour (the equivalent of security guards) to perform 'treatment' tasks; it reduces serious occurrences, incidents and conflict. And it ultimately allows the system to locate any problems squarely on the shoulders of young people; after all, any incidents, any behaviour issues, and any deviations from the program can be described based on the observations of triggers, events, and resolutions: "Johnny started bugging Abdul about his cancelled home visit, who then threw the remote at Johnny. He was asked to go to his room." Abdul gets a consequence, Johnny is redirected, and the observational routines start all over again. The treatment equilibrium is re-established; the situation has been handled.

From a child and youth care perspective, supervision is the inadvertent (but also intentional) side effect of being with young people; surveillance is about imposing oneself on the young people in the worst possible way – such imposition always has the unspoken threat of physical force embedded within it. The purpose of supervision is not to avoid problems; instead, it is to engage problems in a positive, relational manner as these arise in real time. Child and youth workers aren't afraid of young people challenging them, or of young people getting into peer conflict. Quite to the contrary, change can only occur when young people have the space to challenge others when the moment calls for it. Under conditions of surveillance, the moment never calls for it; the goal is to become a compliant, conforming, and anything but autonomous object.

I am writing about this distinction between supervision and surveillance this month because over the course of the past few months I once again have had quite a few opportunities to spend time in group care settings. I heard a lot about programs using strength-based perspectives and emphasizing the importance of relationships. It always sounds good, but when surveillance is the operating principle of group care (and it is amazing how often that is the case, even when the leadership of an agency sincerely believes it not to be the case), the setting is inherently deficit-based, and the relationships are so shallow that staff have come to believe that young people are not capable of making any positive decisions, or even of maintaining their own, autonomously generated, approach to peaceful, healthy, joyous living with others. I

refuse to believe that this is true. My experience with young people has taught me that overwhelmingly, they rise to the occasion, discover new ways of managing conflict meaningfully, and learn and grow as autonomous human beings, subjects within their own agency rather than objects of someone else's control, if given the space and the relational trust to do so. And the most inspiring child and youth workers in residential group care are those that are present with young people even through moments of physical distance.

Building Capacity in Socialized Thinkers

Jack Phelan

As CYC practitioners progress through the first 12-18 months of experience, the supervisor should be using a developmental logic that fits the mindset and meaning-making capability of people in the Level 1 stage of professional development. Typically, this means that most Level 1 staff are Socialized thinkers, who will respond well to direction and look to the supervisor as the expert with correct answers to situational dynamics. This is an ideal situation for almost every supervisor, since all you really need to do is manage the behavior of new staff with little theoretical expertise needed. The supervisor is behaving at Level 1, The Competent Manager, and the staff is also at Level 1. However, as the staff become well versed in the tasks of being a Competent Care Giver, the supervisor should begin to challenge them to take on the more complex thinking and behavior of a Level 2 practitioner. Now the supervisor has to shift logical perspectives to develop relational capacity, which also means starting the shift into Self-Authoring thinking.

Building capacity in Socialized thinkers to enable the shift to a more Self-Authoring process requires the supervisor to devise a learning plan based on the existing ability and willingness of the staff member. Developmental change does not occur easily, it is more complicated than just being instructed in the details of the next stage or expecting a shift in beliefs through describing an alternative belief. Using Vygotsky's approach, it entails the staff member being in a zone of proximal development which is open to a change, the supervisor scaffolding the learning required into small bites to be mastered, developing a potential experience where the learner will experience cognitive dissonance, and being a more knowledgeable other who can provide support to assist learning that will not occur on its own.
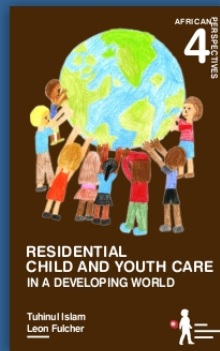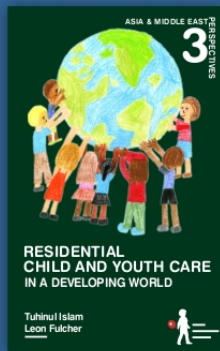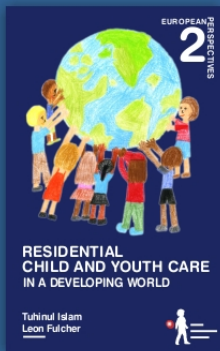
Some of the obstacles for Socialized thinkers include not being able to reflect on how they arrived at existing beliefs, looking outside oneself for the right answer, being

controlled by their relationships and how they are perceived by others, and not having the ability to step outside their relationships to analyze them. Any of these issues can be the subject of the supervisor's learning focus, depending on the dynamics listed above. Typical relational stumbling blocks for the Socialized thinker include being wounded by the aggressive or rejecting behaviors of the person he is trying to help, or distancing himself from the pain expressed by the other as relational work begins. Supervisors can create life space specific examples and opportunities for the worker, who is deemed ready to be challenged, to expand her logic or perspective. Building curiosity about what has happened or been felt can enable the staff to increase thinking capacity. Questions like "Why do you think that happened?" or "What else could your reaction be when that occurs?" may support the practitioner to reflect in a new way.

Boundaries between the supervisor and practitioner are different at this developmental stage, there is a change from a management style to a more connected, relational approach. The supervisor's relationship with the emerging Level 2 worker has to change from one where boundaries have been fairly thick and business-like, to more personal and probing, yet still based on practice, not personal friendship. This should mirror the shift that the worker can be starting to develop with the youths and families. It is very important to believe that workers will only be capable of challenging themselves to change when they experience the supervisor doing with them the same process as they are expected to create in their practice. This mirroring of dynamics is a fundamental issue in the development and supervision of professional CYC practitioners. So every supervisor at this point in the development of Level 2 staff has to already be capable of relational practice, both at the front line and at the supervisory level. This can be a challenge for some supervisors, who may not have the professional experience of successful practice as a Level 2 practitioner. Understanding this limitation is the first step in the self- development journey needed to become a more competent supervisor. The containment environment noted previously may enable both emerging Level 2 staff and developing Level 2 supervisors to achieve the transition required through exposure to peers and colleagues who are Self-Authoring, Level 2 staff. It is not good practice to promote CYC practitioners who are not yet performing at Level 2 to supervisory positions.

RESIDENTIAL CHILD AND YOUTH CARE
IN A DEVELOPING WORLD

Tuhinul Islam and Leon Fulcher
Editors

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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-instiutionalisation 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, madrassa 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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Stories

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The other day I watched the movie *Short Term 12* with my students. It is one of the best films I know in its portrayal of doing youth work in a residential program. Of course, it has to add some Hollywood drama and a dash of romance but on the whole it gets it right. As I told my students, everything that happens in the film I experienced in my own work (minus the Hollywood drama that occurs outside the facility). There are the hard parts, with fights, cutting, suicide attempts, profound sadness and loss, running away, families who don't show up for home visits, rebellious kids who seem to hate everyone, and kids crying out for help in indirect ways that are easily missed if you are not paying attention. There are youth workers who don't get it and some who do. The portrayal of outside therapists who don't listen to the line workers and override their wisdom is regrettably kind of dead on as well. There is an honest acknowledgement of how the work is deeply intertwined with our own histories of trauma and loss. Indeed, to some degree the movie centers on how doing the work is mutually transformative for both workers and youth; how we are all in this together trying to sort this crazy world out.

There are also lots of magic moments with singing, playing baseball, laughing and joking, playing games, drawing together, as well as sharing and support in deep and profound ways. And there is the tedium of daily living-brushing your teeth, meals, watching TV and getting everybody up for community meeting. Somebody involved in the making of this movie really gets what it is like to do the work.

But it is one particular aspect of the movie that really struck me this time. The film opens with one of the seasoned workers (Mason) telling a newbie a story about a youth who ran away from the facility. He tells him that the program has a policy that

CYC-Online September 2016 Issue 211
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the workers can't touch a youth once he is off the property and all the youth know this. So, when running away, the goal is to get off the property and then the workers can't really do much but follow you, which is what they do.

Mason says that on this particular day they eaten tacos for lunch and that the tacos were not sitting well with him. Nonetheless, when this young man ran, Mason ran after him and once he had left the property stayed with him. The young man boarded a bus and Mason got on with him. As they rode along, the youth leaned across and said that he was going to get off at the next stop and that if Mason tried to follow him he would hurt him in unspeakable ways. Since the youth was both large and street wise, Mason had every reason to believe him.

At the same time, Mason had realized that he definitely had to use the facilities in the worst kind of way due the effect the tacos were having on his stomach. He had to get off on the next stop or soil himself on the bus. So, when they got to the next stop, the young man gets off and stands on the sidewalk daring Mason to get off. Well, Mason has to get off due to his tummy troubles and so he gets off the bus and immediately, obviously, and spectacularly soils himself. The youth sees this and doubles over laughing, the tension is broken and eventually the youth returns with Mason to the program.

There are a lot of things to like about this story. In the first place it rings true in many respects. I can remember getting a call from a worker, when I was working at an emergency shelter, saying that he had been following a youth who had left the program and they had taken a series of busses far out into the suburbs. He was calling because he said that he had run of transfers and that the youth had not. The last he saw of the youth was his laughing face at the window of the bus as it pulled away. The worker was calling to see if we could send someone to pick him up.

I also am taken with the way that the story doesn't shy away from the realities of the body. In this sense it reminds me of Mark Krueger's classic piece on farting in the van. When working residential care, group homes, emergency shelters and even street based outreach, bodies and their functions and dysfunctions are always ever present. Jokes about body functions from farting to sex are an ongoing occurrence. They are part of the fabric of relationship that is woven when working in a living space with other human beings. Particularly human beings coming to terms with how their bodies are changing and seemingly betraying or surprising them at every moment (something we deal with at all stages of life but with greater degrees of intensity in adolescence,

pregnancy, menopause or old age).

The thing about Mason's story, that we learn as the movie progresses, is that it is mythic within the program. Everyone knows it, both the workers and the youth. And it comes up repeatedly in teasing and to break tensions at tough moments. The fact that Mason spreads this rather embarrassing story has a number of important effects. In the first instance it beaks down the hierarchical relationship between the workers and the youth. It shows the young people that the staff are flawed and human in a particularly graphic way. At the same time, it demonstrates the lengths to which workers will go to hang in there with the young people in their care. The combination of humility and endurance is key to doing this work, in my opinion. There is knife edge to be walked comprised of the necessities of care that comprises an affirmation of our mutual humanity combined with an assurance that we have what it takes to be there when going gets rough. The fact that Mason voluntarily offers this story repeatedly to anyone new and keeps it alive as part of his legacy in the program simultaneously subjects him to ridicule and teasing, while at the same time showing that he is strong enough and secure enough to withstand, with good humor, his own very human failings.

Of course, the fact that the story is familiar to all of the young people and staff has another effect. To have an adult in charge tell a story about how they survived and went on to be successful after such a graphic humiliation is a beautifully indirect message about what, we as human beings, are capable of. The story is not just about Mason's embarrassment, it is also about how he went on to be the guy strong enough to tell the story. In this, there is an implicit message of survivorship and the healing power of sharing your story over and over until it can no longer hurt you. To know that we can persist beyond those events that could cripple us with shame and humiliation is a powerful suggestion, especially when it comes from someone in authority willing to tell such a story on themselves.

Mason's story also challenges a favorite sacred cow in our field these days: boundaries. Mason is telling the story to a new worker fresh on the job with good intentions, but no experience. In his telling he lets on that everyone heard about what happened, including his own mother. What is the message he is giving this new worker? Aren't we supposed to keep a professional distance? Shouldn't we maintain appropriate boundaries between our work life and our home life? How does one assert one's authority without an assertion of professional hierarchy?

The beauty of Mason's story is that is asserts once again the power of actual living relationship. Mason can continue to do his job as a worker, including enforcing rules and doing take downs when residents gets violent or out of control, because he is respected by the young people as someone who is "real." He is a flesh and blood relatable human being who can be trusted because he is specifically *not* simply a functionary carrying out the will of the organization. Mason's story is a summary that includes the way that the program works at the level of lived experience.

The work is complicated and unpredictable. Sometimes the food is bad, or your stomach is uneasy from the stress of the day. There are young people who will threaten you with violence and what you do about that is situational and at times out of your control. Young people often don't want to be there and will go to extremes to get away, only to decide to come back. You have to be willing and able to improvise on your feet and to engage your work at a physical level. It doesn't matter what theories they taught you in school about development, diagnosis, mental health, or professionalism, when you are face to face with a young person across a bus aisle, the only tool you have will be you

and you alone. Whatever you can bring to that from your own lived experience historically and in that moment will be what makes a difference.

Hidden in the story is the fact, that when Mason got off the bus and soiled himself, the youth could have run off and left him there. He could have taken advantage of Mason's dilemma and followed through on his threat to hurt him. But he didn't. Instead he started laughing and they went back to the facility together. That is a signal that there was a pre-existing depth of relationship that allowed this young person's ambivalence about being in care to tip in favor of giving it another shot. That depth of relationship was built out of Mason's ability to be relational in the most profound sense.

The strength of stories within facilities that become mythic is a crucial element in the determining the health of the institutional ecology at stake. Does a program have stories? What are they? What do they say about who we are and what we do? Are all the stories about the young people? That says something. Are the stories about how crazy, wild and challenging the young people are? That says something. Are the stories about trauma and suffering and how hard it is to work in this environment? Are they about the agency and its history absent anything about workers? What stories do we tell and to whom and when? Are our stories only for the workers, administrators or a small group of us? Or are they mythic like Mason's? Are they available to everyone as a common history of how we are together? The stories we tell matter. They tell us who we are and how things are arranged, who is in charge and how power works. Who tells the stories and to whom makes a difference. The best stories don't have boundaries. They belong to all of us.

As we enter the 21st century, our world is increasingly composed of virtual reality. We live in an increasingly symbolic social and cultural environment. Stories are everywhere and they tell us about our world and ourselves, in the best and worst possible ways. In such a world, it is easy to become a passive recipient of stories. One who only passes on the stories given to us by others. Under these conditions, living in a way that produces our own stories, based in our own experiences of relationships with each other, becomes a subversive act of rebellion and resistance. To find new stories to tell about how our bodies come together to form relationships of dignity and courage, with humility and humor is a political act. I would encourage us as a field to find our voice in this way and to tell our collective stories. This was the power of Mark Kruger's work and a legacy I hope we don't lose in the years to come.

Propaganda with and without Evidence

Doug Magnuson

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In an earlier column and in conversations with several colleagues over the past year I promised to write about the idea of "evidence, " including evidence-based (EBP) and evidence-informed practice. Many practitioners, educators, and researchers worry about these ideas and these expectations, for some good reasons. I also worry about some of the more reactive opposition.

Anytime someone claims to have a better approach, there is a corresponding obligation to provide some documentation, especially experience and data from work with real people. Both advocates and critics of EBP should want to be responsive to the validity and the reliability of their claims. Proponents of EBP do make inflated claims, as Gambrill (2011, p. 34) says, and so do some critics of EBP as well as proponents of many theories in CYC and Social Work. Often the problem has to do with being in a rush. Advocates of EBP want to make decisions before enough evidence is in, and proponents of other views also want their theory or practice adopted before these have been adequately piloted, and often before they are piloted or tested at all.

One question that may cut to the quick is to ask: Can you describe the conditions as well as the people with whom your approach does not work and when it should not be used? With proponents it exposes whether or not the idea has been adequately tried, and with critics it exposes whether their opposition is rooted in something more than a reactionary response. It is a question that has to do with evidence about validity. It is a useful question to ask ourselves when we make claims about theoretical and practice approaches. If we cannot answer the question, it is too early to make big claims.

In the next column I will discuss some of the problems with the way that evidence-based practice ideas are being used. To set up that and subsequent discussions, here I offer a quick introduction to one way of thinking about EBP. These discussions assume the context of working with children, youth, and families with whom we have contact because of some kind of trouble or need. In these contexts we have a particular obligation to explain ourselves, and some obligation to document whether we are helping or harming.

This discussion relies heavily on the work of Eileen Gambrill, who has written widely on the ethics of practice, evidence-informed/based practice, and propaganda in the helping professions. She points out that we who claim to be in helping professions want to worry about our evidence, because we are in a unique position of being heavily influenced by propaganda and by the self-gratifications of the helping role. Both blind us to the harmful, wasteful effects of our work. Advocates and critics can both be propagandists, and one shared trait is that the debate is about us-not about children, youth, and families. Instead, it is about our own interests and self-promotion.

> *The ethical exercise of discretion requires skills in avoiding propaganda ploys, whether from oneself or from others. Propaganda is defined as encouraging beliefs and actions with as little thought as possible (Ellul, 1965). ... Key propaganda methods include distortion, confusion, fabrication and outright censorship. We live in a sea of propaganda in the helping professions. Propaganda entails selective use of 'evidence' and encourages actions and beliefs based on questionable evidence. ... Methods of propaganda violate Grice's maxims such as 'avoid obscurity of expression.' Propaganda pitches are carefully tailored to appeal to our self-interests and deepest motives (to be right, to be a member of an in-group) and to discourage critical appraisal. All propaganda methods distort reality, often by omitting relevant content such as competing well-argued views and counter-evidence. ... Jargon may be used and not defined. ... Weasel words are common. Coombs and Nimmo (1993) suggest that the new propaganda consists of 'palaver' ... a kind of discourse in which truth and falsity are irrelevant – in which a variety of non-rational methods are used as criteria including slogans, myths, images, and symbols which are self-serving.* (Gambrill, 2011, p. 36)

To counter these, Gambrill suggests some evaluation questions to focus the study of our work:

1.   Are we helping? Who are we helping and in what ways? How can we find out?
2.   Are we harming? Who and in what ways? How can we find out?
3.   Are decisions well-reasoned and informed by related research and theory?
4.   Are clients involved as informed participants? Have they been accurately appraised concerning the benefits and risks of recommended procedures as well as the benefits and risks of alternatives (including doing nothing or watchful waiting)? (Gambrill, 2011, p. 654)

Most succinctly, our clients ought to be asking us: "Do you have evidence that your work with me will help? What are the risks, and often do they occur?" It is our obligation to know.

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The Imitation Game

Maxwell Smart and John Digney

Experience is simply the name we give our mistakes.
Oscar Wilde, Irish Poet and Playwright

*It is wonderful what strength of purpose and boldness and energy of will are
roused by the assurance that we are doing our duty.*
Walter Scott, Scottish Poet and Playwright

In concluding this trilogy on 'Crisis and Connection', we look to the moments we
encounter between adults and youth, and how these might move beyond connection
to relationship. As we explored this topic over recent months we have dipped into
some wonderings about emotional pain and pain-based behavior. We have pondered
how workers can and must connect with kids, despite acts of hostility and aggression –
if we are to be useful in assisting kids and families make positive changes to their lives.

As we journeyed together we considered adult responses and how these have the
potential to either create fertile ground for connection or exacerbate the crisis for the
youth. We have recognised along the way that crisis can be helpful and when managed
well that dividends can abound.

Playing the 'Imitation Game'

Before explaining we must acknowledge the work of Britain's most famous
mathematician, Alan Turing, who has been acclaimed as the father of modern
computing and who's pioneering work during the 1940's is credited with shortening
WWII by approximately two years. We shamelessly exploit the title of one of his most
famous works to examine '*modelling*' in Child and Youth Care. Modelling and

subsequent imitation by youth are considered as both an issue and a responsibility of contemporary Child and Youth Care practice.

What we are getting at is the realization that if we 'model' poorly we can exacerbate a crisis, but to model well has the ability to change crisis to connection and potential assist in some healing process for the child or youth. Through imitation youth are able to use positive modelling by helping adults to alter their way of being and doing.

Let us play the imitation game

Bearing in mind that we are considering troubled youth, let us review an example of problematic modelling to ask the question about what has been imitated:

> Bernie is a 14-year-old youth recently admitted to residential group care. She is viewed as being manipulative with other residents, mainly because she can subtly provoke others to act out. She regularly undermines staff and even seems to enjoy the distress of others. Samantha, a novice Child and Youth Care Worker, has had to deal with the aftermath of Bernie's behavior (distressing and bullying other vulnerable youth). Samantha is becoming irritated by Bernie's manipulation of others and she decided to challenge Bernie, toward the end of a late shift, trying to get Bernie to recognise that she has caused distress in others.

> Rather than listening Bernie begins to mock Samantha's challenge, doing so in front of another youth. Then both youngsters sing a mocking song about and at Samantha. Samantha becomes upset and responds by raising her voice and as she does so the other residents shout and swear at Samantha … the situation escalates beyond shouting with furniture being thrown in the dining room and other staff having to physically intervene and carryout restraints. Bernie walks out of the dining room and goes to bed.

> When asked later by another staff member about what happened Bernie simply states that some other kids were restrained. Samantha later that week in supervision advises her supervisor that she doesn't know what happened.

So what was modeled here? We can all visualize situations like this and must be clear that we are not necessarily castigating our fictional Samantha. But unfortunately, much of what we know about good practice, can sometimes fail to be enacted 'on the floor'. We know the reams of theoretical and practical knowledge and we also have learned through our own 'internal skills development' … yet we sometimes simply do not get things right. Just like Samantha we have gotten it wrong at times and like Samantha:

- We can get caught up in highly stressful situations and rather than responding to the child's needs we get drawn into a reaction to the behavior,
- We do not pick appropriate times and places to challenge and can find ourselves, for various reasons, doing this at the end of a shift and in a public place,
- Rather than framing the experience positively, we react, thus allowing other to get pulled in to the situation,
- Rather than lowering the emotional volume and de-escalating a crisis, we can exacerbate it,
- Rather than recognizing crisis as an opportunity for growth and learning, we can allow youth to avoid taking any responsibility,
- Rather than a positive modeling opportunity something more insidious can occur.

Our fictional Samantha also seems to have been overwhelmed by what she was encountering and rather than positive modelling, allowing for a learning opportunity, buttons were pushed and caring was replaced by a further behavioral crisis. Rather than facilitating some positive realignment, there appears to be a reinforcement of this youth's survival strategies.

Rather than imitation of another way of being. this intervention may have just reinforced Bernie's belief that all adults are the enemy and must be treated as such.

Purpose and Intentionality

What should the driving forces of our interventions in Child and Youth Care be? Is it to help youth care for themselves better? Is it to care for others or even care about others? Is it to control self and protect self from harm? Or is it to control others or protect others from harm? Of course there are many, from which it is tough to prioritize in any systematic way, but we do agree that one of the most important weapons in our CYC arsenal is recognition and creation of moments where we can 'model' different ways of being and responding.

This modelling, particularly when done well can create an opportunity to generate an embryonic relationship. An opportunity to maximize the feelings of respect, comfort and trust and one which reduces the negative feelings of distress, worry and anxiety. To model positive ways of being requires knowledge, understanding, empathy, self-control and the ability to use self in a way that naïve observers cannot comprehend. It involves an ability to demonstrate to kids in crisis that they are alternatives to the default survival responses they revert to. In our positive modelling we seek to be imitated by youth in order that they have social and emotional alternatives in their lives.

Imitating Positively

In practice, (although we would suggest beyond just practice but also as a way of being in life in general), modelling a specific (positive) way of being in the world is one of the most important gifts that we can give to children and youth, to model a way of being which enhances growth and communicates acceptance - whilst at the same time generates feelings of hope and the possibility of positive change. To look to our elders

for advice on this matter we note Whittaker (1979) who advised and proclaimed, 'we accept you as a person with rights, feelings, and individuality; we reject … things you do which make trouble for yourself or for others and which keep you from growing as a competent, autonomous individual'.

Modelling expectations should not be via power assertion or love withdrawal but modelled through empowerment, finding ways to demonstrate:

- When I make a mistake that I can own that mistake and am prepared to repair it,
- I can contain overwhelming personal emotion when provoked without acting in a counter aggressive way,
- I am able to act as a 'container' for the emotional pain of youngsters and can demonstrate compassion and empathy, day in day out,
- I am prepared to model ways for growth and learning, even when there is adversity,
- I believe that others (including adults) can be trusted.

Through our modelling we seek to demonstrate competence in managing self emotionally and physically. We wish for youngsters to imitate these behaviours and eventually as their fear dampens and social learning occurs this gradually becomes a youth's new way being and not only in 'care settings', but also in all other arenas such as family, school and community. As Whittaker (1979) notes, 'we seek to create an environment where all the participants … become interdependent; care about one another; and are willing to challenge, support, and aid each other in the process of growth and change'. In this way we have hope that there can be connection in crisis and ultimately an imitation and then integration of what has been modelled that makes life better for the youth in our care.

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Maxie & Digz

Embodiment of Practice

Aurrora De Monte

I have been thinking a lot about 'embodiment' as it relates to practice these last few months and am going to take some space to explore this concept here over the next few columns. Please bear with me as I make sense of this concept and share these thoughts with you. Initially I thought that 'presence' might encompass what it was that I was thinking of, however, on further exploration, I think *embodiment* expresses something different.

Krueger (1998) uses a section of a poem by Simon Ortiz to highlight the meaning of presence as a "sense of dignity and worth and the ability to fit into the space that is yourself" (p.36). Presence refers to being 'real' in practice; a genuine ability to be ourselves and share parts of ourselves with others in a manner that is both professional, honest and with integrity.

The Oxford dictionaries defines embodiment as "*a tangible or visible form of an idea, quality or feeling; a representation or expression in a tangible or visible form*" ("Embodiment", 2016). Being 'real' in practice is about knowing who we are and being comfortable with sharing who we are in a professional manner (congruence within Self). Embodiment of practice, in my mind, refers to developing the awareness of our senses, to support congruence between personal and professional, whereby our actions illustrate harmony of spirit and of practice. When we embody practice we understand why we do what we do; when the interventive moment worked, or when it didn't, and are willing to explore and learn from this, weaving what we learned into our personal and professional identities. I imagine that this is when and how our practice becomes an embodied extension of ourselves.

In coming to understanding my own practice I have begun to use the term embodiment as a way to understand and track the significance of my actions and practice in a variety of ways. I have come to think of embodiment as an important

component to practice: being able to interpret and possess the 'essence' (the visceral: our mental, physical and emotional experiences) of practice in a purposive, beneficial manner.

If embodiment within practice refers to the recognition and awareness of our feelings within our bodies and our ability to integrate these, creating harmony within the personal and professional practice, then what would it mean to experience disembodiment? In my mind, it may speak to a lack of awareness regarding the significance of our feelings, influencing how we practice. We if do not integrate how we are 'being, interpreting and doing' (Freeman & Garfat, 2014) our practice, we may be working without awareness of the intersubjectivity of our practice. We may no longer be connected to ourselves, 'doing' without thought on how it makes us feel or the impacts to others with whom we work. Disembodiment in CYC practice may risk cultivating insensitivity, rather than the 'connected experiencing' (Garfat, 2012) of relational CYC practice.

So how might embodiment be supportive of developing as a practitioner? In my mind, embodiment promotes a relational approach to working with young people and families as it supports the awareness, recognition and utilization of our thoughts, feelings and attitudes to connect and 'be' with others. People can often see through a fake presence so we must be clear about who we are, what we are doing and the reasons for doing so, believing (and truly feeling) our practice and its abilities to support others.

To begin to think about embodiment in practice, here are a few questions to ponder and process:

- What are my intentions or thoughts about my practice setting or practice with a particular young person or family? How (and where) do these show up in my body? How do my intentions or thoughts become extensions of myself within daily practice? How is my 'bodily experience related to my immediate intervention (if it is)?
- What are the feelings that arise when I am with practitioners, young people and families with whom I work? Where do I feel these feelings? How do these feelings or thoughts show up in the actions within daily practice? What is the relevance of these feelings?

Krueger (2000) once wrote about how CYC practice is like a dance in which practitioners are required to be an engaged participant. To dance without awareness of our bodies, of how the music moves us, and the visceral experiences that it conjures up within us would be a sacrilege to the art of dance. Similarly, as each of us evolves our own unique form of dance (practice), we require developing our senses, embodying the wholeness of our experiences, and encouraging a richness within our practice.

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The power of relationship: The theoretical foundation of child-centered play therapy

Aleksandra Przybylo

Play therapy has been described as involving therapeutic relationships and the language of play (Axline, 1947; Axline, 1950; Axline, 1955). Axline (1947) explains the main assumption of play therapy, "play therapy is based upon the fact that playing is the child's natural medium of self-expression. It is an opportunity which is given to the child to 'play out' his feelings and problems just as in certain types of adult therapy, an individual 'talks out' his difficulties" (p. 9). In other words, play therapy uses play to foster a therapeutic relationship, to facilitate expression of feelings and thoughts, and to enable the child to find resolutions and establish coping strategies.

Play therapy rests on a theoretical basis upon which the therapist builds the relationship with the client and which determines whether the therapist will be more

directive or non-directive. For instance, a child-centered approach is non-directive, whereas cognitive-behavioural theory is more directive. The difference between directive and non-directive approach lies in the role of the counsellor (Johnson, Bruhn, Winek, Krepps, and Wiley, 1999). Non-directive play therapist focuses on developing a relationship with the child in which the child can freely express feelings and explore problems (Johnson, Bruhn, Winek, Krepps, and Wiley, 1999). The therapist communicates empathy, acceptance, and genuineness by affirming what is seen, said, and felt. Non-directive play therapy progresses in an unhurried pace and the child is allowed to choose the toys and the focus of the session. In contrast, a directive therapist encourages use of some toys, games, activities, and stories, stimulates progression through the counselling process, and provides more direct answers and strategies. In a nutshell, play therapy constitutes of the therapeutic relationship, language of play, and theoretical foundation, which is the focus in this article.

Carl Rogers was America's most influential counsellor and psychotherapist (Kirschenbaum, 2004). His parents were very conservative and tried to keep their children isolated from societal influences. The expression of feelings was not encouraged (Kirschenbaum, 2004). As a result, Rogers had few real friends outside his family and experienced loneliness. Because of this, Rogers started to rely on his own imagination, developed sensitivity, and began writing in order to express his emotions, creativity and longing for meaningful relationships (Kirschenbaum, 2004).

At first Rogers called his approach a non-directive method (Kirschenbaum, 2004; Rogers, 1946). In the non-directive method, the therapist avoids questions, interpretations and advice. The therapist's task is to listen to the client, accept the client, and reflect back the feelings. The reflection and acceptance creates safety and encourage deeper exploration, insight, and eventually action. Rogers (1946) summarized the core assumption of his approach, "the individual has the capacity and the strength to devise, quite unguided, the steps which will lead him to a more mature and more comfortable relationship to his reality. It is the gradual and increasing recognition of these capacities within the individual by the client-centered therapist that rates, I believe, the term discovery. .. these capacities .. are released in the individual if a suitable psychological atmosphere is provided" (p. 419). Later on Rogers named this non-directive method, the client-centered approach.

In the client-centered approach, Rogers specifies the three key conditions in the

therapeutic relationship that are needed to create the suitable psychological atmosphere and thus facilitate change in the clients (Kirschenbaum, 2004; Rogers, 1946; Rogers, 1987). The first is to accept the client as she or he is without conditions. It is important to view each client as a person of worth and dignity and to accept the conflicting feelings, struggles, and experiences. Rogers called this acceptance unconditional positive regard. The second condition is empathy, the ability to understand the client's thoughts, feelings, and conflicts from the point of view of the client, to see the client's world through her/his frame of reference. Being genuine constitutes the third therapeutic factor that needs to be present for the client to make the necessary changes. Being genuine refers to the counsellor's awareness and expression of feelings as they appear in the therapeutic relationship. The role of the therapist is to provide the conditions so that the client can access her/his inner wisdom and facilitate change (Kirschenbaum, 2004; Rogers, 1946; Rogers, 1987).

Throughout his career Rogers' ideas were strongly criticized for lack of techniques and ridiculed for the non-directive role of the therapist (Kirschenbaum, 2004).

However, to this day, work on the client-centered approach continues and current research validates many of Rogers' concepts and contributions. It is the client-centered approach that guided Virginia Axline's development of child-centered play therapy.

Virginia Axline had studied under Rogers and was influenced by his client-centered theory (Guerney, 1983). Axline developed child-centered play therapy by building upon Rogers' ideas and modifying the client-centered approach for use with children (Guerney, 1983). She introduced the element of play as the child's "natural medium of self-expression", which creates for the child the opportunity "to play out his accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment, confusion" (Axline, 1947, p. 16).

The child-centered approach incorporates most of the client-centered principles. Child-centered therapy relies on being empathetic with children, accepting them without conditions, establishing a warm and friendly atmosphere, and developing a caring relationship with children (Guerney, 1983). Like in client-centered therapy, a play therapist's task is to listen to the child, accept the child, and reflect back the feelings. Moreover, the play therapist observes and participates in the play, which communicates to the child that the therapist is present, involved, and attentive.

Furthermore, both client-centered and child-centered approaches derive from the

assumption that each person regardless of the age has knowledge of what is missing in their life, what is painful, what is bothering them (Guerney, 1983; Rogers, 1946). Each person has a powerful force that strives towards independence and purpose in life. To achieve self-actualization, the child needs to accept her/himself for who (s)he is. The therapist creates conditions of empathy and acceptance, which allow the child to be her or himself, and to accept her or his feelings, desires, and motifs. As Axline (1947) put it, "where the child is the most important person, where he is in command of the situation and of himself, where no one tells him what to do, no one criticizes what he does, .. he suddenly feels that here he can unfold his wings; he can look squarely at himself, for he is accepted completely; .. he can express himself fully .. he is an individual in his own right. He is treated with dignity and respect, he can say anything that he feels like saying – and he is accepted completely" (p. 16).

Axline (1947) defined basic principles which can guide the therapeutic process. The first principle concentrates on developing a warm and friendly relationship with the child, accepting the child, establishing permissiveness for the child to express her or his own feelings. Moreover, the therapist recognizes the feelings that are expressed and reflects them back to establish insight. At all times, the therapist maintains respect for the child's ability to solve her or his own problems. The next principle specifies that the therapist does not try to direct the child's behaviour. "The child leads the way; the therapist follows" (Axline, 1947, p. 73) is the core premise of the non-directive child-centered approach, which derives from the idea that the child has the ability to solve her or his problems and find the direction for change. Furthermore, the therapist does not try to hurry the process, but allows the child to progress on her or his own pace. The final refers to limit setting in a counselling process. The therapist establishes only the necessary limitations, namely rules focusing on "limiting willful destruction of play materials, damaging the room, and attacking the therapist" (Axline, 1947, p. 128). These rules establish guidelines, which maintain safety, foster responsibility for the child's own actions and respect for the therapeutic relationship. The eight principles summarize the whole philosophy behind the child-centered approach.

Rogers (1961), as cited by Kirschenbaum (2004), explained that "it is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried" (p. 11). This assumption is the foundation of client-centered

therapy. Because the client knows what needs to change, the therapist relies on the client for the direction of the movement in the counselling process. The client leads, the therapist follows (Axline, 1947). The task of the therapist is to create a relationship based on the therapeutic conditions of empathy, acceptance, genuineness that will facilitate catharsis, insight, and change.

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Post Card

from Leon Fulcher

SEPTEMBER 2016
33rd FICE Congress and 2nd CYC-Net World Conference
Vienna

Kia Ora Colleagues! Greetings from Vienna, the place where contemporary child and youth care practice can trace its origins. It was great being able to join with so many people from different walks of life, all making their way across continents and oceans to join together for the 33rd FICE Congress and 2nd CYC-Net World Conference. Thank you FICE for letting us join you in Vienna around the theme of Together Towards a Better World for Children, Adolescents and Families!

After many hours of air travel – thank you Air New Zealand – it was a relief to adopt alternative travel methods, starting in Munich by train and travelling via Salzburg to Vienna. Having travelled around Europe some 40+ years ago by train, it was a great experience rejoining Europe's superb inter-country train service with opportunities to watch the countryside through which we travelled instead of looking down at it.

It was quickly apparent that Europe has become a much more multi-cultural part of the world than it was all those years ago

Leaving Airports and Airplanes to Riding Trains from Munich

Europe has become a truly a multi-cultural place wherever one goes

when I first moved to live there. While some find this challenging – note the flap about Burkini-clad bathing in the Riviera now overturned by the highest court in France – it still felt good knowing that Auslanders are – to a large exent - accepted as part of the place, contributing to the historic tapestry of this part of the World.

We were impressed with the variety of children's play areas that were discovered here and there – wherever we travelled. While some folk challenge the way the so-called 'bureaucratic' ways in which the European Union operates, many of these challenges fail to acknowledge how peace has been sustained for more than 60 years – benefitting all who live there. How many centuries of conflict had to be endured until peace in our time?

The 3rd CYC-Net Clan Gathering focusing on the theme of Bridging the Gaps offered a very successful pre-conference start to our time in Vienna. Former Clan members as well as new shared valuable opportunities for dialogue as well as opportunities to make new friends and renew acquaintances from people separated by

Children's play areas are to be found everywhere, many supported by EU funding

Another very productive CYC-Net Clan Gathering before the start of the Conference

geography and time. I salute our authentic Clan Chieftain Graham Bell and all the other CYC-Net Board members who joined in to help make this event a success – with much planning for the future.

The Conference began with Austrian FICE stalwarts – Bettina Terp and Herman Radler – welcoming us to Vienna. More than 700 delegates registered for this Conference, from 60 countries all around the World! This was the biggest gathering of its kind for our field!

Bettina Terp and Herman Radler welcoming Delegates at the start of the Conference

The scientific traditions of FICE and the more practice-oriented traditions of CYC-Net helped to produce an informative and inspiring blend of conference presentations that delegates will be thinking about for some time to come. And, as happens at such events, the social networking and friendship building carried on from the very start.

It's one thing for a conference to be called 'international' but this one was

700+ Delegates convened in Vienna from 60 Countries and every Continent!

just that. All who attended will remember the voices of youths 'telling it like it was' growing up in care. I'm reminded of that Scottish children's song about the 3 Crows Sitting on a Wall: remember we must not to shy away from cross-cultural values that are foundational to our work.

This Conference had a truly multi-cultural feel about it – largely without tension

This was a wise old crow who 'didnae flee at ahh'!

endnotes

"Sure, everything is ending," Jules said, "but not yet."
Jennifer Egan

One man that has a mind and knows it can always beat ten men who haven't and don't.
George Bernard Shaw

His name is Marcus: he is four and a half and possesses that deep gravity and seriousness that only small children and mountain gorillas have ever been able to master.
Neil Gaiman, *Anansi Boys*

Youth is like having a big plate of candy. Sentimentalists think they want to be in the pure, simple state they were in before they ate the candy. They don't. They just want the fun of eating it all over again.
F. Scott Fitzgerald, *This Side of Paradise*

"Asleep, he looked a lot younger than going-on-seventeen, but I had noticed that Johnny looked younger when he was asleep too, so I figured everyone did. Maybe people are younger when they are asleep."
S.E. Hinton, *The Outsiders*

An intellectual is a man who takes more words than necessary to tell more than he knows.
Dwight D. Eisenhower

The intelligence is proved not by ease of learning, but by understanding what we learn.
Joseph Whitney

You don't have to be a genius when you're surrounded by morons.
Josh Lieb

"Have you made backups?"

information

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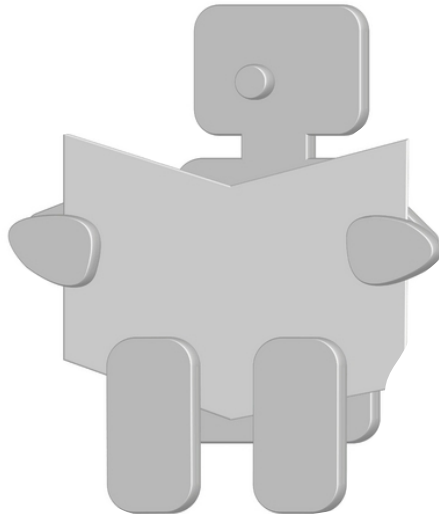
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