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Relational Child & Youth Care Practice

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Reframing The Trauma Lens

Call for Papers

Closing Date: 30 April 2023

Professionals and carers have long understood that a particularly difficult experience or cumulative disadvantage in a child's life can leave a legacy that impacts their present-day functioning. It is also true that not all children who have experienced adversity seem to be overly affected by it. So, we should not necessarily assume a debilitating reaction to past experience. In the space of little more than a decade, this connection between past and present has come to be understood through a lens of trauma, yet the question of just what trauma is remains largely unexamined.

The adoption of a trauma lens requires further examination, particularly asking what might differentiate "trauma informed care" from any other form of care, when the principles of TIC are essentially principles of good care that are not specific to trauma.

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What is trauma ... really?

Is this the only or most helpful way of understanding the past?

What does the evidence tell us on trauma and trauma informed care?

What are the politics of trauma?

What are the implications of trauma approaches for professionals and carers?

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Working Professionally with Children and Youth in Care

Unpacking Concepts Using Metaphor and Analogy

Janice Daley



My friend Dave stands in front of a group of people, most of whom are in the room because they have experienced some trauma that led to significant disruption to their lives. They are participants in a program designed to help them understand and work toward overcoming the impacts of their Adverse Childhood Experiences (ACEs). Dave holds out a beautiful green grape and asks what they would think if he offered to give them this grape, and as they reached for it, it exploded and covered them in juice and skins. They'd think that there was likely something wrong with that grape. But then Dave asks if he offered them this grape and as they reached for it he began to wrap his hand around it and squeeze, causing the grape to explode and cover them both

with a mess. Is there something wrong with that grape? No, the grape had a perfectly normal and expected response to sustained and uncontrollable pressure. The application, he goes on to explain, is that people who are exposed to sustained and uncontrollable pressure (like ACEs), can also be expected to exhibit strong reactions to life's circumstances. Dave reports that many people with whom he shares this analogy approach him in tears afterward because he has given them the "gift of normal" – they've always felt there was something wrong with them because they've never connected their own behaviour with their life experiences. It's a simple way to express what we speak about often in CYC circles – that it's not what's wrong with us, it's what's happened to us. And understanding that can help us release some of the guilt, shame, stigma, taboo, or whatever else might be keeping us stuck.

The use of models, metaphors and analogies is something dear to my heart. I have found that these word pictures stick with me and help me understand the concepts of many of the excellent, well-researched, and straightforward lectures I have encountered. And beyond that, they help me communicate what I've learned to others in a simple way so that the concepts become transferable without my having to reproduce the entirety of the learning, and in a way that may be more accessible to those who need to hear it. I've probably used Dave's grape analogy on a weekly basis as I talk to parents, young people, or friends caught in a cycle of addiction, about the impact of ACEs. A child can understand this, as can an adult who has not had the privilege of formal education in a given subject area. Will they be able to appreciate all the nuances and deeper context? Perhaps not. Might they be inspired to learn more, particularly when the

concept may directly impact them and their ability to absorb the ideas for their personal use and growth? And might they find in the metaphor some relief of pain even, as they assimilate a new perspective on an idea or problem? I really think and hope so.

How many times have I found an application in daily life that helps me discuss something difficult with a young person in my care? I recall once being at the grocery store and needing to pick up 20 lbs of potatoes. The young man accompanying me offered to carry them to the cash register. (For the life of me I cannot recall why we didn't just have a shopping cart!) As we stood in line he turned to me and said "I can't carry this by myself any more." So we shared the load and had an amazing conversation about how many things in life are like this. We think we can manage them on our own, but as time goes on we find our heavy burden weighs us down more than we can bear, and we need help. We talked about how difficult it can be to ask for help, but the reality that help is often nearby and people are eager to lend a hand. Our young people don't always have the emotional vocabulary or comfort level to jump into discussions about their need for support. But if we are patient and pay attention, opportunities like this arise, and it's up to us to recognize and use them – even a sack of potatoes can be a great teaching tool!



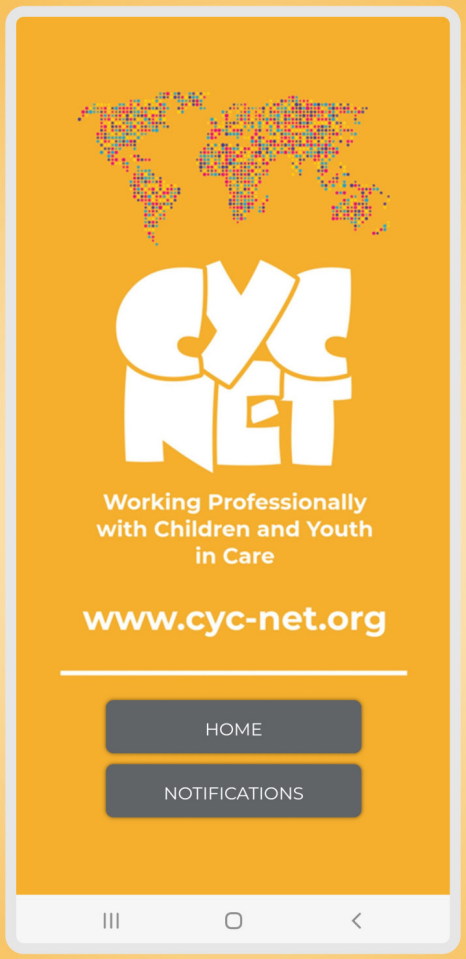
This is one of the often used skills of the CYC-practitioner, closely related to the use of daily life events, but really digging below the surface to find a symbolic meaning. We're like preachers or comedians in this way – finding inspiration in daily life to communicate deeper truths (or hilarious inconsistencies) to people around us, and hoping that what we see and share will land well with them. And to be clear, I'm not advocating we never get into the deep, nuanced, thorough explanations and discussions of concepts we need to share and understand ourselves. I appreciate too, that analogies fall apart at some point and may only be useful as an introduction to many concepts. But I have found that in my own practice and in my day to day, using analogies, metaphors and models is a practical and impactful way to communicate. They can really help us cut through some of the density and get to the heart of the matter.

So for those of you who've had the misfortune of being exposed to my facebook profile where my other love language, puns, is on regular display, I leave you with this quote from Star Wars: Metaphors be with you.

JANICE DALEY, MSc (CYC Studies), *has been a front line CYC practitioner since 2000. She started out in residential care before moving into more than a decade of family support work, and currently works in a faith-based setting. She lives and works in St. John's, Newfoundland and Labrador, Canada where the weather, the people, and the landscape are fierce, awe-inspiring, and grand. Janice is associate editor of CYC-Online.*

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“Expertise”, revisited

Mark Smith

I can only suppose it is a quiet month on *CYC-Online* and that the managing editor is reduced to dredging up old columns. Ethical publisher that he is, he ran this old piece by me and asked if I were okay about re-using it. I am, of course, but I also offered to offer a brief retrospective on it from the distance of, God help us, 18 years.

The first thing I noted is an aside really … I see the date of the previous piece is March 2005. Now, I would have sworn that I wrote this after I moved from the University of Strathclyde to the University of Edinburgh. – but I didn’t start there until that September. Funny how memory can catch you out …

But to move to some more substantive observations on the content, although I had no idea at the time, the 2005 piece reflects the emergence of an interest in the nature of child and youth care knowledge that has stuck with me and which I have and continue to explore in my writing.

The itch, if you like, for this interest was, and is, that sense that knowledge and assumed expertise that comes from outside of the field itself isn’t really of much use to child and youth care (Jack Phelan has written about this in his note on using plain language, and republished on page 70 of this issue). Nevertheless, it is privileged over it. Lawyers, psychologists and sundry academics with no direct knowledge of the field form a self-referential network of assumed expertise. Set against this, the

voices and the everyday expertise of those who work or worked in care are discarded.

Since writing my earlier piece, I have sought to make sense of this. I have come to the view that the reason for it lies in the nature of knowledge itself, what philosophers call epistemology. And to get a handle on epistemology, one needs to go back over 2000 years to the Ancient Greek philosopher Aristotle. Aristotle was interested in the idea of virtue and set out several intellectual virtues, three of which are often drawn on in contemporary debates about knowledge. These are:

- ***Episteme*:** which is scientific or theoretical knowledge, and which is assumed to apply across different contexts and settings
- ***Techne:*** which is pragmatic knowledge that is oriented towards making something; and,
- ***Phronesis*:** which is ethically based and involves deliberation about values. It is pragmatic, variable, context-dependent, and oriented towards action (or practice).

As a society, we have come to elevate scientific knowledge or *episteme* and we try and apply that to practice. But it rarely works, because skilled practice actually requires *phronesis* or practical wisdom, driven by a desire to do what is ethically the right thing in a particular set of circumstances. In that sense, knowledge is not abstract, but emerges out of practice itself.

Another feature of *phronesis* is that it does not look for easy instrumental answers, but is comfortable in not knowing and in

strangeness, redolent of Ricks' *et al's* observation in the earlier paper about knowing being a learning disability.

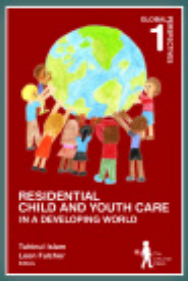
The Ancient Greek may be off-putting, but once you get a hang of the ideas it expresses, it starts to explain a lot about the status of child and youth care vis-a-vis other professions and bodies of knowledge.

But we can take hope from Aristotle's assertion that *phronesis* is the most important intellectual virtue. That is what we can claim as child and youth care workers. Others haven't caught up yet and persist in the wasteful dead-end of looking for scientific and technical solutions to the problems that are actually moral and practical.

Anyone interested in going into this in more detail might have a look at my article It really does depend: Towards an epistemology (and ontology) for everyday social pedagogical practice.

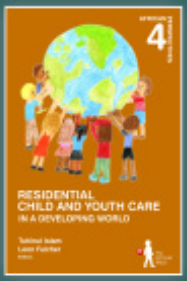
DR MARK SMITH *was a practitioner and manager in residential child care settings for almost 20 years before entering academia. His first academic post was at the University of Strathclyde, where he set up and taught a Masters programme in residential child care. In 2005, he moved to the University of Edinburgh as lecturer, and subsequently, senior lecturer, in social work. He served as head of social work there from 2013-2017. In 2017 he joined the University of Dundee as Professor of Social Work.*





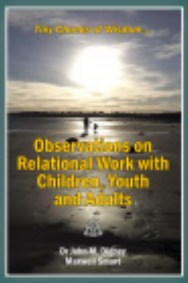




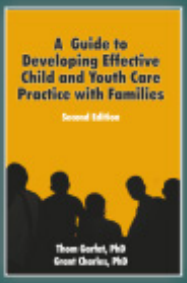




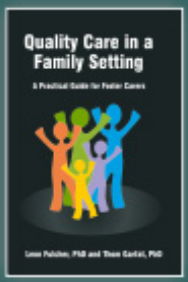






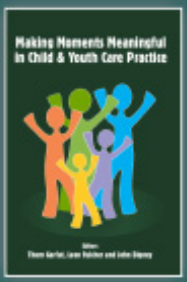




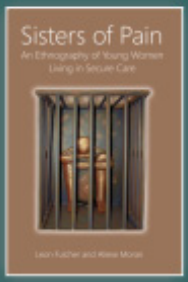






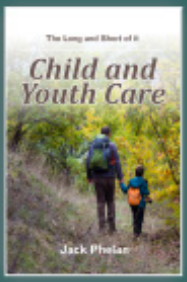












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Why the Child Welfare System in Canada is *Not* Broken

Kiaras Gharabaghi

One of the most common mantras one hears in relation to the child welfare system across Canada these days is that "the system is broken". This phrase usually becomes particularly prominent in the context of children and youth in care, placed in group homes or foster homes, and all the challenges that accompany this. And there definitely are some major challenges: For one thing, young people have died in residential settings at an alarmingly regular rate. Over the past few years, aside from death, we have had buildings burned to the ground, discovered institutional abuses that are quite horrific, and listened to young people who survived their placements tell us stories of forced isolation, inadequate provision of basic needs (including food), weird and unusually cruel punishments, and a complete lack of direction in the care planning. There are countless ways to establish problems; the pipeline from care to prison for especially Black and Indigenous youth is well documented. The service disparities associated with protection cases where children and youth do not come into care, which are almost always related to race, but sometimes additionally to disability, gender identities, and other factors,

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are also well documented. It really should come as no surprise to anyone that this child welfare system is experienced as broken not only by young people and their families, but even by the social workers working within that system.

It is fair to say that there have been many efforts over the years to improve the child welfare system. If we just look at the past 20 years of attempts in Ontario, we can fondly remember the Child Welfare Commission, whose work reviewed all aspects of the system and was to create an opening for fundamental change. Then came the Residential Review in 2006, which identified all the problems listed above. This was followed by the Child Welfare Transformation in 2008 that was to re-build the system stronger and better. In 2015, we had another Residential Services Review that had very similar conclusions as the one from 2006. Then we had a Blueprint for Change, followed by a process of System Modernization, and finally landing at the current Child Welfare Redesign. One might think that with all this transformative work, the system we are talking about today is no longer the one that was in place 125 years ago when child welfare first started in Canada. But it very much is the same system. Here is why.

The first problem has been the centrality of child welfare leaders in these attempts to change the system. In all the attempts listed above, child welfare leaders were not only consulted, but really were at the centre of the process, informed that process, and to a large extent, controlled the process. One might think that's a good thing – the idea of centering the expertise of those within the system seems like a good idea. But when we look closer at who those child welfare leaders are, we realize that they are

overwhelmingly white people who have worked within child welfare for at least 25 years, sometimes 40 plus years. We should not be surprised that people whose entire professional development has unfolded in a particular system tend to replicate the patterns and dynamics of that system as they try to change it. There has not been a meaningful driving force for changing the system that comes from outside of that system in decades, consultants notwithstanding. The second problem is that virtually all the attempts to change the system have unfolded largely through the discipline of social work. This is especially problematic in two different ways. First, it is a specific element of social work that has been driving the system, one that has firmly rooted itself in system bureaucracy and funding structures and aims to navigate within these. Second, it is an element of social work that is stuck in a Eurocentric approach to social work driven by psychological concepts that have at best awkwardly been transferred to social work. If we look at the same 20 years as we did above, we can quickly and easily identify the movement from attachment theory to resilience theory to trauma theory. These are all important, of course, but they are firmly rooted in very particular ways of understanding human needs and behaviours, and they all privilege interpersonal contexts and individual responsibility over social and systemic contexts and manipulations of power structures.

I am working on a more detailed analysis of these problems and of what I am about to suggest below (look for the book sometime in 2024). But here is a short version of the argument. In my view, the child welfare system in Canada (and very similarly in the US and UK) is not broken at all. If we think that a broken system is the starting point for change, we will

never change this system. I would argue that child welfare is an exceptionally well-functioning system that has, for 125 years, accomplished exactly what is has set out to accomplish, or what it was designed to do. To understand this point, we must go back to how and why this system was established in the first place.

Ted Dunlop, a former colleague of mine, has written an excellent history of the emergence of child welfare in Ontario (two articles are available in the Scottish Journal of Residential Care from about 10 years ago). He used local archival research to tell the story. In short, the second half of the 19th century featured a great deal of immigration in Toronto, with people arriving somewhat destitute from Ireland in very large numbers. For various reasons, they were not greeted with enthusiasm by the settlers who were already in Toronto, and this maintained a rather severe class differential between the Irish newcomers and the relatively well-to-do Toronto middle and upper classes. One effect of this was that children, sometimes very young, became very visible on the streets, working as shoe shiners, hustling newspapers, and often becoming unpleasant for the more well-to-do settlers to deal with. Local business owners started complaining about these children and youth, which eventually convinced politicians (all white men at the time) to support existing calls for doing something about the unfortunate circumstances of these children. Originally, child welfare legislation was integrated into existing legislation related to cruelty to animals; the goal was simple: get these children and youth off the streets by any means necessary. The result was a rapid rise of three new institutions: foster care, involving a highly moralistic, Christian group of people seeking to re-educate children and make them respectable white,

protestant citizens; youth criminal justice, that labeled child poverty as a crime, and orphanages, that removed children and youth from sight.

The development of child welfare in Ontario, therefore, had absolutely nothing to do with the welfare of children. It was instead an approach to dealing with a social pest, an inconvenience, and an aesthetic problem that allowed for the criminalization of childhood, the moralization of ways of being and living such that a particular way was held up as the right way, and a sanitization of streets through simple removal of unsightly objects (children). Understanding that child welfare was designed in this way and for this reason goes a long way toward understanding the next 100 years of child welfare. It explains the anti-Black racism so deeply embedded in this system, because Black children and youth became the next target of child welfare. The proliferation of Black children on the streets of Toronto and other cities in Ontario resulted in further criminalization, this time specifically of Black childhood, as well as further sanitization, this time in the form of homes for Black children hidden away from mainstream society. It also explains the enormous complicitly of child welfare in the Indian Residential School system for the entire 20th century. Residential Schools embodied all three of the institutions designed to meet child welfare goals. They criminalized through harsh punishments, abuse, and isolation; they moralized and imposed white, middle-class identities on Indigenous children, and they sanitized by locating those children in Schools often built in rural areas but always operated to interact minimally or not all with mainstream society. The Sixties Scoop, lasting from about 1959 to 1984, fits very well with this understanding of the design of child welfare. Removing Indigenous children from their families and

communities and gifting them as objects to white families is entirely congruent with the goals and ambitions of this system.

The very same foundations explain why, over the past forty years or so, the next groups to be targeted by this system were young people identifying as LGBTQ2S+, young people with disabilities, and young people growing up in poverty. Although at a lesser scale, the targeting of children and families without legal status in Canada also fits this framework well. And geographic differences across Canada all start to make sense within this framework. Nova Scotia, Quebec and Ontario have followed the founding principles of child welfare by focusing on the abuse of Black and Indigenous communities in particular. On the Western front, Chinese and Japanese communities during the first half of the 20th century, and in more recent years South Asian communities have experienced largely the same disproportionalities and service disparities as Black communities have in the Eastern part of the country. Notably, Indigenous communities have experienced these things across all parts of the country, but generally, the more visible Indigenous communities are across the country, the more obviously they have been incarcerated, isolated, and abused.



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What does this mean for child welfare? Well, it means that until we confront the simple reality that we are dealing with a system that was not designed to ensure the welfare of children, we will not change that system from within. In fact, I would argue that constructing a system that centers the welfare of children means abandoning the idea that a designated system, such as child welfare, can actually accomplish that. It turns out that children and youth live within multiple systems that threaten and harm their welfare. They live in education, justice, housing, food security, poverty, homelessness, and health systems that all collude to stream them toward the ultimate intervention – that of the child welfare system, which, true to its original design, aims to provide surveillance and containment of anyone who disrupts the aesthetic of the liberal, individually-driven, largely white culture of social progress. None of this is to suggest that steps taken in recent years to improve child welfare outcomes are undesirable or useless. There has indeed been much tinkering within the system that has improved policies for young people aging out of care, created stronger regulations for placement providers, introduced significant efforts to infuse child welfare social work with training related to equity, diversity and inclusion themes, and much more. There has also been an enormous move to limit institutional care and privilege family-based care, and to find ways of supporting kinship care arrangements for children experiencing challenges in their original homes. All these things are good, but they reflect tinkering within a system that is protecting its fundamental goal to exercise surveillance and containment. This system will not stop its work, and the people running that system will never be able to step outside of the container that has informed their work for decades.

From my perspective, the question is not whether child welfare is broken. The question is whether we want to continue to uphold and support a system that has steadfastly and quite effectively maintained its original purpose. I don't think so. As I mentioned before, child welfare was originally integrated into the legislation dealing with cruelty against animals. As of right now, I would have more confidence that my dog will have a chance at a good life by placing him in a dog shelter and hoping for the system to ensure his welfare than I have confidence that my child would have a good life by placing them in the care of the child welfare system. How about you?

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Data-based Individualization and Relational Work in CYC

Doug Magnuson

Relational approaches to CYC sound great, though I have some reservations. The primary reservation has to do with some claims about the "use of self." It is important to know oneself, but the descriptions of "using oneself" leave me a little cold.

I've written before about the problems with practitioners' assumptions in relationships with youth. In short, there is considerable evidence from related fields that the person who is closest to a client might be the wrong person to have a clear view of what is happening. Many studies of therapists find that therapists a) are overly optimistic about their own effectiveness, b) terrible at predicting how well their clients are doing, and c) terrible at predicting outcomes. Also, brief therapy studies have shown that many problems can be addressed relatively quickly, if done well.

Further, therapists who have some way of independently measuring their client's well-being and progress are more effective than those who don't. It corrects their vision. Surprisingly, quantitative measures work well for this. There is no reason to believe that these things are not true of CYC practitioners.

Now there is an accumulation of work in education that suggests teachers too have blind spots and need an independent source of information to inform their work. The current phrase is "data-based individualization (DBI)," along with "curriculum-based measurement (CBM)." The use of these phrases do not

mean that the relationship is unimportant. It does mean that if a child has an educational problem without measurement, the teacher may know that there is a problem but may not know how to focus help or where in the child's experience the problem is located, and if the teacher is implicated in the problem there may be a blind spot.

The DBI idea is that the child's educational progress is measured using an independent source, such as a simple survey or educational challenge, and it is measured often, even weekly. When a problem emerges, the educator will have information that alerts them, and there is a structure for getting a grasp on the problem. The educator can respond by modifying the instructional and learning strategies. Among the changes that can be made are the intervention length, intensity, duration, delivery method, intervention setting, personnel, and how the instruction is delivered.

These developments are good news, because these help educators take responsibility for the achievement of students and makes it less likely that students (or parents) will be blamed for not learning. Even better, there is some recognition that academic and behavioral problems go hand-in-hand. Kuechle, et al (2015) says,

> A trip to any middle school will show the error in this approach as children who have academic difficulty misbehave, and children who have significant behavioral issues fall further and further behind academically. It is doubtful that one can truly separate academic and behavioral outcomes at any level, but as a child 's issues become more intense, the likelihood of concurrent academic and behavior problems rises. And, despite the history of poor outcomes, intervention research

> suggests that the right supports can significantly improve both academic and behavioral outcome (p. 152).

CYC practitioners in the schools have been saying this for decades.

Trauma is all the rage in CYC now, but most problems are not trauma. Some are more pedestrian, such as a result of daily failure in school, and some trauma can be addressed by helping youth find some success and pleasure in accomplishment, i.e., in school. Teachers are learning to break large problems into smaller pieces to help youth, and this is something CYC practitioners know something about.

Educators are increasingly also measuring behavioral issues and modifying their approaches. We should jump onto this train, learning to obtain data independent of the judgment of the practitioner closest to the child so that we are more immediately responsive. We can teach educators the importance of starting with the child's goals, not ours, and measuring them. We can also teach them, if they need it, the importance of love and care, even amid careful attention to checking our work.

Reference

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Addressing Compassion Fatigue and Compassion Satisfaction in Supervision

Patricia Kostouros and Shannon Kearney

Abstract

The purpose of this study was to understand how supervisors might use the sub-scales of the Professional Quality of Life (ProQOL) Scale-5 (Stamm, 2010) to purposefully target secondary traumatic stress, compassion satisfaction, and burnout to make a difference in staff wellness at a Western Canadian young male adult addiction treatment facility. For six months the program implemented supervision guided by the ProQOL-5. After six months, twelve participants who were either program staff, supervisors and managers, completed qualitative interviews with researchers and expanded on their experience. Participants reported that regular supervision increased their satisfaction and helped them feel valued. It also helped mitigate the impacts of compassion fatigue. This study showed that relatively healthy people benefited from regular and consistent supervision, focusing on the ProQOL-5 themes. Other agencies and organizations may benefit from implementing a similar supervision routine, adjusting it to suit the needs and personality of their staff group.

Keywords

Compassion Fatigue, Compassion Satisfaction, Addiction, Supervision, Wilderness

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Over several years, addiction programs have seen an increase in deaths that occur due to the use of more dangerous drugs such as fentanyl, as well as other opioids, which has been reported by Peterson et al., (2015) for the centre for disease control and prevention (CDC). This increase may cause staff who work at addiction facilities, or in addiction practice, to experience more symptoms of secondary traumatic stress (STS) and burnout (Beitel, et al., 2018). The link between compassion fatigue (CF) and addiction work has been considered in the past (Fahy, 2007) and continues to be a concern today given the opioid crisis taking place (Winstanley, 2020).

Bride and Walls (2008) suggested that those who struggle with addiction misuse are more likely to experience trauma and therefore, would bring this traumatic material into their work with an addition counsellor. In addition, Bride, and Kintzle (2011) noted that STS influenced job satisfaction and commitment to staying in the field of addiction counselling. In particular, survey results from their study showed that those with higher levels of STS had lower job satisfaction. Lower job satisfaction, STS and higher turnover was also demonstrated in the Ewer, et al. (2015) study.

Frontline staff may leave the work when it becomes too taxing and the cost of caring (Figley 2002) becomes too high. While larger facilities that are government run or have funds that are continuous may find ways to replenish frontline staff, in smaller agencies with less stable funding this could be a concern. In a needs assessment focused on medical professionals (McEachern, et al., 2016) it was established that trained

professionals are lacking. Therefore, finding ways to keep staff feeling well and motivated to stay in this work is necessary and ethical.

Wilderness Addiction Programs

While limited, there is some research surfacing related to stress and wilderness programs in particular. For the most part, these studies investigated and discussed work related stressors such as schedules or organizing wilderness trips (Marchand, et al., 2009) versus CF or compassion satisfaction (CS). One study (Oser, et al, 2013) investigated the differences between urban and rural settings and the impact of drug and alcohol treatment. However, this study was related to burnout and stressors in general and not specific to CF or CS. In the Oser et al. (2013) study counsellors from both urban and rural regions agreed that they experienced burnout and recognized that to prevent burnout there needs to be co-worker support, clinical supervision, and self-care. How CF and CS are addressed in clinical supervision may make a difference in staff wellness.

Purpose of the Study

The purpose of this study was to understand how supervisors might use the sub-scale areas of the Professional Quality of Life (ProQOL) Scale-5 (Stamm, 2010) to purposefully target secondary traumatic stress, compassion satisfaction, and burnout to make a difference in staff wellness at a Western Canadian young male adult addiction treatment facility. The overall purposeful research question was: Does intentionally targeting the CF constructs of STS, CS and burnout in supervision raise awareness and

does discussion about these areas in supervision make a difference in staff wellness.

The program in this study is unique in many ways as it is a wilderness program and staff live on site for days or weeks at a time. In addition, although the program in this study is part of a larger agency with several other programs, this specific program is a satellite program (away from the city and administration) allowing them to be more removed from some of more typical agency policies and practices. Therefore, while being a satellite program has its drawbacks, it also has its positives.

ProQOL-5

The ProQOL-5 (Stamm, 2010) is an empirically valid measure that reviews positive and negative effects of helping others who experience suffering and trauma. It is comprised of three separate scales, measuring Compassion Satisfaction, Burnout and Secondary Trauma (Stamm. 2010). Recognizing that helpers can be negatively affected by their work is important as is realizing that the work might also bring satisfaction both personally and professionally. While the negative effects of helping should not be minimized, explicitly linking to the enjoyment from one's work could add to a supportive supervisory relationship. Building a level of awareness, understanding, and resiliency provides an environment for supervisors to address compassion fatigue directly and to successfully adapt amid challenging and often complex situations in order to develop resiliency and build, or increase, compassion satisfaction.

Prior to beginning the study, the primary researcher met with the administrative team of the program and described the purpose of the

research. Recognizing the uniqueness of this program, the primary researcher was aware that the language in the ProQOL-5 (Stamm, 2010) would not likely fit their program culture. Therefore, the primary researcher worked with the administrative team to distill the ProQOL-5 questions into theme areas and used language appropriate for the program staff and supervisor personality. Examples of what was presented to the supervisors for potential ways they could approach staff are as follows:

Compassion Satisfaction: Is about the pleasure you derive from being able to do your work well, helping others, enjoying your colleagues or your ability to contribute to the work setting. Potential questions during supervision could be:

1. Tell me about an encounter that made you feel satisfied or proud.
2. Tell me about the successes you have had recently.
3. What sort of thoughts and/or feelings do you have about these successes?

Secondary Traumatic Stress: Is about your work-related secondary exposure to traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to those you work with or other people. Potential questions during supervision could be:

1. What are the stories about your work that you tend to carry with you?

2. In what ways is this work affecting your personal life or health?
3. What is it like for you after you engage with a difficult story/event?
4. What do you do to let go of work stories or events?

Burnout: Is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. Burnout is related to systemic issues related to your work. Burnout can reflect the feeling that your efforts make no difference and can be associated with a very high workload or a non-supportive work environment. Potential questions during supervision could be:

1. What are the roadblocks you are encountering working here?
2. In what ways does the system here (or agency policy) get in the way of your work?
3. How does your work philosophy/ beliefs align with our work here?

Once the research began, supervisors purposefully addressed these three areas in regularly scheduled supervision meetings, however, they may have adjusted the questions to match their style more authentically for example one supervisor often said, "*tell me what floats your boat in your work*," or "*describe your low level sufferings*." By making changes to the language we were able to match supervisor way of being which made the staff-supervisor interactions more authentic.

Methodology

We were asking participants about their experiences in relation to a particular phenomenon, therefore, we conducted a qualitative study that is interpretative (Creswell & Creswell, 2018). We were seeking to understand the experience of staff and supervisors in relation to the phenomenon under study which was addressing STS, CS and burnout in supervision. According to Merriam (2002), asking about one's perspectives and collecting this data via interviews matches an interpretive-phenomenological methodology.

Design

To understand the experience of targeting secondary traumatic stress, compassion satisfaction and burnout in relation to supervision, a decision was made to design a supervisory format, as described above, and glean information about that experience through individual interviews. It was necessary to have enough time for both supervisors and supervisees to become comfortable with the format and begin to see it as part of the supervisory culture. Therefore, in collaboration with program management a decision was made to allow a six-month period to pass before interviews would begin.

Recruitment

At a staff retreat, the study was described, and potential participants were provided a consent form and a demographics questionnaire which, once completed, was put into a sealed envelope. Potential participants were asked *yes* or *no* if they were interested in being interviewed, and if *yes*

to provide contact information. Agreement to participate or not was confidential to researchers only. All staff would encounter the new supervisory format whether participating in the research or not.

A general demographic questionnaire was used in this study. Previous studies have found that age, and years in service could have an impact on one's CS, STS and burnout (Craig & Sprang, 2010; Sacco, et al., 2015). The questions in the demographic questionnaire used for this study focused on the role at the agency, years in human service, education level and age of the participant.

Data Collection

Demographic data was collected the day of the retreat and the data related to live experience was collected through interviews over a one-month period after the new supervisory format was implemented for a period of six months. Demographics was a pencil paper survey and interviews were audio recorded then transcribed. All participants who agreed to be interviewed were interviewed. Of the 12 participants that were interviewed two were held over the phone, due to travel distance and the rest were face-to-face.

Analysis

Using open ended questions, the researchers collected responses from participants that provided opportunity to share their lived experience of the phenomena of secondary traumatic stress, compassion satisfaction and burnout. For the purpose of qualitative analysis these researchers read the transcripts for themes on their own then met to determine our

findings. By working on our own then comparing and contracting our findings, there is a certain amount of inter-rater reliability that increases the validity of the themes and general findings.

As an attempt to glean some understanding into the interpretive approach, evaluating methodology and examining how this particular inquiry method unfolded is necessary. In qualitative methods, research can follow a particular structure; however, in an interpretive approach the presentation of the content and the structure may vary (Cohen, et al., 2000). Regardless, there is certain rigour that should be present. According to Fleming et al, (2002), there are ways in which to establish reliability and thus, we have employed their particular format as a basis for our methodology. Additionally, we have gathered information from other sources that endorsed Fleming, et al., (2002) claims about establishing rigour (Creswell & Creswell, 2018).

Joining the participant in dialogue and conversation is the starting point of understanding. Through language, the researcher is able to connect to the participant and then the dance of understanding becomes fluid. In the interpretive process, the purpose in dialogue, according to Fleming, et al. (2002), is to reach a shared meaning, and that is when the researcher and participant co-create understanding about the phenomenon under question.

Participant Demographics

Of a possible 22 members of the staff team in this program 15 completed the demographic questionnaire. In addition, 12 of the 15 that completed the demographic questionnaire agreed to an interview. Of the

15 participants that completed the demographic questionnaire, eleven identified as male and four identified as female. In terms of education, eight had a bachelor's degree, four had some college or vocational training and three had master's degrees. The majority, seven, were between 25-34 years of age, five were between 35-44, and three were over 45 years of age.

Seven participants had worked in this field for less than one year, two participants had one-to-two years of experience, two participants had three-to-five years of experience, one participant had five-to-seven years of experience, two participants had seven-ten years of experience and one participant had more than ten years in this field. Three of the participants were supervisors, who themselves received supervision from the management team. Because of the small number of participants in this study, identifying specific roles makes it easy to identify participants, therefore, roles will not be discussed in this demographic section.

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Qualitative Findings

Themes that arose from the interviews took two directions. One direction was program related and the other was more personal in nature, although still related to the work. The program concerns that participants discussed in interviews related to the fact that there is a "*constant vigilance*" when working in a wilderness program with "*rough guys*." Participants also disclosed that personally it was difficult to work in a wilderness program because it felt like "*life in a duffle bag*" and the "*24/7 isolation*" challenged their stamina.

Personal Concerns

As noted above, working in a wilderness program means having to take time away from friends and family for days or weeks at a time. Numerous staff in this study noted the difficulty with maintaining friendships and one participant described the challenge of trying to keep in touch with friends when they are only at home ten to 12 days a month. This person also noted their priority being on their primary partnership when at home, "*if I have any time in the evening I'm going to talk with her as opposed to talking with somebody else."* Participants also recognized there was limits to pursue personal interests, "*people just feel like they can't really like get into the community."* They noted challenges such as trying to join weekly course or program but then missing every other class. The challenges inherent in working in a wilderness program was noted by Reyes, et al., (2019) who suggested that working in a wilderness program means one's lifestyle will be adjusted and there are impacts of burnout. For example, individuals stated that what they are doing is rewarding and aligns with

their personal values, but it can also be extremely draining and impacts work life balance. In this present research one participant left the program shortly after the six-month supervision period associated with the research ended but asked to be interviewed and explained the reason for leaving, "*I absolutely loved working out there, I really did. But I love my family more.*" Everyone we spoke to said they loved the program but also recognized the cost of addiction work in the wilderness.

While the wilderness work can be draining many staff in our study personally appreciated many things about their work. For example, one participant described how the program encouraged participants to, "*bring your gifts, bring what you're passionate about,*" and found ways to include that in their work. Many noted the long drive home gave them time to process the events of the program, "*even though it's like burdensome, it's also great because stuff gets to like be processed,*" and arrive home being able to be more present. For some there was a ritual to leaving work that included leaving the program property and "[calling] *my soul back.*" Having to call one's soul back speak to the difficult work and the need for supervision that is responsive to compassion fatigue.

Supervision

Apparently before this research began, supervision in this program was less structured. Almost all staff said something like, "*I didn't have a lot of supervision*" prior to this research. Often staff had to approach their supervisor if they wanted to talk about any concerns, "*it would be like me sort of requesting to debrief something with somebody senior.*" This meant that supervision was typically focused on negative aspects of the work. We

used the interview as an opportunity to understand how the change to regularly scheduled supervision made a difference for those being supervised and those supervising. Themes that emerged related to supervision were: opportunity to address and mitigate CF, no longer having to ask for supervision, feeling valued, supervision became purposeful, and consistency in supervision lead to increased awareness. One participant who provided supervision described the change due to the research as,

> I've really appreciated just being able to have like those frameworks [STS, CS and Burnout], like those words as frameworks for them to share their own experience. Um, so instead of me asking directly about [a conflict], I can just ask about like how are you experiencing compassion fatigue. And what I've found is often there's things that I'm not aware of that are like past experiences that will arise. Like we've had a fair amount of death in our community in the last year. And so like that stuff will kind of come up. Um, which is invisible unless, unless there's that platform given for them to talk about it.

Having regular supervision assisted one participant in realizing that they were using the language of being traumatized by the work but came to understand that in most circumstances "*it's just draining not traumatic*." Being able to tease apart the concepts related to STS, CS and burnout helped in many ways for both staff and supervisors. For example, one supervisor talked about having more control over self and system because of understanding the different concepts related to CF. This

individual was "*able to differentiate between the burnout and the fatigue,*" and recognized that burnout is *"related to systemic issues."* Once the issue is identified the program has "*more agency to change."* In addition, including these concepts in supervision allows supervisors to change what they can and support when needed.

Besides supervision, the staff start their day with a morning check-in. This check-in allows staff to share how they are feeling, discuss any conflicts they might be having with clients, share any impacts of their work or general concerns. For example, someone might share that they are not in the mood to cook and that staff is on kitchen duty. By sharing these concerns leaders and supervisors as well as team members can potentially shift the duties of the day or the client work. Many study participants talked about how these morning check-ins seemed to make a difference for them. As one participant noted, "*we spend three minutes or four minutes in mindful meditation and then we share what's cropping up for us. Before we even get into what's going on with the guys."* This check-in helped communicate what was going on personally for each individual and created openness to "*speak a need that we might have."* The morning check-in also brings the staff team closer. One participant mentioned that those morning check-ins "*helped contribute to like building trust and building knowing each other."* When the team can support one another, then the client work could potentially go smoother. According to Landrum, Knight and Flynn (2012), "adverse effects of burnout on staff can extend to client engagement" (p. 223). Therefore, organizational environments that decrease stress and increase satisfaction can make a difference to staff wellness and potentially client wellness outcomes as well.

Secondary Traumatic Stress Themes

When asked to consider the main concerns in relation to the work with young adults with addiction issues and the secondary trauma experienced, the main themes that emerged were: worry and fear, client resistance, emotional commitment, and the environment. In terms of the environment and the link to secondary traumatic stress, participants shared that the clients can be "*intimidating and scary*." While clients come to the program having already detoxed, there are still challenges with behaviours that come from being street entrenched.

Those young people that arrived at the program with more challenges and sometimes are not doing the work can be frustrating for staff who said things like the following when clients were not taking the program seriously, "*we're not doing the work, get them out."* In addition, when the clients have not done well, the staff then worry more about their future, "*we know they're going to walk out that door, they're going to use and possibly die. And so, we live with that fear every day*." The staff and supervisors in this program care deeply about the young people in their care and want them to do well.

At times, that deep emotional commitment that staff and supervisors have for the clients can take a toll on them. One participant described, "*when you're living at work, it can be, it's hard to step out,"* or another participant that discussed the emotional unpredictability,

> so like there's only been times that I can remember leaving work and like crying about what a client has like disclosed on my way home, like things like that were really impacting me. I keep

> wondering whether it's going to sort of sneak up on me a bit, but I'll be fine, I'll be fine, and then one day somebody will tell me something and I'll really not be fine.

Usually, frontline workers work eight-hour shifts, giving them the ability to go home and distance themselves physically and emotionally from their work. The staff and supervisors at this program must actively carve out time for themselves, which can be difficult when you are living at work. However, many identified their unique workspace as what they enjoyed about their job, including being able to spend time with clients on the wilderness trail.

Compassion Satisfaction Themes

The participants in this study spoke in depth about the work that happens on the wilderness trail. For those that went with clients on trail it was highlighted as one of the compassion satisfaction themes. Other themes that emerged as a result of asking about what satisfied the participants in their work were: client wellness, roving leadership, using gifts and talents, flexibility and colleagues.

In terms of being on the trail a participant stated that, *"being outside and in nature is really restorative for us."* Many of the staff and supervisors at this program find peace when outside but also recognize the healing that their clients experience while being on trail. A participant shared an experience describing an evening on trail, "*they start talking about their addiction history, and their experiences, and feelings of shame. And, and they start sharing all these stories, and so it's like, moments like that, you*

feel like, oh, okay, it's all worth it." Being on trail is also an opportunity for staff to engage in their passions. As one participant shared, "*they talk with the guys, and get all these really cool connections, and see some really awesome places in the world, and do some really cool stuff.*" Engaging in what staff enjoy allows them to feel an increased sense of compassion satisfaction. Experiencing satisfaction is important in frontline work as it decreases the influence of STS as well as increases occupational commitment, both of which lowers the amount of staff turnover that a program experience (Bride & Kintzle, 2011).

Another factor that contributed to compassion satisfaction was the flexibility that the staff and supervisors provide for one another. One participant stated how supportive their supervisor is, "*if I need two months, he's like great have it.*" That type of flexibility allowed staff to feel an increased sense of support, knowing that adjustments would be made with them in mind. One of the supervisors labelled the team as "*my most critical resource*." The supervisors in this program put a conscious effort in attending to the team and increasing their potential for satisfaction.

Burnout Themes

Participants shared about the factors that lead to them feeling less excited about their work in relation to systemic issues or the workplace environment. Themes that came from the participants in relation to burnout were: wilderness logistics, lack of benefits and shift work, minimal supervision (prior to the research), agency bureaucracy, and team members not following existing system structures or lack of structure.

The issue related to lack of structure was most often brought up by newer staff or those used to a program that was more hierarchical. This program tends to be more fluid and less dependant on procedures, but this can be frustrating for some,

> like little things could be more streamlined at [program] instead of figuring everything out on the fly. That was my, and still is my frustration. Just like, we have systems in place, and it's just a matter of using them. And I find that some people just don't use them, even just like keeping track of like, we have a client board in the office of like who's who. And where are they at and what are their needs, and sometimes that gets missed. And just like that's like a simple example of I think that like, what's the term, burnout.

It is not unusual for novice treatment providers to need and want more direction initially (Gersten et al., 2013) as this can provide an anchor from which one can gain confidence. Fortunately, given the flexibility of the program, this particular staff was given the go ahead to create the structures that were helpful.

Program Specific Themes

The wilderness program involved in this study is unique in many ways. The program leader has been in the field for many years and is open to staff needs. Two of the leaders are also able to shield staff from some of the agency politics and systemic complications. One supervisor described how

they reworked some staffing positions to create a new position that would "[take] *off the low level suffering from the other staff.*" Another supervisor explained that, *"the low level sufferings that I encounter are at that higher macro level. So I've spent ten years buffering the low level sufferings, in order for the program to thrive and do what it needs to do."* This is one example of the unique environment that the supervisors create at this program.

There is a specific culture to this program that allowed for them to be open to participating in this research. The staff team members care about one another and are open to being flexible and willing to change, if it means betterment for those around them and the program. The leader of the program believes in a philosophy related to right use of power and the shared journey. In addition, the leader of this program described that pay is not enough, *Um, so I just feel that as long as they have a pay that keeps them just above survival, then that kind of incentive isn't going to keep them at a program where they have to work half their life.* The program leader seemed to understand that staff need to have an incentive other than the work with clients, "*so what will drive them and keep them there is the sense of autonomy and that their creativity has a purpose. And so, the only way to do that is to give them real power to, to make changes.*" He explained, "*if someone comes to me, it means they've got a vision for something, and here's the resources they need to carry it out.*" When asked how this approach might lead to CS the leader responded, "*well, I think huge.*" The leader also talked about the importance of the shared journey and how that too can lead to job satisfaction.

Shared Journey

Sometimes referred to in counselling literature as the parallel process the shared journey comes up when client content triggers counsellor's own history (St-Armaud, 2017). Often, this concept is brought up during the student-supervisor relationships (Barnes-Holmes, 2018) to help novice practitioners understand how to explore their own wounds when they surface. In this program the shared journey is a concept,

> If you're asking these clients to be on some cosmic journey of self-discovery, to see what's driving them, you better be on one yourself. And it may not be an addiction journey, but at the human level, that's what we're really looking at, is how to be better humans. And not um, classifying, oh, they're addicts, and I've learned this about addiction, so I'm the expert. There's no experts, no um, receivers of wisdom. In fact, what we can get from the clients will help in our journey.

Clearly the leader who promotes this concept believes it is important, but we also heard about this concept from most staff and supervisors as positive, "*that shared journey piece, gives deep permission for staff to be where they are.*" Other staff described the ability to share their own histories with clients as connectors and learning opportunities. Others said it allowed them to be honest. For example, when on the trail the staff can share how they are doing which can lead to the client using their power in support of staff.

Right Use of Power

Essential to the program culture is the discussion about the right use of power. One participant explained, "*what we try to do is be aware of our use of power and know that we're above."* The same participant further expanded on how this approach influences the way they interact with clients stating, "*we treat them like they have rights, and we walk with them in that. Knowing that we are 150 percent responsible for the relationship. And the clients, we, we are walking beside but also guiding the way."* The right use of power is something that is modelled by management and supervisors and is regularly discussed in the staff team. According to Egan, Maidment and Connolly (2017), a supervisory relationship can be seen in the workplace, "the dynamics occurring between the supervisor and supervisee illuminate the impact of organisational culture and structure" (p. 309). In the case of this program, supervisors know they have more power than those they supervise, and the staff know they have more power than the clients. However, what they discussed was how to use that power rightly, "*it empowers staff to be like okay, show up as you feel, like you can be human. Because we're working with humans and we want them to learn*." The way the participants and the supervisory team described the right use of power helped us understand their philosophy that helpers also need to keep learning.

Of interest, Egan, et al., (2017) noted that trust breeds safety and when a supervisee feels safe, they are more likely to allow for discussion of mistake making. In their study they noted that in some cases an external supervisor may be better able to create an honest trusting relationship. At this particular program, staff stated that they felt safe and trusted their

supervisors and management team, however, they also had access to external support. In one case a participant stated that their ability to access an external clinical supervisor helped with recognizing the potential for work impacts, "*having, my clinical supervisor…he'll reflect back things that I'm saying and go like, I'm wondering if that's impacting you*." Regardless of a supervisor using the right use of power, it still might be beneficial to have an external perspective to see the impacts of this work.

Discussion

The findings of this research provide a potential direction for supervision in human service programs. There are likely some overarching ideas that could be taken up by other agencies in relation to supervision to increase staff wellness. One such potential is the use of the ProQOL-5 (Stamm, 2010) sub-scale areas as a tool for supervision, as we did similarly in this research, as discussion points during supervision. Staff who engaged in this research overwhelmingly agreed that targeting the areas of the ProQOL-5 made a positive difference to their supervision experience.

Teasing apart the CF constructs and targeting these specifically, allowed staff to feel valued and lessened their need to approach a supervisor if having a concern. As Kapoulitsas and Corcoran (2015) noted, supervision can play a role in reducing CF and according to Miller and Sprang (2017) supervisors can use a number of strategies to assist staff to recover from the impact of CF or build resilience to these effects. Miller and Sprang (2017) suggested five strategies that can assist with reducing CF which are: experiential engagement, managing rumination, intentional narrative, reducing emotional labor, and parasympathetic recovery

strategies. If CF constructs are purposefully targeted in supervision, staff could share their experiences and supervisors could suggest these strategies. Unless CF constructs are targeted, staff may not be aware that there are strategies for reduction of effects.

The modification of the ProQOL-5 (Stamm, 2010) to fit the program culture, as noted in the ProQOL-5 section, may have some implications related to these results. For example, the positive implication of making language changes allowed for a more authentic fit with both the program and the individuals using these areas for supervision. A potential negative impact could be related to inconsistent messaging or less co-construction of understanding about the areas under discussion during supervision. A supervisor or administrator who wants to modify the ProQOL-5 sub-scales would need to have an understanding of the language used by staff and supervisors in a program. Once that language is understood then appropriate changes could more authentically fit these sub-scale areas into supervision.

It is important to note that this staff team were already a close-knit group who often expressed care for one another; we believe we had a pool of participants that were a team of fairly healthy individuals. Had we been discussing these issues with a team of disgruntled employees, who lacked trust and safety, we may have yielded different understanding of how using the ProQOL-5 (Stamm, 2010) sub-scale areas as a supervision tool could be useful.

This program had leaders and supervisors that helped contribute to a supportive and open working environment. Many participants credited their supervisors as individuals that helped mitigate their burnout and CF.

The flexibility provided to staff from supervisors allowed for wellness to be a priority for all staff working at the program. Other settings may not have the same supportive supervisory relationships and as noted by Kapoulitsas and Corcoran (2015) the supervisor matters.

Another important note related to this research is that by engaging in this study, the research itself influenced the supervisory relationship. The program took on a change in the way that supervision was being implemented, it became more regular. Therefore, this change may have contributed to the staffs' comments about feeling valued and expressing the increase in CS. However, if a change to more regular supervision had remained focused on the more difficult aspects of the work, the CF components, rather than an increase discussion related to CS or burnout, it may not have made a difference in staff wellness.

This research likely needs to be replicated in a variety of settings in order to know if targeting these areas of CF does indeed make a difference to staff wellness. This particular program was situated in the wilderness and away from agency bureaucracy, a different setting nearing the policy makers might find it harder to combat burnout concerns. In addition, more could be done to discover the how supervision unfolds prior to research in a pre-post design. Finally, future research could consider staff wellness strategies and consider how supervision that targets CF specifically might change or enhance those strategies.

Conclusion

We appreciate the participants willingness to share their experiences and engage in this research. This research suggests that supervision has an

important role to play in mitigating compassion fatigue and increasing compassion satisfaction. Specifically, supervision that is regularly scheduled and addresses compassion fatigue, and compassion satisfaction may also increase staff wellness. In this research we noted that staff appreciated not having to be the pursuer of supervision as this led to supervision typically being about the negative aspects or conflictual concerns about the job or workplace. Increasing discussions about compassion satisfaction reminded people about what they enjoyed and why the do this difficult work in the first place.

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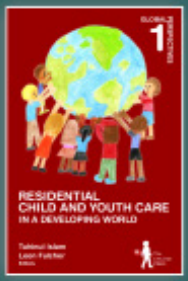
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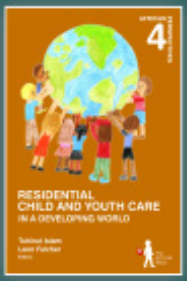






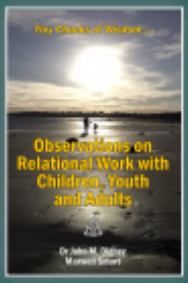




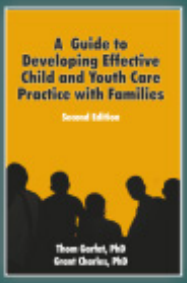




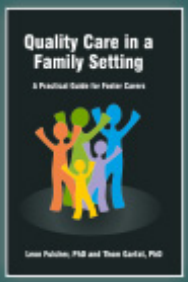






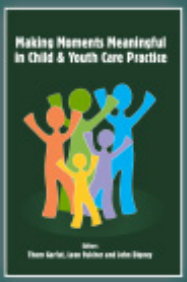




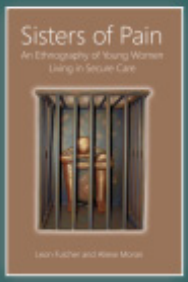






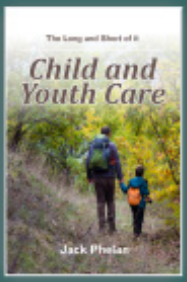












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Why I'm Skeptical About the Link Between Social Media and Mental Health

The evidence on this topic is still underwhelming

Dylan Selterman

So much commentary has emerged about American teenagers' mental health since the incredibly bleak CDC report was released in February. A lot of people believe social media usage is to blame for these recent trends, especially for teen girls. But psychologists, particularly developmental and clinical psychologists who work with adolescents, are not uniformly backing the "social media hypothesis."

Here's why I remain skeptical that social media use is responsible for rising distress.

1. **Studies show conflicting results.** Some researchers find links between social media use and well-being, and others do not, or find mixed results. Some developmental psychologists go as far as to suggest that social media might even have positive effects on well-being.

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2. **Studies vary in quality.** Some folks claim that if there are 30 studies published on a topic, and 17 of them (i.e., a majority) report a correlation, then we can be confident that this correlation exists. I don't buy this. What if those 17 used poor methods while the other 13 used stronger methods? As we learned before, people are not accurate in reporting how much time they spend on various activities, and researchers recommend objective measures for app usage. Let's remember: quality over quantity. Even hundreds of crappy studies shouldn't outweigh a handful of good ones.
3. **"Who's on first? What's on second?"** Even if there is a link between social media use and mental health, it's not clear which precedes the other. It's kind of a cliché to say, "correlation doesn't equal causation." But what do we really mean by that? Does anyone really think that depression *causes* increased social media use? Well, that may not be such a crazy idea after all. Some psychologists suggest that teenagers turn to social media in order to cope with negative emotions. We saw this during the COVID lockdowns, when teens were physically isolated but were still craving social connection. Some longitudinal studies show that when teenagers' depression gets worse, that predicts using social media more, but not the other way around.
4. **There's a missing cognitive link.** We still don't know what exactly about social media would make people feel distressed. Is it social comparison? Sedentary lifestyle? Sleep disruption? Physical isolation? There's no consensus on this. And simply pointing to generic "screen time" doesn't help clarify things.

5. **There is no clinical significance.** Of the studies showing a link between social media use and mental health, they do not suggest an increased risk for mental illness (e.g., bipolar disorder). This is an important distinction. Just because someone feels upset doesn't mean they have a mental health condition. Researchers suggest that digital technologies are "unlikely to be of clinical or practical significance."
6. **Social media is evolving.** Does anyone really think that Facebook, Twitter, TikTok, LinkedIn, and Reddit all have the same social or psychological properties? Perhaps there was a fleeting moment in recent history when people on social media typically encountered photos of their friends looking unrealistically awesome or beautiful, which caused some kind of negative social comparison that was especially detrimental in teenagers. But this is no longer the norm. On most social media platforms, masses of people are consuming content that is generated by a small group of creators. Plus, most teenagers don't even use Facebook anymore, which is the platform that has been most extensively researched. And weren't teenagers in the early 2010s most strongly influenced by Tumblr culture? Social media apps are not a monolith.
7. **We've been on this path for a long time.** In North America, rising depression and distress have been going up for 80 years. This is something that even researchers who blame social media as a causal factor (like Jean Twenge) have acknowledged. Why weren't people in the 1980s or '90s asking why adolescent depression was at an all-time high? This isn't new. And it's going to keep getting

worse in the absence of major cultural adjustments. We aren't a mentally healthy society, and we haven't been for a very long time.

There Is No Consensus Here

Among scientists who study adolescent mental health, most are not concerned about social media use. A few of them are concerned, and they should be taken seriously. But it's important to keep in mind when a passionate advocate like Jon Haidt openly admits that he is in a minority of scholars with this viewpoint. That's very important context for this discussion, and one of the reasons why I respect Haidt as a scholar.

We can have conversations about common-sense reforms to social media apps for the betterment of society. That's unobjectionable. But we should refrain from making strong claims or prescriptions in the absence of strong evidence. For example, if one recommends that we restrict young people's digital technology usage until they pass through puberty, is there any evidence to suggest that this will have a positive effect on their well-being? I remain skeptical.

Let's Not Make Things Worse

In the words of Greg Lukianoff, "We're teaching young people the mental habits of anxious and depressed people." If we try to restrict young people's social media use, we're making this exact error. We're imparting to adolescents the lesson that they're incapable of developing good mental health without adult intervention. Seems like a really bad idea to me. We should be teaching them resilience.

I believe that poor mental health in teenagers stems from broader societal problems that must be addressed with more creative solutions

designed to maximize psychological need fulfillment and self-determination. If we create environments and communities in which teens can flourish, then I don't see social media having detrimental effects on a mass scale.

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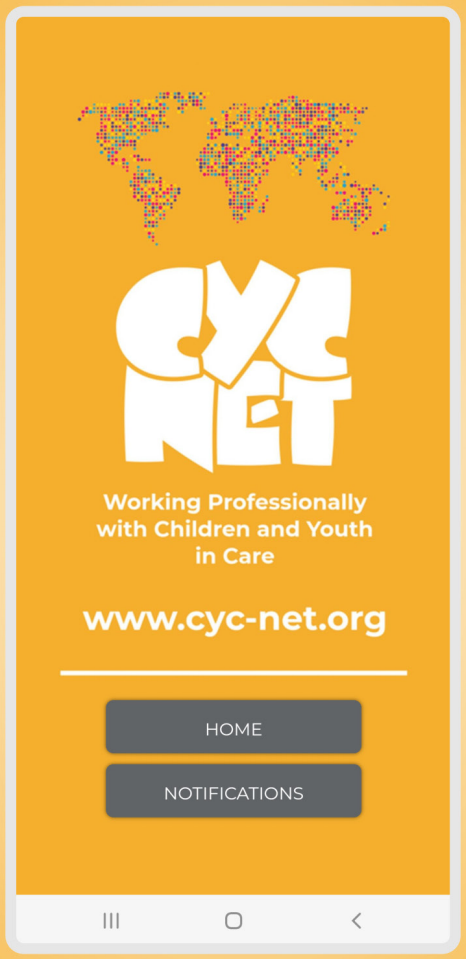
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Healthy?

Hans Skott-Myhre

For a number of years, I have been arguing that anytime we see a word or concept proliferate across the landscape of virtual global capitalism, there is a very good chance that whatever material value the word referred to no longer exists. In other words, whenever we see a key social value or structure such as “families” or “children as the future” or “the middle class,” we can be reasonably sure that virtual capital has appropriated it, emptied it of material integrity, and returned it to us as an empty cipher; a ghost of its itself. In that regard, I can’t help but notice the proliferation of the term health and healthy everywhere I look.

In our work in CYC, as in many of the “helping” professions, the term healthy is very pervasive. We often used it as a key indicator of good practice and desirable behaviors. We use healthy to describe relationships, boundaries, bodies, mental and emotional states, communities, environments, and practices to name but a few aspects of our work and lives. Of course, this discourse is well intentioned in its goal to assist young people and their families. Ideally, advancing the health of the young people should assist them in being able to cope effectively with the challenges and struggles that they face. We also use the language of health to assist ourselves as workers to be able take care of ourselves in ways that allow us to do our best work. To be healthy carries with it a sense of resilience and vitality, a promise of capacity and increased life force.

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But, exactly does health mean when it gets used in the context of global capitalism and do capitalist frameworks actually advance our material health? Or does the discourse of health under neo-liberal capitalism simply give us the illusion that health is attainable, while infinitely deferring the material lived experience of health through a series of ever proliferating "healthy" pathways and practices that never seem to get us truly healthy?

We know that the conditions for optimal health are founded in an environment that supports the physical, mental, and spiritual aspects that make us what we are. All that we are needs sustenance to thrive and persist. Of course, there are limits to each individual body. After all, we all die at some point. But to live as long and comfortably as possible requires that the world in which the body is embedded works to our advantage at all levels of our being. This would imply an ecology rich in all of the nutrients we need to survive and thrive. Such an ecology would need to encompass a wide variety of elements compatible with the fairly wide-ranging variations of human physiognomy that give rise to our capacity for thought, expression, affect, and action. The problem is that in our contemporary society, our sense of ecology may well be seriously compromised. Our connection to anything outside our self can sometimes be pretty tenuous. We know the world is out there, but sometimes we are not sure that it connects to us in any real way.

Of course, the fact that we have managed to imagine ourselves as somehow separate from the ecology in which we are entangled is one of the great superstitions and nasty illusions of our age. Contemporary humans, or at least a great many of us, have fooled ourselves into thinking we can somehow step aside from the world that surrounds us and encase

ourselves in this bag of skin we call “our body.” In a kind of magical thinking, we even go a step further and imagine that our self is somehow beyond the body. That who we are is founded in thoughts or some kind of abstract spiritual form that transcends the messy details of the material world. In this kind of fantasy, we can act in any way we like with minimal or no real consequence. We fantasize that we have an escape route that will allow us to flee any material ecological crisis through technological innovation, spiritual transcendence, or the exercise of free will. At a minimum, we can limit the damage to our “own” body through carefully managing the effects a degraded environment might have on it. We can use modern science and ancient spiritual practices to ward off any devastating effects of the increasingly corrupted world out there by paying ever closer attention to what’s in here.

In this truly dystopian set of hallucinations, we will do or believe almost anything as long as it promises that we will be healthier. We will follow all sorts of diets, exercise regimes, mindful practices, drink all manner of concoctions, even ingest micro amounts of psychedelics in the pursuit of health. Each of these, in its turn, fades and fails to satisfy our need to feel better and better, to look fitter and fitter, to think faster and faster, to beat the clock of age, and to be resist the inevitable.

And as the reality of our bodies in their full materiality threatens to become ever more real, we often engage in a devil’s bargain with money, in which we begin to believe that we can buy our way to health. We just need the right gym, the right food, the right water, the right set of spiritual practices; all of which seem to cost an ever-escalating amount of money. And so, we spend and spend under the illusion that disposable income will

make it possible for us to feel better and better every day in every way. But somehow, it never really does. There is always a little bit more health around the corner. We just need another sleep app, a way to track our biorhythms, a way to check our caloric intake and on and on.

Of course, there is even a deeper devil's bargain with our health. Sometimes, it is not physical health we seek so much as fiscal health. We play games with the trade-offs we make with our environment to make money. Instead of looking to the world as that which nurtures us, we look to the world as something to be used, exploited, and consumed. At some level we know this an oxymoronic endeavor. That to seek to feel better and more healthy though creating a consumer universe of goods and services which savage the earth and all its inhabitants, doesn't really make any sense. To extract toxic minerals, destroy forest habitats, pave over watersheds just so we can build a gym, the perfect home, the big box organic food store, a luxury spiritual retreat is a kind of madness. After all, we are quite literally fouling our own nest in pursuit of feeling healthy. It is a kind of suicidal madness, but one we as a society seem hell bent on pursuing.

It is of course, a kind of narcissism. The society we produce and which produces us is profoundly fixated on the self or the individual. When we think of being healthy, we tend to think of my body, my emotions, my mental health. When we seek to pursue health, we tend to think of what we can do with my body, mind, spirit, and so on. Our health is a personal concern that we often think of as private.

We go to great lengths to preserve the right to confidentiality in terms of our medical records. The right to keep our maladies between us and our

physician can be quite important. What treatments we get, what pills we take, what surgeries, what mental health therapies is information many of us treat as proprietary. Our body and mind belong to us and what we share and with whom is a private matter. Of course, in a virtual world, this is something of an illusion with our medical records online, we are all a short hack away from unwitting transparency. And yet we sign forms and withhold information, sometimes even from those closest to us.

It should be said, that there is something to the idea of having some modicum of control over what we get to do with and for our bodies. After all, there are just to many examples of what happens when the government begins to tell us what we can and cannot do, from reproductive freedom to who can have sex with who, to what gender we must be or not be.

That said, I would argue that this faux control that we imagine we exercise over our body comes at a price. When we individualize bodies as biologically separable entities, we lose much of the capacity to think in deep and important ways about how dependent our body is on all other bodies. We lose the understanding that health is never an individual issue. Health is always collective.



Our health is an ecological matter. If we are embedded in a toxic and degraded environment, then the interactions we have with that environment will degrade our own bodily capacities. This may seem simplistic and yet, when we act in terms of our health as an individual matter that we can control outside of environmental factors, we are putting ourselves and everyone else at risk. All living things thrive in a rich and diverse ecology, including humans. When we have massive die offs of other species as we do now, it is both a warning that the system we live in is degrading significantly, but it also has immense implications for the kinds of nutrients our body needs to exist.

Our bodies are not homogenous. As I mentioned earlier, our physiognomy is idiosyncratic. Without a doubt, we share some things in common, but in other ways we all need different and nuanced nutrients to have the best life possible. When the ecological components of our existence are diminished, there is less variation in what we can access for the optimal function of the body. On the whole this may seem a bit abstract, but concretely it means that fewer bodies are able to adapt to an increasingly toxic and ever more homogenous environment. Our ability to effectively compose the biological and chemical relations we engage in each moment becomes compromised. We are more susceptible to environmental toxins viruses, harmful bacteria, cancers, and so on.

In a complex ecology, such threats are mitigated by a myriad of other bacteria, fungi, animals, plants, complex chemical interchanges of water and air that increase our immune capacity idiosyncratically in each body. When that is not available, because we are losing species, air and water quality, diversified plants and fungi, then our capacity to compose a

complex and rich immune response to the world is compromised. We become reliant on narrow immune responses. Some of these we are able to generate in exchange with the living ecology in which we live, but increasingly our immunities are calibrated by pharmaceutical products with a very targeted and limited range. Given all of this, it is not particularly surprising that we have a drop in life expectancy, lower birth rates, increases in worldwide viral and bacterial outbreaks, and endemic rates of an ever-proliferating array of cancers.

Of course, I haven't even begun to address the psychological and emotional desert of our social ecology. We have experienced significant losses of sociality, kinship, mutual care, and the richness of affective lived experience. While it's clear that we are in trouble in the biosphere, we are in at least as much trouble in our social and psychological ecologies. We are starving ourselves through isolation and alienation. We are an society of profoundly lonely people, increasingly distant from one another and subject to processes of psychological and emotional homogenization that is robbing us of the richness of exchange with others that might well provide the collective answers we need to remedy the biosphere.

Here, we arrive in the world of CYC where I would argue our increasingly facile descriptions of healthy young people, workers, families, and communities are nowhere near sufficient to the crisis we face as a species. This may seem a bit beyond the scope of day-to-day practice. But if we took seriously the question of health as a collective concern, we could address in the minor collectives of our programs. What if we pushed back against homogenous descriptions of individual young people as disturbed, troubled, psychologically damaged, or psychiatrically impaired? What if we

wondered about whether such young people were simply starving emotionally, socially, and psychologically? What if we asked the same questions of ourselves-are we also starving? What would happen if we quit treating young people and ourselves as individually unhealthy and began to see health ecologically? Perhaps, we could begin to feed each other and to value the rich diversity of bodies and minds that populate our daily lives at work and at home. That might be a small beginning towards actual health as something we all share and to which we are all accountable.

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Notes on Using Plain Language in Child And Youth Care Work

Jack Phelan

The basic premise

Treatment language reflects frameworks that do not have a “fit" for the kind of work which child and youth care practitioners do. The language of psychology, social work, and mental health does not resonate with the day-to-day experience of doing effective child and youth care work. As child and youth care practitioners use this jargon to discuss their work, it requires a translation that lessens their ability to describe the impact of child and youth care work and creates an impediment to achieving professional power and capability.

The result

By trying to assume the frameworks of these other approaches, the treatment plans that child and youth care practitioners create are simplistic and circular; e.g. the youth needs to attend school regularly and control his aggression. Often the written descriptions of our work goals

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could just as easily have been written by the youth's mother. We have a stated purpose of being central to the treatment team and having a holistic view of the client, but we don't articulate our role in the process.

Some observations for discussion

The approach taken by psychological language is that diagnosis and problem identification by an "expert" is a key step. Often, we end up having little more than an elaborate description of what is wrong after all our thoughts are noted. Typically, after listening to the rest of the treatment team congratulate themselves for recommending expert "answers" for the child and youth care practitioner to implement, the child and youth care response is to believe that none of these people would survive even one day as a child and youth care worker.

The response to the "I have the answer for you" message is "no you don't", yet this isn't dealt with openly. A big reason for this passive-aggressive stance is that the language to reply is not available to the child and youth care practitioner.

Child and Youth Care work is a *living with/self in action* approach to creating growth in youth and families. The judgements about how and when to create challenges and opportunities during the course of a day is a complex skill. We need a way to communicate this complexity and to generalize the underlying principles to learn from each other.

Much of the theory about therapeutic intervention is resisted by child and youth care practitioners, because it requires accommodating this new info into existing experience and it doesn't resonate with experience. I

believe that this is caused more by language than by the usefulness of the theory.

Experienced child and youth care practitioners value discussing real case examples with other workers at the coffee break more than the workshop session they are attending. The language is better and the discussion is more believable.

Creating a language

The use of personality growth frameworks from Erik Erikson are very helpful to create examples for a child and youth care language that deals with using external control to develop trust and predictability, the use of choice and challenge to support strength and power, the development of self-control and connection to others as stages of growth. We can shift out of the existing terminology which uses phrases such as autonomy and initiative into more day-to-day terms like strength/power and self-control without doing any damage to the integrity of the theory. This is one of many examples of principles and frameworks that can be used to describe the work being done, and which can create accurate communication and learning.

The framework proposed

The Child and Youth Care Worker is not a therapist or a counselor in the traditional sense, but rather an “experience arranger", someone who creates opportunities in the real world for people to experience themselves as competent and successful. The use of strategically planned and spontaneous events in the life space to support the other person to change

toward a more competent and hopeful picture of him/herself is the main tool of our profession.

The sense of safety and trust required in the process will be a direct result of the relationship quality between the child and youth care and the other person. This foundational process has long been recognized in our field and is the focus of much of the recent literature.

The risk of shifting out of a belief (hopelessness, failure) which has been ingrained through life-long reinforcement can only be attempted in a very safe and accepting relationship. The “counseling strategy" used is to assist the person to become aware of the thoughts and feelings immediately experienced prior to the arranged task or event and to support reflection after the event, so that the competence experienced is not lost or misinterpreted. This requires a skilled worker who is in the life space and often a co-experiencer, not an office bound and non-involved commentator.

Summary

The everydayness of our work can mask the very sophisticated and complex interventions that we do. Our need for an appropriate language to articulate this complexity is paradoxically entwined with a need to keep it simple. child and youth care professionals can do this, as we resist the urge to upgrade our status at team conferences by joining in the distancing jargon of other groups. Our increased ability to reflect the work we do will also expand the influence of our youth and families in determining their own destiny.

Originally published in *CYC-Online*, 34, November 2001

Postcard from Leon Fulcher

From New Zealand, in Recovery Mode after Cyclone Gabrielle



Silt-filled Esk Valley Home in Hawkes Bay New Zealand after Cyclone Gabrielle

Kia Ora Koutou Katoa and warm greetings to you, wherever in the world of child and youth care you might be! While thinking about New Zealand's cyclone experiences, I've also been thinking of parallel reports about wild fires, tornadoes travelling across Mississippi and Alabama, flooding in Southern California, and earthquakes in Turkey and Syria. How have child and youth care workers been impacted by such events of nature, and how might they have been assisting with personal and family recoveries in their communities?

The notion of 'recovery' is commonly used in the literature around alcohol and addiction services. Recovery is now used in the contemporary literature about service responses during the World Covid-19 Pandemic. I'm wondering if we might spend a few moments thinking about how

youths and youth workers have been involved in assisting with recovery efforts after a cyclone and flooding events or in the aftermath of tornado wreckage.

Young people and youth groups have played an important part in their communities helping local families dig out from under silt-filled homes. Even when the homes have been red-stickered or have already been demolished, there is still a process of recovery that survivors will work through. Rescuing pets, personal items and valuables feature as early recovery activities.



Esk Valley flooding moved trees, vehicles and buildings as Cyclone Gabrielle hit



Community infrastructures were severed, leaving families totally cut off

Re-connecting with electricity and water supplies, regaining mobile phone and internet access, and obtaining essential health care and prescriptions are early challenges of recovery following a major weather

event. Broken and silt-covered roads leading to broken bridges will require both time and recovery expertise to re-establish community supply lines.



Broken roads, bridges and supply lines with no mobile phone or internet contact

Survivors of the Mississippi tornado have spoken of how sudden the world around them was destroyed, and in too many instances, loved ones were taken away instantly. Recovery for the communities and peoples of central Mississippi is almost beyond comprehension for someone looking in from afar thanks to media technology. Reconnections with people and places are first and foremost, and recovery efforts that learn from past experiences, as with more carefully monitored building and community planning requirements in earthquake prone places.



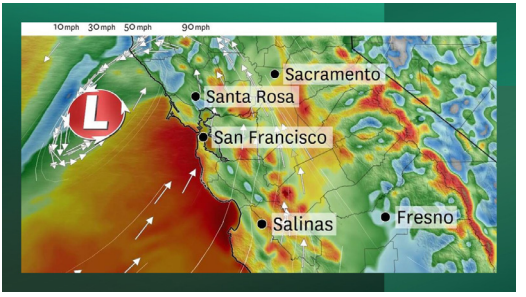
A massive tornado touched down and travelled across Mississippi and Alabama

I have followed the news accounts from survivors of the tornado that dropped down with little warning to

leave a path of destruction across more than a hundred miles of Mississippi and then Alabama. In America's poorest part of the nation, recovery will require mobilising young people and youth workers engaged in re-building connections through housing and business recovery.



Mississippi tornado travelled across more than 100 miles and into Alabama



A Stratospheric River brought torrential rain and snow into Southern California

Thinking of catastrophic events of nature such as these makes me wonder whether we need to be actively recruiting young people to enter the building trades. We need to value these essential re-building workers and recognise their importance in any recovery efforts from wild fires, floods, earthquakes, cyclones or tornadoes. Youth workers will surely be active in such places.

Climate change deniers will have had difficulty explaining away events like the recent stratospheric river that brought torrential rain, flooding and

snow storms to Southern California and California mountain borders with Nevada. All of a sudden, the Hoover Dam was re-filled!

I invite short stories about *Working with Youths in Recovery Efforts after a Natural Disaster?* Ka Kite!



In what ways has youth culture and youth work been impacted by recovery efforts?





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