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Editorial Comment

Healing Ourselves

James Freeman

We live and work in a traumatized world.

Now there are perspectives that make everything about trauma and center being trauma 'informed' above all else. Some of that is helpful and some also falls a bit short.

Most of us are working alongside people who have been mistreated or hurt or excluded from experience vital to growing up and being well in life.

Our programs and systems (including ourselves) can get caught in a cycle of reflecting the experience of trauma back to those we are attempting to help.

Let me give an example. One framing of the effect of trauma is the response we have to 'fight, flee or freeze'. It's a simple explanation of what occurs in the nervous system when we are confronted with danger, something surprises us, or exceeds our immediate capacity to respond. It's a necessary survival response when we are under threat.

Sometimes (too often to be honest) our programs exhibit a similar response. When an individual is 'too difficult' for a particular setting we move them elsewhere (a form of fleeing). Giving into distraction , overwhelm, and busyness (a form of fighting) happens and we create barriers and burdens to fight against. And sometimes we withdraw and wait to get everything just right (a form of freezing) before taking action.

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Now of course there are burdens to fight, places to get to, and reflection that are essential to quality care. But we need to add to our ongoing self-assessment and reflection some key questions: firstly, to what extent am I reflecting the experience of trauma to those around me in ways that are not helpful? And secondly, to what extent is my program or classroom or home reflecting and amplifying the experience of trauma in ways that are not helpful?

For 15 years I worked in an extremely trauma-saturated environment. And it existed within a larger system that was so caught in reacting to trauma that most attempts to become trauma 'informed' ended up being distractions from the real pain that surrounded us all.

And as good as I was as leaning into the relational, being present, and caring for myself it took me over a year being disconnected from that source to really feel it working its way out of my own mind and body.

And based on my colleagues experiences I am not alone in this experience.

Of course, the solution to this is simple. Just not easy. The first step in mitigating this cycle is healing ourselves.

Restoration is an ongoing process and begins or continues with your next breath. Together we can be part of the healing force in our traumatized word.

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JAMES FREEMAN, EDITOR



CARING TO CONNECT

NURTURING HOPEFUL, HEALING RELATIONSHIPS WITH YOUNG PEOPLE

JAMES FREEMAN
EDITOR

"I love it! I wish I had this year's ago. I feel I can be even more help to the young people in my life. - Tonia

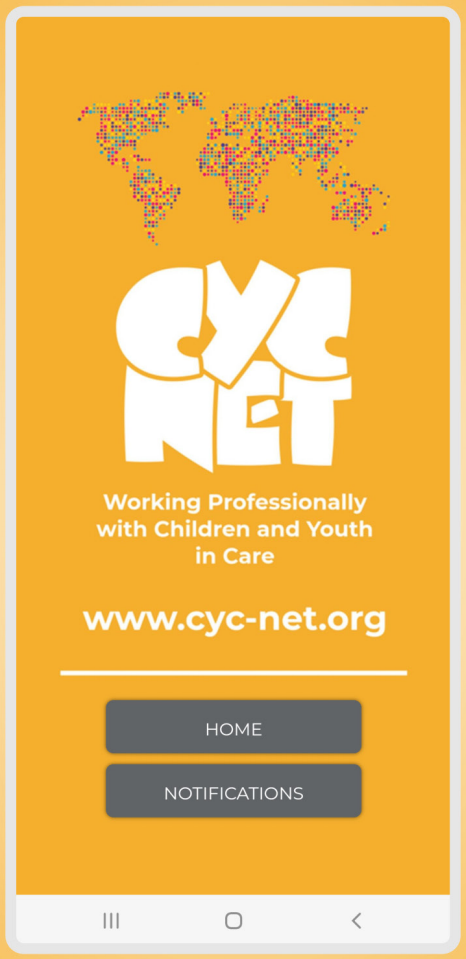
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Safety and Control

Jack Phelan

Effective CYC practitioners are competent at managing the behavior of the young people and families in our programs. Most life space work occurs while implementing specific routines or rituals like a family meeting or the daily agenda in a group living situation. Mature practitioners are aware that these programmed behaviors are merely a framework which permits people to create the useful interactions that promote change and growth. If we only focus on doing the prescribed actions, then little real change will happen, people will perform the required tasks, but stay stuck in their habits and beliefs.

Safety is a key component of every life space interaction and behavior management creates safety. This focus on safety typically overwhelms new CYC practitioners but becomes quite manageable after several months of experience. Unfortunately, it also allows everyone to value the comfort of being safe above any need to create change. Practitioners and program managers value programs that run without disruption or distress and young people and families value not having to work too hard at new perspectives. Young people can become very comfortable in meeting simple behavioral goals which do not affect them emotionally.

The focus on external control techniques and procedures, which are embedded in every CYC program, can stagnate both practitioners and supervisors. Yet mature practitioners are very aware that external control is not what people need, once they are safe and stable. The challenge for good

programs is to build life space moments when the external controls are removed and self-control is required, since until young people and families practice self-control they will be unable to maintain any gains made in the program.

One predictable result of beginning to loosen external controls is that people will become disorganized and appear to need more structure, but the temptation to restore order must be resisted. No one likes change at first and both the young person/family and the CYC practitioner will be inclined to fall back into safe patterns and welcome the external controls again. CYC supervisors can encourage skilled practitioners to create experiences where people are free to make both good and bad choices and learn from the results. Newer workers will be confused by this approach and should be supported by the supervisor to focus on safety while more experienced staff act differently.

The biggest hurdle to creating experiences of self-control is the overall agenda of most programs, which is good behavior and predictability. Even though we are clear that people need to develop the capacity to be self motivated and empowered, our focus is strongly based on external control and containment.

CYC supervisors are the key players who can begin to change this dynamic by supporting experienced staff to think differently about control and to create risk and challenge for the people in our programs, so that they can safely practice the essential skills needed to be successful.

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The Important Difference Between Qualifications and Effectiveness

Doug Magnuson

How do we know when we are doing good work? Sometimes it is obvious, but usually it is not. We are prone to overestimating our own ability, and we are poor diagnosticians of the well-being—or problems—of children and youth and we are terrible at identifying the effects of our work or predicting long-term outcomes. These are not comments on the state of the field or of your or my practice—they are problems of being human in fluid situations.

Given these challenges, does a CYC degree help to be good at the work? If we set aside bureaucratic legal and professional requirements, what curricular components are necessary for a good post-secondary education? There is some evidence from counseling, education, and other related fields that degrees and qualifications are not sufficient and that it is necessary that "practitioners practice their practice." In fact, practicing is more important than one's qualifications.

Maybe having a diploma is enough. If so, what type of diploma? For example, Thompson Rivers University has a Child and Youth Care Diploma program at its campus in Williams Lake, B.C. The courses include two child and adolescent development courses, an introduction to working with

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children impacted by trauma, interpersonal communication and helping relationships, introduction to non-aversive interventions, human service practice in Indigenous communities, and an introduction to Canadian social welfare.

If these course are organized so that students practice intensively and learn to think about their practice, and receive feedback on their practice, it is enough. The number of required courses in North American CYC or youthwork programs varies from two to over 35. Two is probably not enough, and 35 is way too many. Further, the content varies widely, but it is not the number of courses in one's degree that unites good programs or that distinguishes good practitioners from poor practitioners.

Similarly, work in recent years on fieldwork, for example by Jenny McGrath, Carys Cragg, and others has found that CYC programs have anywhere from 200 to 2000 required hours of fieldwork. Is it the number of hours that is important? Probably not.

Instead, it seems to be the same formula across professional fields. Here's a summary of what we know from studies of therapists/counselors:

> Using a sample of practitioners working in real-world settings, the researchers found... that therapist age, gender, years of experience, professional degree or certification, caseload, and theoretical approach were not significant predictors of effectiveness (Beutler et al., 2004). By contrast, the average number of hours clinicians spent in solitary practice outside of work targeted at improving therapeutic skills was a significant predictor of clinician effectiveness. (Miller, 2016, p. 258)

How do you get to Carnegie Hall? Practice, practice, practice. Not charisma, charm, a magic black box, or years of experience. As the old saying goes, you can have 20 years of experience or one year repeated 20 times.

Some studies have found that paraprofessionals (practitioners without a professional degree) who practice their skills are better than professionals who do not, and if both practice, there is little measurable difference between them. The lesson here is that in one's degree program you should learn how to practice your skills and how to obtain and receive feedback.

The quality and skill of the practitioner matters more than the treatment or care method, theoretical assumptions, devotion to ideologies, or variability in children and youth—anywhere from 70 to 97 percent of the variability in quality is practitioner skill.

Some people name this approach "continuous improvement"—collecting data and information about one's own practice and learning from it. Miller (2016) frames it as "deliberate practice:"

> Deliberate practice means setting aside time for reflecting on feedback received, identifying where one's performance falls short, seeking guidance from recognized experts, and then developing, rehearsing, executing, and evaluating a plan for improvement. In addition to helping refine and extend specific skills, engaging in prolonged periods of reflection, planning, and practice engenders the development of mechanisms enabling performers to use their knowledge in more efficient, nuanced, and novel ways than their more average counterparts (Ericsson & Staszewski, 1989, cited in Miller, 2016, pp. 257-258).

Another name for this type of continuous improvement for the benefit of deliberate practice is "feedback informed treatment (FIT)." If students and practitioners receive feedback on their practice, and practice their practice, they improve. If fieldwork is organized so that participants receive focused, deliberate feedback and opportunities to exercise their new skills, they will improve faster and need fewer hours to learn.

What makes these simple principles powerful is including clients in the feedback. Research in effectiveness in teaching, in counseling and therapy, in social work, and in education suggests that it is important to include data from clients. Long lists of qualifications, values, assets, theoretical commitments, or identities are only meaningful if they can be demonstrated to help young people grow and change. Lists of courses, trainings, qualifications, are also not useful unless the skills are practiced and data is collected and fed back to you to help you improve. Miller's (2016, 2015) work focuses on feedback from client data, and in the next column I will discuss how this is done in CYC settings.

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The Role of Child and Youth Care Practitioners in Promoting Belonging for Youth with Disabilities

Emily Eirikson

In recent years, Child and Youth Care Practitioners (CYCPs) are working more with young people with disabilities. 13% of Canadian youth aged 15-24 live with disability, and as such are likely to be present in any setting where young people are gathered (Statistics Canada, 2017). CYCPs may also work in disability-specific settings and roles, as educational assistants, support workers, child life specialists, behaviour interventionists, and more. However, Child and Youth Care is only beginning to engage with disability studies scholars, concepts, and perspectives. A search of major Child and Youth Care journals (including *Relational Child and Youth Care Practice, CYC-Online*, the *Child and Youth Care Forum*, and the *International Journal of Child, Youth and Family Studies*) returns minimal results related to practice with children, youth, families and disability. This lack of engagement means our field is missing out on the most current knowledge and approaches in supporting these young people. Some might say that disability is beyond the scope of CYC practice and that CYCPs are not properly trained or equipped to engage with young people

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with disabilities (Gharabaghi, 2010). However, I would be inclined to agree with Marshall (2017) who proposes that we "forget any notion of specialized 'fixing' or 'intervening' with these young people" (p. 67) and instead focus on what we as CYCPs bring to the table in terms of relational, reflective, strengths-based practice. In fact, the CYC value of relationships and commitment to social justice is particularly relevant to ongoing conversations in disability studies that critique the current dominant ideal of inclusion, from its conceptualization to its implementation. This paper will introduce some key disability studies concepts and explore their alignment with CYC principles, discuss the difference between inclusion and belonging, then argue that CYCPs are well-positioned to work alongside young people with disabilities and move beyond inclusion to promote belonging.

Key Concepts in Disability Studies

The field of disability studies emerged alongside the disability rights movement in the late twentieth century. Writing in 1980, Victor Finkelstein provided an important reminder that we are all needy and dependent on various aids, technologies, and conveniences of modern life (Finkelstein, 1980). He drew attention to the fact that able-bodied people have molded the environment in response to their own needs and abilities, but disabled people were left out of that process, and as such are disabled by the environment. This idea is the foundation of the social model of disability, a term coined by disabled scholar and activist Michael Oliver in his 1983 book (Tregaskis, 2002). The social model locates the problem of disability in the environment rather than in the individual by distinguishing between impairment (a "functional limitation within the individual") and disability

(the “loss or limitation of opportunities to take part in the normal life of the community”) (Tregaskis, 2002, p. 458). Essentially, the social model states that individuals are primarily disabled by society, not by their impairments (Oliver, 1983). With insights like these, the social model shaped the beginning of critical disability theory. The social model also aligns well with a CYC strengths-based approach that resists pathologizing the individual to instead position the environment as the location of the problem and target of intervention. Practitioners can strive to remove barriers and create accommodations in the environment that enable the young person to live, work and play to the best of their abilities, honouring their uniqueness and dignity, rather than pressuring them to change to fit in.

Disability studies also introduces the concept of ableism, in other words, discrimination against disabled people. Ableism is manifested in places, practices, policies, and perspectives that assert a preference for nondisabled people. Hehir (2002) writes eloquently on the ways that ableism may impact practice with young people:

> The devaluation of disability results in societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids, etc. In short, in the eyes of many educators and society, it is preferable for disabled students to do things in the same manner as nondisabled kids. (p.3)

Again, the concept of ableism is a useful tool for CYCPs seeking to address oppressive systems that negatively affect children, youth, and

families. It also highlights the importance of each practitioner's commitment to examining their own beliefs and prejudices and their impact on practice. As Bishop (1994) writes, we are "marinated" in the oppressive attitudes of society (p.97). These attitudes may include the idea that disability is inherently negative, undesirable, and inferior, when it is an inevitable aspect of human experience and an expression of human diversity.

History and Critiques of Inclusion

For centuries, the dominant approach to caring for people with disabilities in North America was through institutionalization (Cameron & Valentine, 2001). Prior to the period of institutionalization people with disabilities were present in the community, albeit occupying a lower status and social role, for instance begging in the street (Finkelstein, 1980). As industrialisation and capitalism increased in the late eighteenth and early nineteenth century, the measures of how bodies were valued changed (Jenks, 2019). Disabled bodies were characterized as passive, dependent, and therefore in need of special attention, treatment, and care (Finkelstein, 1980). Institution such as asylums were opened under the premise of supporting and treating people with disabilities, but ultimately served to segregate them from their communities (Conrad, 2020; Finkelstein, 1980). In the 1700s Canadian institutions housed the poor, the elderly, orphans, and the "insane", with more specialized institutions for people with intellectual and psychiatric disabilities opening in the 1870s (Dunn & Langdon, 2016). These institutions operated under policies of separation, isolation, and charity, and abuse ran rampant under the guise of treatment (Dunn & Langdon, 2016). There was no support provided to families who did

not want to put their children in institutions (Dunn & Langdon, 2016). The development of institutions also facilitated the development and proliferation of professionals and experts, and while the existence of these professionals popularized feelings of positive concern, it also reinforced stereotypes of neediness, incompetence, and an inferior social role (Finkelstein, 1980).

Ideals of inclusion took precedence in the 1960s and 1970s during the disability rights movement, consisting of activism on the part of disability organizations, parents, and, increasingly, self-advocates (Conrad, 2020; Dunn & Langdon, 2016). This included the independent living movement which began in California in the late 1960s and spread from there, with independent living centres run by and for people with disabilities opening in Canada in the 1980s (Dunn & Langdon, 2016; Jenks, 2019). Similarly, in the community living movement, parents and caregivers fought for their child's right to education, recreation, vocational programs, and small-scale residential services rather than institutions (Dunn & Langdon, 2016). These struggles would continue for decades. For example, the first Canadian institution for the intellectually disabled opened in 1876 but had peak occupancy in 1968 with 2600 residents and did not close its doors until 2009 (Dunn & Langdon, 2016, p. 31). And yet, the deinstitutionalization process was criticized for happening too quickly and without adequate community supports in place (Conrad, 2020; Dunn & Langdon, 2016). Canadian authors Dunn and Langdon (2016) describe the resulting social services for people with disabilities as fragmented and contradictory, remarking that "many people have become institutionalized within the community, experiencing the same conditions of dependency, categorization, separation, isolation and stigma as individuals in

institutions" (p.35). It seems that the ideal of inclusion may not be translating into practice.

In fact, research on inclusive programs such as summer camps shows mixed results: they may promote acceptance or provoke rejection and ridicule (D'Eloia & Price, 2018). D'Eloia and Price (2018) found that a lack of reciprocity in relationships between disabled and nondisabled campers was most prominent in competitive activities, in structured buddy roles that created a helper/helped dichotomy, and when participation was hindered by skill limitations. In contrast, friendships were most achievable when roles are balanced and the environment is accessible. This poses a challenge when camp programs tend to be designed by nondisabled adults for nondisabled youth and retrofitted to include youth with disabilities. In a study of relationships between disabled and nondisabled campers, Devine and Parr (2008) also found that hierarchies exist. Nondisabled campers did not see any benefits of inclusion for themselves and described "allowing" disabled campers to participate with them. Thus, an inclusive structure can camouflage social inequities that prevent belonging.

Furthermore, inclusion has been heavily critiqued for reinforcing normativity and pressuring the individual to fit into mainstream society (Hall, 2010). In particular, inclusion has been shaped by neoliberal discourses where an emphasis on (financial) independence, self-sufficiency, and consumerism translates to ideals of paid employment, independent living, and presence in mainstream community settings (Renwick et al., 2019). Children with disabilities are targeted with behavioural interventions and social skills training to help them "fit in" – in other words, to conform to the expectations and comfort level of the nondisabled majority. Marshall

(2017) invites us to wonder, “how many young people with disabilities think about why they are being targeted for an intervention when, perhaps, it was those around them that needed the interventions most?” (p.59). Furthermore, defining inclusion as presence in mainstream settings departs from research where individuals with disabilities report finding belonging in segregated spaces, such as Hall’s (2010) consideration of two arts-based, disability-exclusive organizations where members found safety, support, friendships, and opportunities to provide valued contributions. Examples such as this suggest that current definitions of inclusion do not necessarily correspond to or take into account the lived experiences, preferences, agency and needs of disabled people (Strnadová et al., 2018). The policy trend of inclusion may have increased physical presence, but not genuine social engagement.

Young people with disabilities have important things to say about their experiences of inclusion. Teachman et al. (2020) combined visual methods and interviews with 13 Canadian youth with cerebral palsy aged 15-24 who use augmentative and alternative communication (AAC) to understand how these youth make sense of inclusion. Many described feeling safer and more comfortable in segregated spaces, and feeling unsafe, frustrated and tired from dealing with strangers who stared, behaved rudely, or did not take the time to listen to them. These youth found belonging by creating positive “microspaces” of inclusion, where they were safe, known, welcomed, and connected to others in ways that transcended spoken communication, often with family members. The authors concluded, “there is an urgent need for systemic shifts past idealized notions of inclusion as a journey by disabled persons towards mainstream, ableist social settings. Instead, attention should be paid towards studying and promoting social

spaces where the status quo has been disrupted and alternative ways of being in the world are positively valued" (p.1119).

Defining Belonging

What is frequently missing from experiences of inclusion – genuine acceptance, reciprocal relationships, a valued role in community – may be summarized by the concept of belonging. Belonging was famously identified as a human need by Maslow (1943), and this conceptualization has resonated through the decades (Abulof, 2017; Baumeister & Leary, 1995). Indeed, experiencing a lack of belonging has been found to impact young people's learning and development and can result in negative and potentially long-lasting effects on physical and mental health (Kwan et al., 2020). In contrast, a qualitative study of Australian youth aged 8-16 with a range of disabilities described wellbeing as feeling supported, included, respected, valued, and capable and defined "a good life" as having friends, family, and personally meaningful things to do (Foley et al., 2012). By this definition, wellbeing is nearly synonymous with belonging.

Minimal research has been conducted to define belonging from the perspectives of people with disabilities. An Australian study combined themes from the literature with data from focus groups with disabled adults to describe four dimensions of belonging: belonging as identity, belonging as relational, belonging to place, and belonging as a contributor to society (Strnadová et al., 2018). The focus group participants identified barriers to belonging as well, which were summarized under the title "the way others see me" and included prejudice and bullying. Similarly, the Voices of Youth project engaged 13- to 24-year-olds with intellectual and developmental disabilities in the Greater Toronto Area and used a

grounded theory approach to construct a framework for belonging (Renwick et al., 2019). Using abductive reasoning and iterative analysis, researchers drew on the qualitative data to develop a theory in which belonging was associated with four concepts: engaging with similar people, having social relationships, negotiating meaningful roles, and navigating norms and expectations to find a good fit. A key finding was that "belonging was tied to the quality of interaction and acceptance by others, rather than simply being included" (p.953). The participants expressed longings to be invited to birthday parties, movie dates, and other social outings reflective of genuine, reciprocal friendship, and for their participation in community life to be met with positive responses. These two studies highlight the important distinction between inclusion and belonging.

Another Australian study used pictorial mapping and photo-rich methods to investigate lived experiences of belonging and exclusion for 30 young people with intellectual disabilities aged 12-25 who lived in small towns (Robinson et al., 2020). Some youth found their small-town neighbourhood to be supportive, while others found it stifling, but most youth reported a sense of belonging. For these youth, belonging was a mutual experience and included elements of feeling accepted, respected, safe, comfortable. When there was congruence between how the youth saw themselves and how others related to them, they felt valued and understood. Youth also described experiences of not belonging, such as facing challenges in their family lives, feeling lonely, desiring more or deeper friendships, and feeling uncomfortable or unwelcome in places. The authors noted that "receiving positive or negative responses from

others was crucial in how young people felt able to engage (or not) with a wide range of people and settings" (p.64).

Salmon (2013) provides another critical Canadian perspective on youth with disabilities, inclusion, and belonging. Through interviews with seven pairs of friends aged 15-20 and adults who observed the development of these friendships, it became clear that participants felt a greater sense of belonging when with peers who shared the disability experience, and that they used self-exclusion as a strategy to find belonging, safety, and sustainable friendships with similar peers. This study challenges the ways in which relationships between disabled and nondisabled youth have been positioned as the "gold standard for inclusion" (p.348), when, in reality, youth with disabilities routinely experience rejection by their nondisabled counterparts and seem to not be recognised as potential friends. The authors cite research demonstrating that the most stable friendships for youth with disabilities were between peers who were in the same segregated classroom for multiple years. All these findings suggest that an emphasis on inclusion in mainstream spaces may not be meeting the social and emotional needs of young people with disabilities, and that the attitudes and response of the community are an important factor in creating belonging or not.

Conclusions and Implications for CYC Practice

This preliminary review of the literature suggests that further research from the perspectives of youth is needed to inform inclusion policies and practices that reflect what is important for young people, and to promote belonging in ways that are meaningful to them. Despite the limited scholarship on this topic, it seems apparent that a key ingredient of

belonging is reciprocal feelings of respect and care. Because people with disabilities continue to face stigmatisation in mainstream settings, segregated spaces can be safer, more comfortable, and more likely to provide a sense of belonging. These disability-specific places, activities, and relationships must be seen as equally valuable, while not losing sight of the end goal of renouncing oppressive attitudes and systems to co-create a society where all ways of being belong. Child and Youth Care practitioners who are committed to social justice and the flourishing of young people can gain new insights from the field of disability studies and use their skills in strengths-based relational practice to work alongside young people to combat ableism, respect each person's unique way of being in the world, and promote genuine inclusion and belonging for all.

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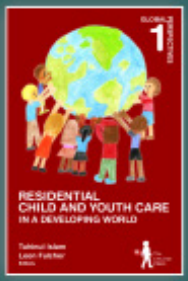
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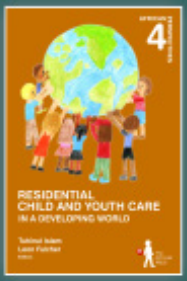






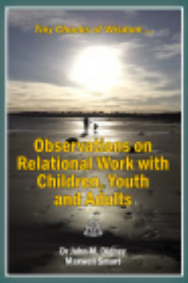




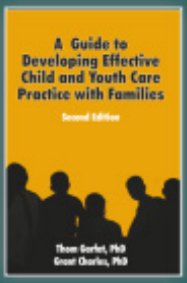




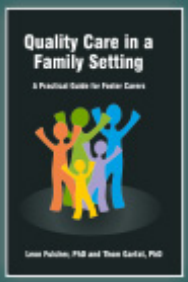






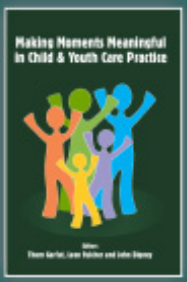




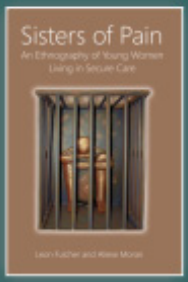






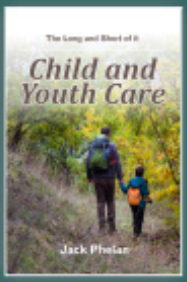












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Editor's Note

This month we welcome back Dr Mark Smith from Scotland as a regular contributor to CYC-Online*. Mark has been threatening a return to the regular contributors panel of* CYC-Online *having previously contributed monthly columns for over a decade. We are indeed fortunate that he has followed through on his threat! Welcome back, Mark.*

On The Wrong Side of History

Mark Smith

I've a feeling I promised a comeback to a regular *CYC-Online* column a while back and it didn't materialise, as I became ground down in what I remember Leon Fulcher calling, the administrivia of academia. I'm hoping it may be different this time round as I approach the final years of my academic career and intend to spend it drawing some of my writing together. In many ways my writing career, if it didn't altogether start on CYC-Net, was certainly honed here; it is where I got into the writing habit that is key to academic writing. It is hard to believe that it is almost 20 years ago since I started to do a regular column. Returning to do one (I hope) will give me the opportunity to reflect on how some of my thoughts have developed over that period. As an aside, I am teaching a dissertation class to our social work students this semester and have been speaking to them

about academic writing and how the act of writing does not just capture our thoughts but helps us construct them.

In columns I wrote in the past, I often picked up on a current news item as a prompt for my writing. For much of this month, there has only been one news item in the UK – the death of Queen Elizabeth. Hold the condolences! I am not writing this column with a heavy heart. As an instinctive republican, I have never considered Queen Elizabeth (or any Royal) to be my queen (or king). I don't bear the person of the dead Queen any ill-will - she just has never registered as a significant figure in my life. More broadly, I consider the institution of the monarchy to be an anachronism .... There I've said it! Others over the past couple of weeks have got into trouble for having the temerity to speak out against the period of extravagant and compulsory emoting orchestrated by the media, who I guess have been preparing this story for the past couple of decades and needed to milk it for all its worth.

If you're reading this column from elsewhere in the world you would be forgiven for thinking that I am some outlier in expressing such seemingly discordant views. I'm not – around 30% of population of UK and around 40% in Scotland would express broadly republican or otherwise antithetical views on the monarchy, around the same proportion would be staunchly monarchist with a further 'soft' third in the middle, who might go either way. Many of those who lined the streets likely did so, less out of a sense of grief than a sense of history. Personally, I'm not against tradition, but I could think of other events to mark.

I should be able to leave things at this – some people marked the passing of the Queen, others didn't and still others couldn't care less. But we weren't allowed such viewpoint diversity – as I signal above, people

were arrested for expressing views, or even for holding posters objecting to aspects of the monarchy. Public figures, footballers among them, were castigated for failing to show respect by refusing to wear black armbands or to sing the national anthem. Those subject to such censure were either Irish or Scottish, both of which nationalities, whether one agrees or not, might point to good reason not to recognise, and certainly not to celebrate, the monarchy.

What has this got to do with CYC, you might ask? Well, it merely exaggerates broader cultural trends to impose moral constraints on what we are allowed to say, and more importantly, what we're not allowed to say, all done under a banner of being virtuous or being on the right (or wrong) side of history. I still have enough of the (materialist) Marxist about me to hang on to his dictum to question everything. Yet, in the current climate, the very act of questioning can put one on the wrong side of history – and when that happens, your views do not need to be engaged with but can be peremptorily dismissed on the premise that some people might find them offensive – often, I suspect, by those who do not want to have to engage with them. Being on the wrong side of history is an odd place to find oneself. As a republican, with strong socialist views, I can now find myself cast as 'alt-right' by those who often don't have sufficient political or historical baggage in their lockers to know their left from their right. As I say, an odd feeling …

Francis Fukuyama might describe the situation we find ourselves in as the end of history, where we have reached some perfect consciousness, where all is settled and we don't have to struggle anymore. I am reminded of Stan Cohen, who is best known for his sociological work on moral panics but who was also a social worker by background. His advice to social

workers was that they should 'stay unfinished' – thinking that something is settled and that you think you have the answers (invariably the right ones) forecloses dialogue and debate and at times disagreement. Yet it is only from this space of friction that we can take the field forward. I look forward to contributing to some of these debates. I will be joined in this by a colleague of mine, Sebastian (or Seb) Monteux from Abertay, Dundee's other university. Seb will introduce himself next month.

DR MARK SMITH *is Professor of Social Work at the University of Dundee, Scotland. He was a practitioner and manager in residential school and care settings for almost 20 years and was also a foster carer. He has written extensively on residential child care and on a range of broader social work issues. He used to write a regular column for CYC-Online and is now determined to get back into that writing habit!*

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The Thing About Death

Hans Skott-Myhre

The thing about death is that it is inevitable. I was going to write that sentence differently when I set out to write this column. I was going say that inevitably, if you do CYC work long enough, you will encounter death. But upon reflection, I decided that stating it as being an event bounded by our work was misleading. It is misleading, in that death is everywhere around us all the time. At any given moment that might not be immediately obvious, but someone is dying in our community every hour of every day. The fact that this is not a part of our lived experience for most of us, is rooted in a certain distance that we maintain from the lived actuality of death.

In fact, we compartmentalize death in an almost infinite number of ways large and small. We create hierarchies of death so as to distance ourselves from it. Insects die in our immediate vicinity with some regularity, but for the most part, these deaths are not worthy of serious consideration (of course small children know better and mourn the death of all things). Small birds and mammals deaths are at times sad to us, but more regrettable than notable. That is unless the animal has a personal relationship to us, such as a pet. The extinction of entire species seems to escape our lived experience, outside of a concern about how the loss of other beings might threaten us. In fact, even the genocide of other peoples in other parts of the world, or just outside our neighborhood, generally only bothers us at a relatively abstract level. Most of the time we

feel bad about it, but not enough to warrant the kind of grief and rage necessary to mobilize us to stop it. For most of us, the truth is that death has to hit very close to home to have a demonstrable impact.

To return to the opening sentence with that in mind, I would suggest that death is a part of the work we do and that we tend to deny that actuality with some force. Outside of suicide, we seldom seriously engage the fact that people die in CYC work. But they do, and they include the young people we encounter in our work, our co-workers and the family members of the young people. And these are just some of the people who can and do die while we are working in the field.

There are, of course, a number of ways that we shield ourselves from the actuality of death in our workplace. The first and foremost is to act as though death is an anomaly and that in many cases it is preventable. When a young person dies in our care, we bracket it as an exceptional event that requires particular attention. And to some degree this is true. The loss of someone we have built a relationship with is tragic and deserves the dignity of grief and remembrance.

On the other hand, we are often trained to treat death in our work as a clinical or administrative failing. If we had done things differently, not missed the cues, engage at a deeper level, followed the right protocols, death could have been avoided. And again, this can also have some truth to it.

Certainly, there are times when the organizations we work for are insufficiently attentive to the care needs of young people and families, or we find ourselves bound by protocols that simply are ineffective and in some cases harmful. Or we wish that the young person, family member, co-worker would have taken better care of themselves, not engaged in

risky behavior, stepped away from their addiction, or seen the good in themselves that we saw. And to some degree all of that rings true as well.

All these reactions and thoughts are utterly impossible to avoid. They are the ways in which we seek to be able to make sense of death and perhaps even reverse it somehow. For many of us, we desire the ability to be able to go back and have it all happen differently. We want desperately to make death go away.

In all of this, we seek solace in the possibility that if we could learn what went wrong in this death, then we can prevent future deaths. We sometimes seek a kind of perverse value in any particular death associated with CYC. We look to see if we can somehow turn it into a learning. And again, perhaps there is some truth in this as well. But what kinds of learning?

Death has many lessons without a doubt. But I would argue that to learn them, we must face the fact that death is inevitable and will happen and does happen in programs all around the world, all of the time. That is to say, that in order to learn anything substantive from death, we would need to have a relationship with our mortality and the mortality of others that is not based in denial or fear. Relational work is central to the work we do with young people, families, and communities, but sometimes we seem to forget that those relationships are with bodies and those bodies are mortal.

The understanding that our work with others is corporeal can be obfuscated by peculiar ideas we have of who others are. We can see others as personalities, selves, sets of behaviors or beliefs, constellations of emotions or reactions, or existing beyond the body. Indeed, we could misread the excellent admonition from Garfat et al that our work is done in

the *in between, between us* as meaning that relational work occurs outside the bodies involved. This is of course a rather perverse misreading of some very wise counsel. Nonetheless, I would suggest that at any given moment in our work with young people, families, and communities we would prefer to forget that they are bodies and that we are a body.

It is sometimes uncomfortable to engage with another body with all its messy corporeality. It is hard enough to take our own body-embeddedness in full stride. To not automatically separate ourselves from our bodies in precisely the way I just wrote that sentence i.e., our bodies or the bodies that belong to us.

This way of speaking implies that there is an us separable from the body. That who we are transcends the body itself. This fundamental scission of our self from the body may well be at the root of our inability to engage directly with death, or at another level entirely, death as an integral part of life.

Our denial of the body as the starting point of who are and as the genesis of our lived experience has the tendency to distance us from other ecological sets of material relations such as the land, other species, and corporeal collectivities of consciousness. We can begin to think that we are exempt and perhaps superior to the myriad living communities in which we are involved. Our allegiance might be to some realm outside the messy relations of the earth and all that it produces and that produce it. We could think, as Plato did, that the earth was a corrupted version of a realm of perfect form and that the perfect realm outside this earth was our proper domicile. This line of belief can lead to a sense that we need to fix the corruption and imperfections of the world by referencing a better and

more perfect world. A world only we as humans can access through either reason or faith.

The idea that we, as humans, are exceptional and have qualities of thought and behavior well above the world of nature, with what we see as its savagery and chaos, can give us the sense that we can escape the implacable logic of the body. The body logic that operates on the basis of what actually composes and decomposes every aspect of who we are day in and day out. Of course, it is this body logic that will kill us in the end, but it is also the body logic that gives us life. The same patterns that connects atoms, molecules, cells, and flows of electrons into the organs that create the body, are the same patterns that dissemble and redistribute all of what make us. In that sense then, life and death are just part of the flow of things. Of course, we would prefer that we could stand outside of this process and that the body is simply a shell that we inhabit or a temporary domicile of the soul. And perhaps that may be true.

On the other hand, if we are to face death, I would argue we must face ourselves as embedded in the flows of life. Death needs to be a part of our experience of life because we are dying and being reborn all of the time as atoms flow through us and our organs decompose and regenerate day after day, year after year until we are assimilated into a much broader ecological community as the ground out of which new life is formed. The body that we are is part of a much larger body, or put in another term, a community body in which all elements of the earth are corporeal entanglements from which we cannot be separated. There is a matter of factness in this view of our many relations. But perhaps that very matter of factness can allow for a depth of relationship to death that allows for a more complete experience of our grief at what may appear to be an end,

and our joy at the re-inclusion of the one we thought lost back into our community body.

An example of this is the second line style of jazz in New Orleans funerals. In this tradition derived from pre-colonial African ceremonies, blended with elements of Christianity, the line of the jazz funeral leaves the cemetery with a funeral dirge played at the front of the procession made of up the family and mourners. But shortly after advancing beyond the cemetery gates, a line of people, literally behind the first, begins to form the second line. This is started by the drummers, who act as a backbeat for the rest of the band, and also establish a beat for the second line. This second line is a group of family, friends and other celebrants who carry umbrellas and begin to celebrate the life of the deceased by dancing and partying through the streets with the band.

This series of meaning produced musically regarding the affective and communal response to death is both a combination of collisions between multiple lines of force including lines of domination played through European parade structures, instrumentation and burial practices and persistent lines of alternate assertion including African beliefs about death, community structures, and musical form. This is an assertion of a community of bodies entangled with rhythms and memories and projections of life and acknowledgments of death. It has a celebratory matter of factness of the moments of transition that make up our common life world.

In a recent interview on NPR filmmaker Sterlin Harjo, who created the series Reservation Dogs, discussed his Indigenous community's relationship to death. He defines death as a part of the experience of life that is "community driven." Death on the reservation, he tells us takes place

within a context in which, “your cousins are like your brothers and sisters. Your aunts are your extended parents, and you're close to your elders and everyone's a part of this tight community.” Harjo notes the frequency of death on the reservation and the ways in which it brings the community together. Like the second line, music plays a key role, “And our songs, the songs that we sing, there's these spiritual songs that we sing that mostly get sung and you hear them at funerals, and it's all about facing death and mortality head on.” In this tradition, funerals are places of gathering,

> There's something really beautiful about a funeral in our community, where everyone comes together and it's really funny. And you're getting to see people that you haven't seen in a long time and you say, "I love you," to people that you wouldn't normally say, "I love you" to. It's just a part of being in a community.

The sense of matter of factness, blended with humor and sorrow and the ability of songs to help us to face death and mortality head on is a powerful assertion of death as a part of life. Harjo goes on to discuss the ongoing relationship that Indigenous peoples have with those who have died.

> In the culture you're taught that they're not gone and that you can still speak to them and talk to them and there's ghost stories and things like that. But I just grew up with this sense of magic, and there's a sense of like we can communicate, we can reach

people in other places, and there's ceremonies for it and there's different things.

The complexity of death and its implications for how we live life, how we love each other, and how we build all our relations is more central than we might think to our work in CYC. To build our relationships with the young people, communities, families and co-workers in a way that acknowledges our common corporeality and mortality stands the possibility of a profound sense of shared family or community. Death is, after all, something we all share. To share it in a way that affirms life and living can be a powerful way of engaging our work. The Lakota have a phrase that I would like to end with here, *Mitakuye Oyasin*. It translates roughly: to "all my relations." It is in that spirit I dedicate this column to all who have gone on and all who will — that is to say "all my relations."

HANS SKOTT-MYHRE *is a regular writer for* CYC-Online*. He is a Professor of Social Work and Human Services at Kennesaw State University in Georgia (USA). He may be reached at hskottmy@kennessaw.edu*



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Is Our Culture of Overachievement Exhausting Our Youth?

Veronica Raggi

As a clinical psychologist, I daily bear witness to the increasing numbers of youth struggling with perfectionism. Hypercompetitive teens are often short on sleep and work late into the night. They are perpetually stressed out.

Parents share concerns that their teen cannot accept anything less than an A. They melt down when peers outperform them. High-achieving peers also tend to cluster together, spending their time comparing grades, homework, and extracurriculars. And high standards can extend to others, making it hard for the family to relax as the youth reacts strongly to minor issues and the mistakes of others.

By adolescence, 3 out of 10 children can be classified as a "maladaptive perfectionist." For these youth, expectations of self are set sky-high. Rigid and unrealistic standards lead to perceived failure when unable to meet these lofty ideals. Accomplishments are minimized and these kids struggle to celebrate success. Not surprisingly, maladaptive perfectionism is characterized by negative outcomes and pathology.

Cognitive and environmental factors can make maladaptive perfectionism a difficult pattern to resolve. Teens high in perfectionism

typically hold false beliefs that their negative self-critique is a necessary precursor toward greater commitment and persistence. They engage in repetitive negative thinking about their problems or experiences that is intrusive and difficult to disengage from.

Further, they often receive public praise for the products of their perfectionism which fuels attitudes about the perceived benefits of these tendencies. And social media inculcates beliefs that perfect and polished public personas are the reality. These images often portray a lack of vulnerability. They create unrealistic pressure to compete with someone else's false and distorted self.

Many perfectionistic youths develop an overly compliant persona in an attempt to meet societal expectations. They typically harbor the belief of "conditional acceptance"—that they will only be loved and respected by others if they are perfect or demonstrate perfect performance. In fact, these perceptions may be partly backed up by reality. Research suggests that maladaptive forms of perfectionism can be predicted by parental conditional regard.



As a result, self-esteem increasingly becomes intertwined with achievement and approval. The fear of feedback and failure escalates. At the extreme end of the continuum, the child may learn to mistrust his own needs and struggle with achieving an identity separate from his accomplishments.

And in many communities in the U.S., a culture exceedingly focused on achievement is the norm. Families in affluent and upper-middle-class neighborhoods feel a palpable pressure within their community, school, and culture to prepare, push, and promote their child towards college and career. High schools unintentionally add pressure by touting their statistics on how many kids they send to elite universities. Families compare notes on where their children are applying.

It is no secret that college admissions to top-tier universities have become more competitive, with children vying for coveted spots with their peers and parents feeling impending anxiety over securing their child's future. Further, more parents feel attending an elite institution is a necessity, despite data showing that being a college graduate alone is enough to earn nearly 70 percent more compared to same-age peers and set oneself up handily for financial stability.

As such, parents can view every moment as an opportunity for skill development and lesson learning. In a 2018 survey, 75 percent of parent respondents rated intensive parenting and scheduling as good or excellent approaches, and increasingly, families are leading fast-paced and pressured lifestyles.

For example, many parents hire college admissions coaches that work with their child to prepare for college admissions from the start of their high school careers. And messaging from teachers and parents to

participate in certain activities designed to give the best chances of college admissions can lead a child to feel a lack of his own self-agency and ability to choose. Teens may take on a long list of activities in an attempt to impress college admissions without considering whether they feel personally interested in or satisfied by the activity.

While increasingly parents are favoring this heavily invested approach, recent research published by the American Psychological Association found that excessive parental expectations increase perfectionism in students and can be as damaging as parental criticism. This extra pressure can show up in negative outcomes for privileged kids, including increased rates of substance abuse and dependence.

Sports have also become more competitive. The times and skills needed to compete are more stringent. I was personally surprised to learn that a number of female track athletes in our local high schools are running the mile in five minutes. The training and discipline that goes into maintaining these levels of performance can become all-consuming. As a result, play and exploration can take a backseat when they are critical vitamins for the developing brain.



And the effects are long-lasting. Many overachieving college-age clients arrive at therapy physically and emotionally exhausted. They may have developed so much anxiety around meeting demands at a perfect level that they develop problems with sleep, attention, persistence, and efficiency. Some have lost passion, motivation, and excitement for their academic pursuits. On the extreme end, I have seen youth and young adults view life as an endless series of tasks designed to achieve more, earn more accolades, and prove themselves worthy compared to their peers.

This is not to say that healthy levels of achievement are not enormously worthwhile and fulfilling. Research suggests that teens who participate in activities like academic clubs, sports, and other extracurriculars are more likely to show engagement in school with better attendance, higher standardized test scores, and higher graduation rates. Students who participate in extracurriculars tend to have more positive school experiences, higher expectations for the future, and more positive relationships with others.

In sum, while achievement and engagement are fundamental sources of youth development, we need to consider what happens when the balance between achievement and emotional and social health is dismissed or underrated. High levels of stress in teens can result in decreased motivation, lower grades, and eating, sleeping, and substance problems. In contrast, teens who can navigate the careful balance between work ethic and self-care will be well set up for the marathon of life.

Youth need to feel that meeting the mark is not all that counts. Rather than building life-long resilience and tenacity, maladaptive perfectionism and overachievement embolden chronic anxiety, self-doubt, physical exhaustion, and burnout. The good news is that parents, schools, and

communities can play an active role in countering these influences to help youth develop a strong foothold on their mental health, self-care, and resilience during this critical developmental phase.

Key Points

- Maladaptive perfectionists set unattainable goals and minimize their accomplishments.
- Today's youth experience increasing societal pressures and social influences to achieve and compete.
- Maladaptive perfectionism can lead to sleep problems, attention issues, procrastination, exhaustion, and poor mental health.
- Parents, schools, and communities can play an active role in supporting healthy achievement and mental health in our youth.

VERONICA RAGGI, Ph.D *is a clinical psychologist and owner of Brighter Outlook Cognitive Behavioral Therapy, LLC. She is first author of the book Exposure Therapy for Treating Anxiety in Children and Adolescents.*

From: *Psychology Today* - https://www.psychologytoday.com/us/blog/brave-voices/202209/is-our-culture-overachievement-exhausting-our-youth

Postcard from Leon Fulcher

From New Zealand and the Royal Commission on Abuse in Care

Kia Ora Koutou Katoa and warm greetings from Springtime in New Zealand. I wanted to share what has been happening here with the work of the Royal Commission of Inquiry into children, young people and vulnerable adults abused in State and faith-based care in Aotearoa New Zealand between the years 1950-99.

The investigation into abuse in State and faith-based disability care settings is examining the care of disabled people in settings such as



The Call for a Royal Commission on Abuse in Care, including Religious Care



Disability and Mental Health Services

psychopaedic hospitals and facilities, psychiatric institutions and services, education settings, residential and non-residential settings, community services and rehabilitation services. Abuse and neglect are broad terms and include inadequate or improper treatment that resulted in serious mental or physical harm to a person in care. Neglect may include physical, emotional, psychological, medical, education, spiritual and cultural neglect.

The Foster Care investigation has been investigating and starting to report on abuse in State-based foster and family-home placements in Aotearoa New Zealand between 1950 and 1999. The voices and experiences of victims and survivors of abuse in foster care are at the centre of this Royal Commission of Inquiry investigating, making findings on what happened, and why.



Abuse in Foster Care

The Māori investigation has been examining issues relevant to Māori experiences of abuse in State and faith-based care. The investigation has focused on sharing the voices of Māori survivors, along with the voices of their whānau, hapū and iwi. Te Tiriti o Waitangi and its principles, and tikanga Māori inform the work of the Māori investigation that has involved two key strands of work: looking back at the circumstances that led to Māori tamariki, rangatahi and vulnerable adults being taken into care; and the appropriateness of where Māori survivors were placed,

including whether they were placed with whānau, hapū and iwi, non-kin or residential care

New Zealand acknowledges that a significant number of those removed from their families and placed in care between 1950 and 1999 were from Pacific communities, and these peoples have been adversely impacted by abuse in care. Pacific people were encouraged to migrate to Aotearoa post-war for mainly labour-intensive related jobs. The 'Dawn Raids' and other Government laws, policies and practices have had a negative impact on PI families, communities, and society.



Māori Experiences of Abuse in Care



Pacific people's experiences of abuse in care

The Epuni Boys' Home in Lower Hutt, north of Wellington has acquired a long associations with claims about abuse in care. The managerial notion that big, heavy-set male houseworkers are essential to maintain control in youth justice residential settings has been tested and re-tested at the

Epuni Boys' Home. The service has still not worked out that relational care is an essential prerequisite to quality outcomes for youths referred to youth justice services.

The NZ State Agency Oranga Tamariki has gone through 3 major name changes over the past 35 years. First named the Child Welfare Division of the Department of Social Welfare, a new name – The New Zealand Child, Youth and Family Service – was created in 1999. The State agency was given a Māori name in 2017, expecting it to become more culturally responsive.

The Royal Commission on Abuse in Care is highlighting how the State is an unreliable Carer!



Early on, Epuni Boys Home was identified as an abusive care environment



Oranga Tamariki is the newest name of New Zealand's Ministry for Children



A new Horizon is sought for children and young people in care

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