PATRICK TOMLINSON ASSOCIATES
BLOGS and ARTICLES 2014-20

DEVELOPING PEOPLE AND ORGANIZATIONS

Patrick Tomlinson Brief Bio: The primary goal of Patrick's work is developing people and organizations. Throughout his career, he has identified development to be the driving force related to positive outcomes - for service users, professionals and organizations.

His experience spans from 1985 mainly in the field of trauma and attachment informed services. He began as a residential care worker and has since been a team leader, senior manager, Director, CEO, consultant and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader and manager. He has helped develop therapeutic models that have gained national and international recognition.

In 2008 he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- ✓ Therapeutic Model Development
- ✓ Developmental Mentoring, Consultancy and Clinical Supervision
- ✓ Personal and Professional Development Assessment for Staff Recruitment and Development

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ABOUT THIS BLOG

I am writing the blog because I enjoy writing and I like the idea of creating something, which lasts and can be used in a positive way. I began writing blogs in 2014 and 5 years later, there are 33 included here. I began with a bold ambition, which would have led to more than double that. However, I have learnt much about the challenge of an going writing process and am happy with the output. Viktor Frankl explains very well the benefit of being over-optimistic.

This blog is broadly related to issues of development, for people and organizations. I began my career in a therapeutic community in England. The community was for boys whose development had been impacted by trauma, abuse, and neglect, during their formative years. Our work was to provide the conditions, in which the boys could recover their developmental losses and achieve healthy functioning into adult life.

Fairly soon in my career, I realized that the development of the young people was closely connected to the development of the adults working with them. And this, in turn, is connected to the development and functioning of the organization. And this relies upon the quality of leadership and its development. Residential care of severely traumatized children and young people can be an extreme occupation. This can be so both physically and mentally. When I began, we worked 70-80 hours a week, and it was only a few weeks before my nose got broken. Many workers who left did so due to the huge emotional demand upon them. As with all extreme forms of work and endeavor, there is also a huge opportunity for learning and development. As well as the technical aspects of the task much can be learnt about matters such as leadership, individual, team, and organizational dynamics. As we have seen with leaders from the military, much of what is leant can be applied widely to other settings.

So, while this blog is born out of my specific professional experience it is aimed to be widely relevant. The style of the blog has a focus on Integration. This is very relevant to the first 14 years of my career at the therapeutic community – where the task of the work was to help emotionally 'Unintegrated' children, to become 'Integrated'. The concept of integration is now also used widely in neuroscience. In this blog I try to integrate various themes from many different professional disciplines, such as the psychodynamic approach and neuroscience; the micro and macro levels; the past and the present; and from different cultures.

I want to be practical and offer links to relevant resources wherever I can. I hope you will find something helpful, useful and thought-provoking. The content in this document includes some of the thoughtful and kind comments made by readers. I have included those that add something additional to the subject. On occasions, after I had written a blog, further thoughts developed, so in some cases, I added them. I think this shows how writing can be helpful in terms of development – once we get some thoughts out, there is space for new ones to evolve. As each blog was written to stand on its own, there is some repetition between blogs. I have grouped blogs with the same theme together.

Reference

Frankl, V. (1972) *Why Idealists are the Real Realists* www.youtube.com/watch?v=loay2imHq5E

THE VALUE OF READING AND WRITING IN WORK WITH TRAUMATIZED CHILDREN
PART 1 (2014)

As this is my first blog it seems fitting to write something about the value of reading and writing in our work with traumatized children. I will also say a little to introduce myself. With all my blogs, I will just aim to share something that is hopefully useful and thought-provoking – I see writing and reading as a way of stimulating a process rather than providing a definitive answer.

Back in 1985, having finished my degree and a year out on a Kibbutz in Israel – I needed to get a job and I had decided to work with children who had difficult childhoods. The first job I applied for, through a small newspaper advert was at the Cotswold Community, a therapeutic community in the Cotswolds, England, for 'emotionally disturbed' boys. Like a small village on a farm with 4 houses for the boys, 10 in each – and most staff having their own houses on the 350-acre site. The Community had been set up by the Government as an experiment and alternative to the 'Approved Schools', which had been a disaster. 85% of residents eventually ending up in prison. The therapeutic approach of the Community was a success, reversing that figure. It had become established as an internationally renowned 'centre of excellence'.

I didn't understand much of this when I started. Previously I had done a few evenings at a youth club and a module on social psychology on my social administration degree. However, it was deemed through the selection process, which included a 3-day visit, that I had a suitable personality for the work.

Many of the boys had suffered extreme levels of abuse and neglect, often beginning from birth. What I saw in my first few weeks was shocking to me. I had no idea that young children could be so developmentally delayed, with such extreme behavior purely because of their adverse experiences.

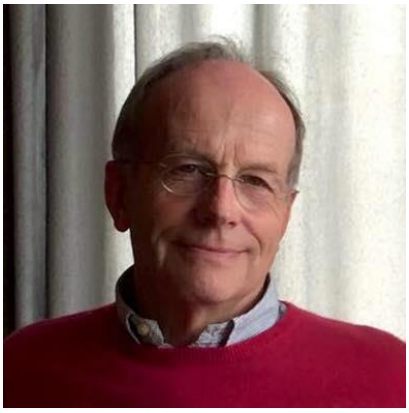
As soon as we began work, each new staff member joined a weekly training group (around 8 of us in a group). We would be given a paper to read in advance and then in a 1-hour meeting, discuss its relevance to our work. We were thrown in at the deep end in many ways. But we had a lot of support around us. We were given papers by well-known people in the field such as Donald Winnicott, Bruno Bettleheim, Isabel Menzies-Lyth, Fritz Redl and David Wineman, and Barbara Dockar-Drysdale. Some of the reading was difficult to understand at the time. However, some of it was so helpful to me in explaining what I was experiencing.

The expectation on us to read, relate what we read to our own work experience and develop our own thoughts was very significant. The work with the boys was often bewildering, confusing and completely impossible to understand. It could be challenging to the point of overwhelming and soul-destroying. I now understand this as a reflection of the children's own experience of the world they grew (or didn't grow) up in. Without the reading, the guidance of the senior people in the organization and the space to think about the work together – there would have been little possibility of making sense of anything.

Our consultant, Barbara Dockar-Drysdale would often begin a meeting by asking what we had been reading. She would be most concerned if she discovered people weren't reading very much. This was not something you wanted to disappoint her on!

In recent years, I have read some of Dr. Neil Thompson's work and I like what he has to say about the importance of theory. There can be a tendency in work with children to say, 'it's common sense'. Neil argues strongly against this notion. Common sense suggests there is a normative way of thinking. Whereas, common sense is often a cultural perspective and exclusive to those who belong to that culture and way of thinking. The idea of common sense doesn't encourage critical thinking. If it's common sense what is the need to analyze, think or debate? So, reading can give us a perspective that might be outside of our own experience. This is especially important in work with traumatized children – partly because few of us may have experienced what they have. The solutions to what is not a common experience are also often not 'common' sense.

The kind of therapeutic approaches that are most helpful in our work are often counter-intuitive. For example, these are a few ideas that I have found very helpful; delinquency can be a sign of hope (Winnicott); getting better can make things worse; depression can be a good thing – as one young boy said to me, 'I don't need cheering up, I need cheering down'. Reading helped me learn and understand these concepts.



My next blog will continue this theme. The person who started me off in my career was John Whitwell the Principal at the Cotswold Community back in 1985 – I had the fortune to work with him for the next 14 years. For a little more reading, this is his excellent website, which has many papers and resources by people that were involved with the Cotswold Community.

www.johnwhitwell.co.uk

THE VALUE OF READING AND WRITING IN WORK WITH TRAUMATIZED CHILDREN (and Story Telling too!) - PART 2 (2014)

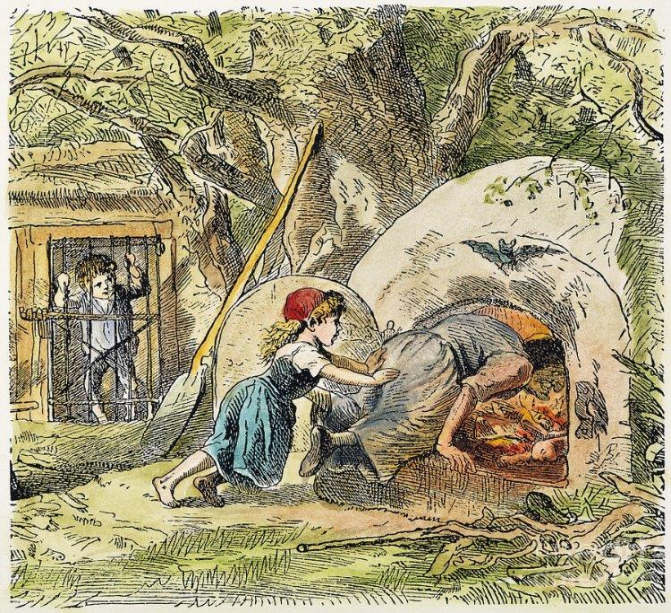
I said in my previous blog, that in my first job at the Cotswold Community we were expected to read about our work with traumatized children.

Thinking about this, I have realized that our culture also had a big emphasis on reading to the boys. Every night (more or less) we ended the day, with a small supper and everyone would sit in a circle while one of the adults would read a story for 10-15 minutes. As well as the story being enjoyed, the consistency of this routine was also very important. We know that repetition and a reliable routine is one of the most important elements in the work with traumatized children. Making the world around them an intelligible, predictable and safe place, and helping with emotional regulation. This can be especially important at the end of the day, which is often the most stressful time for traumatized children.

After the story, the boys would go to bed, and some of them would ask their carer to read to them while they settled down. Another part of our culture was to provide individual reading times during the education day. Some of the boys had little vocabulary, couldn't read very well and may not have experienced being read to before. Research (Hart and Risley, 1995, 2003) has since shown how important having a rich vocabulary is for a child's development. Being able to form a narrative is also very important for traumatized children. The story of their trauma is unfinished. It had a beginning that just keeps going relentlessly on, whereas a story has a beginning, middle and end.

It is interesting to think that many of the stories told to infants, by their most trusted carers are often frightening. They involve witches, monsters, and grandmothers disguised as wolves to devour the unsuspecting child! There may be something satisfying about being told such stories, surviving and being able to move on from it. Children who are traumatized are stuck and not able to move on from their all too real stories of terror.

A story told becomes something between two people, that both can have a role in managing and relating to. Many 'fairy stories' are symbolic of primal fears and desires. In a sense, the story can be a safe way of the parent bringing a primal issue to the surface and helping manage the feelings associated with it. So, the parent or carer becomes an ally of the child in dealing with these issues, as well as the focus of them! The stories often represent the dynamics of parent-child relationships.



Of course, not all childhood stories are frightening. But there is a reason why stories such as Hansel and Gretel, Snow White, Little Red Riding Hood are so enduring and intuitively read by parents to their young children. Probably the fact that the story is usually read from a book is of some relief to the child, who might otherwise fear that such ideas could come straight out of the parent's head!

Writing about the educational aspect of learning and stories, Shonkoff and Phillips (2000, p.156) capture the essence of the pleasure that can be involved in being read a story,

> Accordingly, the literature on early learning environments is not about accelerating learning with expensive toys and explicit early instruction. Instead, it focuses on how adults interact with young children and set up relatively ordinary environments to support and foster early learning. While this sounds like a subtle distinction, it captures the difference between a child who is taught to recite the alphabet and a child who is read to every night and becomes interested in letters and words because they are associated with the joy of being in her father's lap, seeing beautiful pictures, and hearing a wonderful story.

At the Cotswold Community, as well as being expected to read – we were also expected to write. Our yearly calendar was divided into terms or what we called 'sessions'. Each one being 6-8 weeks long. After each session, all staff members were expected to write an 'end of session report'. The remit was broad – anything relevant to our recent work experiences that we wanted to share. It could be short or long – normally between a paragraph and a page. Sometimes people would write about their work with a child; or a group of children; their experience in a team; an organizational issue; a concept or idea they were thinking about. Once all the reports were written (usually about 30 of them) they would be typed and distributed for all the staff to read. We would then discuss them in various meetings throughout the Community, picking up on themes and pertinent issues.

This process required a high level of commitment and discipline. I have never come across anything like it since. At the Community, it was done without fail for over 15 years. The process of writing required us to be reflective – to think over a period and consider what stood out? What questions did we have? What were we learning? What did we feel worth sharing? It also enabled us to realize that by writing about our own experience, we could make a difference and have an influence in the organization. It was a feedback loop from the individual into the system. Feedback loops like this are vital for the health of a system. They provide essential

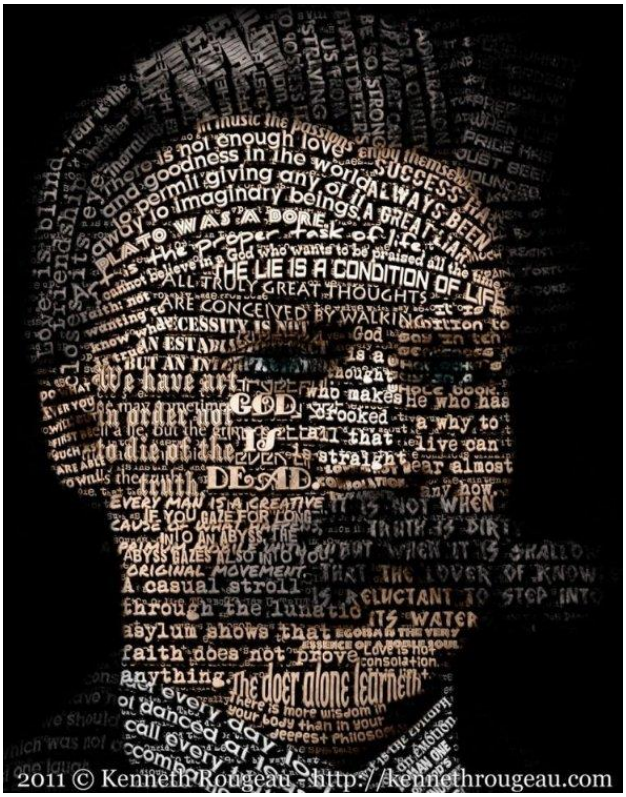
knowledge of what is going on. We could also write things that might cause a negative reaction – there are always challenges involved in writing and expressing ourselves. Encouraging open communication is central to the task of enabling traumatized children to recover, so it is essential to establish this in the culture.

Early in my career, I learnt that in our work we are also researchers. Though we learn from people who went before us, we were also encouraged to add something to an existing idea or concept, through our own experience. Tom Farrelly (2013) states the two-way process of this,

> However, as well as being consumers of research, practitioners can and should strive to be producers of research.

Numerous people working at the Community wrote papers or in a few cases, books. This was a little intimidating but also inspiring. The 'model' for our work was closely linked to the Psychoanalyst and Pediatrician Donald Winnicott, who also happened to be a prolific writer.

Writing has continued to be a theme in my work. A few examples – when I studied for an MA in Therapeutic Child Care in the 1990's we were required to keep a reflective journal. Simply writing a diary of one's work, what stood out, what sense we made of it. Writing can be an excellent way of reflecting, which is so important in social work/therapy. It can also be helpful to one's development in general.



As Friedrich Nietzsche said, writing can also be a good way of just getting rid of thoughts! He actually said that he had found 'no other way of getting rid of his thoughts' (Gane and Chan, 1997, p.39).

If we write, we might also find we have a dialogue with ourselves. We may see something we hadn't noticed before and our ideas can change shape as we write.

After the Cotswold Community, I moved on to work at SACCS in the UK, who also work with traumatized children and young people. One of the unique approaches used at SACCS was its Life Story Work. This enabled children to tell their own stories and work through the feelings and issues involved. They would do this in words, pictures, drawings and symbols that would be made into a life story book.

This process was hugely valuable to many children. For adults as well as children, writing can be a form of working through trauma. Putting the story down can bring a sense of closure. Having a coherent narrative is something that a traumatized person often doesn't have, so developing one that can be integrated as part of one's identity is a goal of recovery. Bessel van der Kolk and Alexander McFarlane (2007, p.17) state,

> Treatment needs to address the twin issues of helping patients (1) regain a sense of safety in their bodies and (2) complete the unfinished past. It is likely, though not proven, that attention to these two elements of treatment will alleviate most traumatic stress sequelae.

Completing the 'unfinished past' can be considered as completing the unfinished story. The story of trauma that has a beginning but not an end. On a similar theme, our child psychotherapist consultant Barbara Dockar-Drysdale, used to suggest that if we thought of a nightmare as an unfinished dream, it might help us think with a child about how it might be completed. Often this was a helpful perspective.

I also work with the Lighthouse Foundation in Melbourne, Australia – who provide a Therapeutic Family Model of Care for homeless young people. Lighthouse has a strong belief in the value of storytelling. It is built into the culture of the organization. It could be said that our stories define who we are, and it is the sharing of them that creates our individual and shared identities. Stories are often told without writing. The verbal tradition of storytelling is powerful and well established – but putting something into the written word, is an essential part of our culture and work.

While writing this blog I was jogged into looking up my old 'end-of-session reports' and found that I still have them. Here is my first brief report.

December 85
I joined 'Springfield' (one of the homes) for the last five weeks of the session. The session seemed to be quite a steady one though the Christmas week was very busy. I think that I have settled in well and am getting used to the demands of the work. However, I definitely wouldn't describe my experience as a 'Honeymoon'. I have come in for quite a lot of testing out, especially from two of the boys. Quite often I have felt that I should have known more about what is going on and what to do in certain situations. I have realized how important communication within the team is and reading, in helping to overcome this. The weekly training group has also been useful.

My next end-of-session report described how I got my nose broken - it was a steep learning curve!

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Risley, T.R. and Hart, B. (1995) *Meaningful Differences in the Everyday Experience of Young American Children*, Paul H. Brookes Publishing Co.: Baltimore, Maryland

Shonkoff, J.P. and Phillips, D.A. (Eds.) (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*, Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth, and Families - This free PDF is available from the National Academies Press at: http://goo.gl/6N4jWW *When it comes to reading, this document is not for the faint-hearted! Over 600 pages of research on the science of child development, produced for the USA Government. It does have some excellent information in it.*

van der Kolk, B.A. and McFarlane, A.C. (2007) The Black Hole of Trauma, in van der Kolk, B. A., McFarlane, A. C. and Weisaeth, L. (eds.) *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society,* New York: Guilford Press

Comments

Liza Aitken, Management Consultant, England

I really enjoyed this Patrick. I love stories and believe they teach us as adults as much as they teach as children. All of us can make sense of the world through stories.

Patrick Tomlinson

This is a good blog by Lisa Cherry on writing, she also writes on Trauma - What do we Really Gain from our Writing? http://goo.gl/NnJsz5

Catherine Knibbs, Cyber Trauma & Abuse Researcher, Supervisor and Child Trauma Therapist, England

I use stories as they are cohesive for the narrative and experiential parts of the brain, which in traumatised children is often un-integrated. Using this method builds top down/bottom up and left/right integration. Nice blog, thanks for sharing!

Patrick Tomlinson

Thanks Catherine - Interesting what you say - as the children I refer to at the Cotswold Community - were assessed as emotionally unintegrated (Winnicott's concept of unintegration) and our task was to enable them to achieve emotional integration. More recently Dan Siegel (2006) has said,

> The central idea of interpersonal neurobiology is that integration is at the heart of well-being.

This has just been recommended to me by someone who read the blog. Frank Cottrell-Boyce: *Open the Box of Delights* - a video of his talk at this year's CELSIS conference in Scotland, on the importance of reading to children and storytelling, http://goo.gl/AeXeXE

> When a child is read to, they experience alertness and attention without anxiety. Reading aloud offers children and young people the experience of sharing with peers and carers and joining with the long traditions from which our cultures are built.

One of the points Frank Cottrell-Boyce makes in the video below is that being read to does something special and important to a developing child's brain. It is so powerful, such that Frank says reading to children, purely for pleasure should be a part of daily life. Just as we did at the Cotswold Community with our bedtime stories and individual reading times. We believed in the value of these experiences, which was focused more on pleasure rather than education.

Frankie says that reading stories should be provided unconditionally, without expectation of a response at the time. He says that stories are stored in the mind and may be used or come back to a person, when they need them in the future. He points out that we get through life by routine and predictability, and stories provide a safe way of experiencing unpredictability - also of imagining ourselves outside of where we are. Frank's views affirm, what I have mentioned about the importance of the daily routine. We also used to provide individual children, reading times during their education day - where they would simply be read to for 15-20 minutes or so.

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Postscript

Since writing those blogs I came across this article, *Science Shows Something Interesting about People who Love to write,* http://goo.gl/y8tgjU

The article refers to research suggesting that writing may have physical as well as mental health benefits. Some of the claims initially sound a little farfetched. However, there is a logic to the idea – reflection, which can be achieved through writing, helps to create a perspective, which can reduce stress, which is likely to impact positively on physical health. Interesting to think how the professional requirement to write, which I refer to in these blogs may have provided a more significant antidote than we realized.

And just recently I found that Bessel van der Kolk (2014, p.239-240) has reported the same thing in his book, *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. He refers to an experiment carried out by James Pennebaker at the University of Texas in 1986,

> He began by asking each student to identify a deeply personal experience that they'd found very stressful or traumatic. He then divided the class into three groups: One would write about what was currently going on in their lives; the second would write

> about the details of the traumatic or stressful event; and the third would recount the facts of the experience, their feelings and emotions about it, and what impact they thought this event had had on their lives. All the students wrote continuously for fifteen minutes on four consecutive days while sitting alone in a small cubicle in the psychology building……The team then compared the number of visits to the student health center participants had made during the month prior to the study with the number in the month following it. The group that had written about both the facts and the emotions related to their trauma clearly benefited the most: They had a 50 percent drop in doctor visits compared with the other two groups. Writing about their deepest thoughts and feelings about traumas had improved their mood and resulted in a more optimistic attitude and better physical health.

And,

> Writing experiments from around the world, with grade school students, nursing home residents, medical students, maximum security prisoners, arthritis sufferers, new mothers, and rape victims, consistently show that writing about upsetting events improves physical and mental health. (p.240-241)

Reference

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IS THE CAPACITY FOR EMPATHY THE KEY QUALITY IN OUR WORK WITH TRAUMATIZED CHILDREN? (2014)

One of the first things I learnt in work with traumatized children, is that the Capacity to Empathize marks a critical stage in a child's development. The children and young people, who were placed with us often had no or very little capacity for empathy. However, this didn't mean they didn't have the potential to develop it. The development of empathy was one of the key aims of our therapeutic work, as it is for many of us that work with and look after children.

We carried out a needs assessment on each child to determine his stage of development, how it had been disrupted by trauma, and how his developmental needs could be met. Dockar-Drysdale's (1970) Need Assessment, described empathy,

> …as being the capacity to imagine what it must feel like to be in someone else's shoes, while remaining in one's own.

From infancy onwards, the consequence of not being able to recognize another person, as a separate being with their own emotions, thoughts and needs, causes havoc in daily living. It can also be dangerous as the child has no conscious sense of hurting others and has little if any remorse.

More recently, Cameron and Maginn (2008) claimed,

> Increasingly, too, it is the development of empathy which is now being viewed as the antidote to both childhood and adult violence—an argument which is well evidenced in the 'Worldwide Alternatives to Violence' report (2005). Children who do not experience attunement with a caregiver may fail to develop empathy altogether. Secure attachment is therefore fundamental to children's socialisation and wellbeing.

To develop empathy a child needs to experience empathy. That sounds straightforward on paper. However, it can be extremely difficult to achieve, when working with children and young people who have long passed the age at which empathy would normally develop. For example, it is not easy to 'empathize' with a 10-year old's ruthless lack of concern towards others, especially when this is lived with 24 hours a day. On top of this, a traumatized child often actively rejects any attempts to show empathy towards him. This is partly because empathy might connect him with his traumatic experiences, which he is desperate to keep out of mind. It might also cause him to feel vulnerable as empathy normally connects people, and children who are mistrustful are resistant to being connected.

As well as showing empathy, another key factor in helping a child develop empathy is creating a safe, reliable and nurturing relationship where the child may begin to feel attached. Attachment usually leads a young child to develop the capacity for feeling concern towards the attachment figure. This makes sense from an evolutionary survival point of view - the vulnerable dependent infant, benefits from being able to understand the protective carer.

When the infant is completely dependent on the carer it is necessary for her to develop a level of understanding that helps reciprocate and grow the attachment relationship, which is critical for survival.

Young infants can be observed making efforts of contributing something positive towards their attachment figure. For example, beginning with facial expressions, such as smiling. For this to work well the infant needs to understand something about how the other feels. Normally by the end of the first year, an infant has some ability for understanding what thoughts and feelings are in another's mind. When empathy begins to develop it may be rudimentary, but it is very important. It may be a gesture like an infant, wanting to feed the parent a spoon of her food. Though she hasn't quite worked out that the parent might not like baby food, she is moving in the direction of wanting to give something good to the other. By 18 months an infant might be able to show sympathy to another infant who is distressed. A securely attached infant, who has had more attuned experiences with his caregivers, is more likely than an insecurely attached infant to develop empathy.

Graham Music (2010), in his excellent book 'Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development' states,

> Children who suffer neglect and receive little attuned attention can be less able to make sense of another's mental states. Others who experience more abusive rather than neglectful parenting can develop a skewed understanding of others.

Empathy is different to sympathy, which can be shown without necessarily understanding much about how the other feels. It is also different to projection, where one's own feelings are projected onto the other. Various clinicians have emphasized how empathic understanding is helpful in the process of therapy. According to Nelson et al. (2014, p.140),

> Research has shown that therapists trained in mindfulness have better patient outcomes, and even a patient's visit to a physician for a common cold can be made more effective when the clinician is open and empathic.

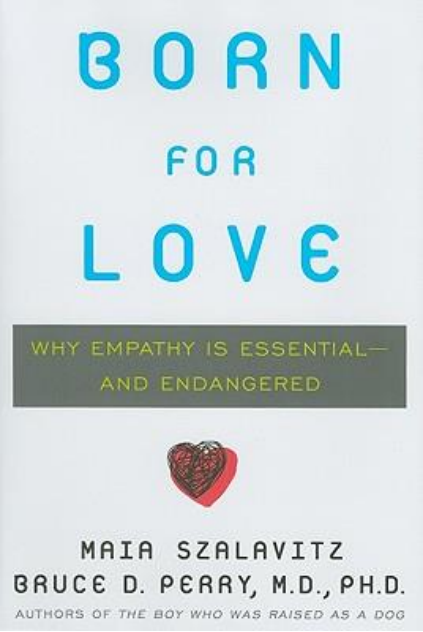
Shame is often a theme involved with trauma, and especially that caused by abuse. Dr. Brené Brown talks about Empathy and Shame being on a spectrum with both being at the opposite ends. https://goo.gl/DTVyKw

If children need to experience being empathically understood to develop empathy, those working with and caring for them will also benefit from receiving empathic support. This can help make what feels intolerable, tolerable. The capacity to feel empathy towards another isn't static, it changes according to circumstances. For example, if someone is feeling anxious, it isn't so easy to feel empathy.

If care workers are expected to show qualities such as, empathy, reliability, and dependability in their work then these qualities also need to be reflected in all aspects of the organization's

culture and the way it operates. In the case of parenting, the same could be said of the support provided by the extended family and community.

Not long into my own career and after a period of relentless testing out by the young people I worked with, I felt exhausted and demoralized. There were many times when I felt like I'd had enough. One day I was telling our consultant Barbara Dockar-Drysdale how I felt. She told me that sometimes the most important thing you can do is just survive and be there the next morning. This seemed manageable to me and by saying this she was empathizing with exactly how difficult it was for me. I found this very helpful and I did survive!



I try to share a few useful links in my blogs

This book by Maia Szalavitz and Bruce Perry is a fascinating and very accessible read about empathy – exploring it from many different perspectives.

Here are a couple of good blogs on empathy from the Daily Good,

"If you think you're hearing the word "empathy" everywhere, you're right. It's now on the lips of scientists and business leaders, education experts and political activists. But there is a vital question that few people ask: *How can I expand my own empathic potential*? Empathy is not just a way to extend the boundaries of your moral universe. According to new research, it's a habit we can cultivate to improve the quality of our own lives." –

Six Habits of Highly Empathic People, Roman Krznaric, http://goo.gl/wZh35s
What Is Empathy? http://goo.gl/0T4jQP

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Comment

Joanne Prendergast - **Social Care Worker at St Bernard Group Homes, Ireland**
Such a great article Patrick. When infants are "held" by their mother's arms and psyche for the really important first year and beyond, they develop the neurological functioning that is biologically mapped out. Deficits in this magical process, impact on young person's view of the world and capacity to interact with others, amongst many other aspects of their well-being. Empathy is such an important aspect to this and this article has summarised the importance of it. In addition, if the organisational culture is non-congruent to the overall task of the therapeutic work, the environment can become chaotic for all, and this, in turn, can be detrimental rather than healing.

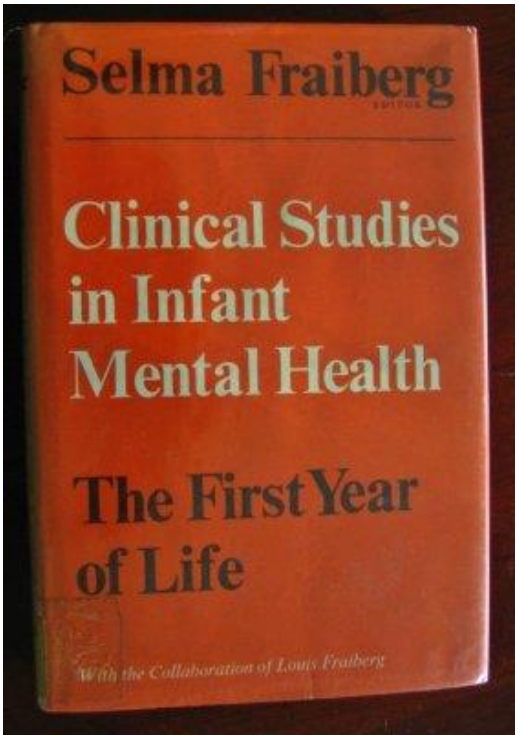
Gulchekhra Nigmadjanova - **Advocacy Advisor at SOS Children's Villages, Uzbekistan**
Many thanks for sharing this enhancing article indeed. All true to me and I think empathy is key quality of a social worker, actually it is a quality which makes us human of high consciousness. Bravo!

Janet Eades - Teacher at Capitol area community action agency, USA
Just survive and be there the next morning. Sounds like our organization every start of a new school term. Never know where you are going to be placed or what your hours may be. Whew, I will remember that comment.

Marlaine Cover - Transforming the Life Skills educational process for the benefit of humanity present and future, USA
Empathy is teachable and core to humans' mandatory curriculum of communing with others. Imagine how every avenue of human interaction will improve when we embrace proactive education for emotional literacy as passionately as we do for academics, sports and music. Much appreciate your advocacy Patrick!
Patrick Tomlinson
Thanks Marlaine - I tend to think of empathy as something that can be facilitated and develops through experience.

Lynda Noble - Senior Recovery Practitioner FDA at SACCS, England
I remember feeling worthless, angry, emotional and then finally understanding that they were not my feelings at all, but the feelings of my key child. It takes time and understanding to be able to recognize this and lots of good supervision, which is extremely important in childcare organisations.

'GHOSTS IN THE NURSERY' – A POWERFUL EXAMPLE OF EMPATHY IN THE WORK WITH A MOTHER AND BABY (2014)



Since writing my last blog on empathy I found a book, which included a paper that had a big impact on my learning in the 1990s. I had lost the book, and after a while, it turned up on Amazon 'used and new'. The paper was by Selma Fraiberg et al., 'Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships'.

The paper is about work with mothers and their babies (sometimes fathers too). The babies were in major peril, bordering on them needing to be removed for their safety. The main thrust of the paper is that unresolved issues from the mothers' conflicted pasts were preventing them from parenting their own babies. The way forward was to work with the mother's unconscious pain, through empathic understanding – to enable her to be in touch with her own feelings. This would then reduce the risk of the mother's history being re-enacted with her infant. It is a great example of why early intervention is so important. Here are a few excerpts that beautifully illustrate the quality of work, with my own comments in-between,

> In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling place. The baby makes his own imperative claim upon parental love and, in strict analogy with the fairy tales, the bonds of love protect the child and his parents against the intruders, the malevolent ghosts.

Interestingly the use of fairy tales as a way of dealing with potential threats to the parent-child relationship is mentioned. Angus Burnett commented on a previous blog, where I also referred to fairy tales - that sometimes it takes a long time for something that is read to permeate and be understood. I think he is right!

> The methods of treatment which we developed brought together psychoanalysis, developmental psychology, and social work in ways that will be illustrated. The rewards for the babies, for the families, and for us have been very large.

I think the integration of different disciplines can be very helpful. The paper goes onto discuss one of their cases. At the initial assessment meeting with a four-month-old baby (Mary) and her mother (Mrs. March), Mary became very distressed,

> What do you do to comfort Mary when she cries like this?" Mrs. March murmurs something inaudible. Mrs. Adelson (psychologist) and Mrs. Atreya (assessor) are struggling with their own feelings. They are restraining their own wishes to pick up the baby and hold her, to murmur comforting things to her. If they should yield to their own wish, they would do the one thing they feel must not be done. For Mrs. March would then see that another woman could comfort the baby, and she would be confirmed in her own conviction that she was a bad mother.

The intuitive thing for the 'professionals' might have been to pick up the baby, but as they point out interventions like that can be counter-productive. I think this can be what happens when we think that parents need training. The training might help, but it is less likely to if there isn't an understanding of why parenting is difficult for the parent. However, if there aren't major underlying issues an educational focus may be effective.

> **The Mother's Story (Mrs. March)**
> It was a story of bleak rural poverty, sinister family secrets, psychosis, crime, a tradition of promiscuity in the women, of filth and disorder in the home, and of police and protective agencies in the background making futile uplifting gestures. Mrs. March was the cast-out child of a cast-out family.
>
> This led us to our first clinical hypothesis: When this mother's own cries are heard, she will hear her child's cries.

I find that hypothesis poignant. Rather than show or teach the mother how to parent, the emphasis was on showing her empathy. The first few weeks of work were focused on the aim of hearing Mrs. March's unresolved distress.

> But now, as Mrs. March began to take the permission to remember her feelings, to cry, and to feel the comfort and sympathy of Mrs. Adelson, we saw her make approaches to her baby in the midst of her own outpourings. She would pick up Mary and hold her, at first distant and self-absorbed, but holding her. And then, one day, still within the first month of treatment, Mrs. March in the midst of an outpouring of grief, picked up Mary, held her very close, and crooned to her in a heart-broken voice. And then it happened again, and several times in the next sessions. An outpouring of old griefs and a gathering of the baby into her arms. The ghosts in the baby's nursery were beginning to leave.

That sounds like an amazing moment, when an intervention that has been so challenging, begins to show a sign of working.

> Within four months Mary became a healthy, more responsive, often joyful baby. At our 10-month testing, objective assessment showed her to be age-appropriate in her focused attachment to her mother, in her preferential smiling and vocalization to mother and father, in her seeking of her mother for comfort and safety. She was at age

> level on the Bayley mental scale. She was still slow in motor performance, but within the normal range. Mrs. March had become a responsive and a proud mother.

When having to emotionally contain so much anxiety, there can be little more rewarding than seeing outcomes like this. And being able to intervene so early, is valuable beyond words.

> For us the story must end here. The family has moved on. Mr. March begins a new career with very good prospects in a new community that provides comfortable housing and a warm welcome. The external circumstances look promising. More important, the family has grown closer; abandonment is not a central concern. One of the most hopeful signs was Mrs. March's steady ability to handle the stress of the uncertainty that preceded the job choice. And, as termination approached, she could openly acknowledge her sadness. Looking ahead, she expressed her wish for Mary: 'I hope that she'll grow up to be happier than me. I hope that she will have a better marriage and children who she'll love'. For herself, she asked that we remember her as 'someone who had changed'.

The paper, which also includes other case studies, concludes with this sentence,

> In each case, when our therapy has brought the parent to remember and re-experience his childhood anxiety and suffering, the ghosts depart, and the afflicted parents become the protectors of their children against the repetition of their own conflicted past.

Also using the metaphor of ghosts, Bessel van der Kolk et al. (2007) emphasize the importance of integrating a personal narrative of the trauma,

> Many traumatized people continue to be haunted by "them" (unintegrated traumatic memories), without an "I" to put these feelings and perceptions in perspective. Treatment at this stage consists of translating the nonverbal dissociated realm of traumatic memory into secondary mental processes in which words can provide meaning and form, thereby facilitating the transformation of traumatic memory into narrative memory. In other words, what is currently implicit memory needs to be made explicit, autobiographical memory.

In many ways, the same principle applies in work with traumatized children. They need to integrate their experiences, including the feelings involved, as part of their history. As well as enabling the child to move on from the past and live positively in the present, it also greatly improves the possibility that the cycle of trauma will be not passed on to future generations.

Having read 'Ghosts from the Nursery' again after so long, I am reassured to discover that it is just as impactful as it was the first time. It is a very moving and excellent example of the use of empathy. As well as finding the book, I have also discovered that the paper can be downloaded here, http://goo.gl/64qwRG

Sadly, Selma Fraiberg died just a year after this book was published. A few comments about her by Constance Brown, http://goo.gl/GJ3M3g

Selma Fraiberg was a psychoanalyst, author, and pioneer in the field of infant psychiatry. A woman and a social worker in a profession dominated by male physicians, Fraiberg rose to prominence because of her brilliance, originality, and dedication. She devoted her life to understanding the developmental needs of infants, to creating programs that promote infant mental health, and to reaching parents and policymakers through clear, persuasive prose……Fraiberg accomplished enough in her life to fill three careers……During this last phase of her career, Fraiberg started the Child Development Project at the University of Michigan, which served troubled families, trained clinicians, and developed a treatment model that has been widely replicated……..Selma was feisty, shy, and intellectual……She was known to colleagues and students as brilliant, demanding, fiercely principled, difficult, and inspiring. Those close to her knew that she was shy and self-conscious, and that public exposure caused her strain.....In 1981, she received the Dolley Madison Award in recognition of her critical role in the field of infant mental health.

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Comment

Patrick Tomlinson

This comment in response to Constance Brown, who wrote about Selma Fraiberg, says a lot!

Dear Descendants of Selma Fraiberg,

I want to let you know what a critical impact Selma Freiberg's book The Magic Years made for me as a mother, as a student of Early Child Development, and as a human being. I had a very difficult childhood with very little genuine love and desperately wanted to create my own family. I intentionally studied all I could at UC Berkeley on Child Development and Education because I discovered I adored working with children but did not dare have my own precious

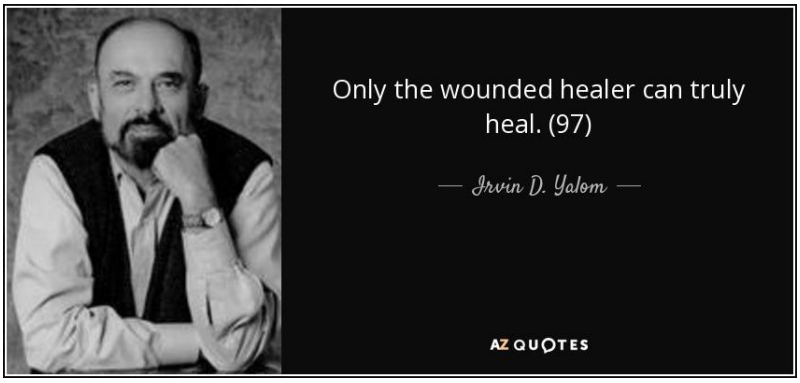
children unless I understood thoroughly the needs of children, the critical early stages especially. Her work, The Magic Years distilled all I learned about in my undergraduate years in a very touching way, showing me that given a little understanding and love and guidance, children will develop just fine and in fact will develop to be kind, loving beings on their own. I saved my copy all these years and am just so sorry I never wrote her myself to tell her the impact she made, not just on giving me the courage to be a mother, way different from my own mother, but in understanding that I was just as precious as all those children quoted in example after example in her wonderful book.

We all have our Magic Years, no matter what stage we are in. Your mother's book gave me self-love and self-acceptance of a kind and loving person dedicated to children despite all odds. So, thank you, Selma Fraiberg, and thank you to her descendants. Please, please, make her book available again today. And a word of advice; if you can find anyone to write an adaption in simpler, more practical terms as a manual for the everyday parent, it would go a long, long way in teaching today's young parent about everyday kindness, acceptance, and understanding in raising their children they themselves chose to bring into this world. Really, it would make an incredible difference. I just know that as wonderful as The Magic Years is, many young parents just need a distilled version in some form. Please consider this for today's world to become a little kinder.

Thank you so much. Would you do me the kindness of responding to my comments with an email letting me know you have sent this on to the appropriate person? Thank you so much!

Sincerely, Janette Schulte

EMPATHY AND THE WOUNDED HEALER (2016)



The concept of the Wounded Healer was first explained to me by Olya Khaleelee. Olya is a corporate psychologist and organizational consultant. I had the privilege of working with her on assessing people's suitability for working with traumatized children. The links between a person's history and personality, and how this might interact with the work was the key part of the assessment. Her reference to the wounded healer was an acknowledgement that emotional wounds might be a part of what enables a person to become a healer. Our assessments enabled us to make a judgement as to whether this was likely to be the case or not.

The term wounded healer goes back to Greek mythology. The Greek god Chiron was wounded by a poisonous arrow. He could not die due to his divine ancestry. In agony, he roamed the earth healing the injured and sickly. Similar stories and fables can be found in Christian, Jewish, African and Moslem cultures. In the relational sciences, Carl Jung is attributed to be the first to use the term wounded healer. In 1951 Jung suggested that sometimes a disease was the best training for a physician. Therefore, only a wounded physician could treat effectively. For a summary of the meaning and history of 'Wounded Healer', see Benziman, et al., 2012.

In the case of healing traumatized children, it is one's own childhood wounds that are likely to be most relevant. I had a striking experience a few years ago that captures the essence of the link between an adult's childhood and the work with traumatized children. I was providing training for a group of care workers who were about to start work with traumatized children in a residential setting. The aim of the training was to encourage psychodynamic thinking. To think about the meaning beneath a child's behavior and from that insight to consider appropriate responses.

I presented the following scenario to the group. One of the children, Luke, had disappeared from his home and a care worker was looking for him. After a while, the carer saw him from a distance by a pond. It looked like there was a cat in the pond, attached to a long piece of string that Luke was holding. The group was asked what they thought was going on and what the carer should do immediately and in the longer term? They did some work in small groups and then gave feedback. The consensus was that the first thing that should be done was to make the situation safe, ensuring Luke was safe and the cat was rescued.

Possible reasons given by the group for Luke's behavior were along the lines of,

- maybe Luke was angry and was taking it out on the cat
- he might be treating the cat in a cruel and abusive way that was a re-enactment of how he had been treated. Traumatized children tend to re-enact their own experiences of being powerless, towards others who are less powerful than themselves.

In terms of what to do, the responses were,

- explore Luke's thoughts on what he might be doing
- make it clear to him that his behavior was inappropriate and help him to understand why
- help him to put his feelings into words
- use the situation as an opportunity to talk with Luke about his abuse in an empathic way

These were all thoughtful and plausible suggestions. As the discussion went on, one of the carers Tim, who seemed affected by the discussion, hesitantly suggested that Luke might have been trying to save the cat. The group reacted by laughing a little. I was surprised by Tim's comment as I had taken the scenario from a child's case history and that was exactly what he was trying to do! The child had had a traumatic and tragic experience when he was younger. He was outside playing unsupervised with his younger brother who fell into a pond and drowned. The child felt responsible for his brother's death and was blamed by his parents.

From then on, the child had a history of re-enacting this trauma in different ways as a desperate attempt to resolve it. He put the cat in the pond, so he could save it, which he hadn't been able to do for his brother. I explained this to the group who were clearly surprised by my explanation and how Tim had made such a surprising and insightful comment.

When the group took a break, I approached Tim who had seemed very preoccupied and asked if he was ok. He said that he made the comment because as a child he had been with his younger brother who fell into a canal and drowned. I empathized with the distress this training scenario may have caused Tim, but also commented on how his own experience had given him the capacity for empathic insight. Tim then told me had been physically abused by his mother as a child, and asked me if I thought he would be able to do the work given his own experiences. I suggested that it is very difficult to predict how our own experiences will either help or hinder us in the work.

If we have integrated our experiences into our life history, difficult experiences can help us provide empathy and understanding. On the other hand, the work may raise very painful feelings, some of which we may have repressed and not integrated, and things can feel overwhelming. Research has shown that it is not the facts of our history that are necessarily the problem, but whether we have been able to integrate these facts into a coherent narrative of who we are (van der Kolk et al., 2007).

I explained to Tim that the important thing would be to talk about his feelings about the work in supervision and other relevant forums, especially if something was troubling him. Tim turned

out to be an excellent carer, showing great levels of patience and understanding with the children he worked with over many years.

The key points of learning from this were that,

- A person's own traumatic experiences can be useful in developing empathy and insight, if those experiences have been integrated into their own history and identity.
- Luke had not been able, so far, to integrate the trauma of his brother's death and was compelled to re-enact it.
- Whenever we are working with trauma, talking or thinking about it, our own experiences will be brought closer to the surface. As with this example, what we might learn is unpredictable.

I had not anticipated such an emotive exercise and was moved by the poignancy of it, which had an emotional impact on me. Working with trauma evokes powerful emotions and often when we least expect it. Tim showed how something constructive can come out of such awful experiences. How the capacity for healing can develop out of our own emotional wounds.

This has been adapted from, Barton, S., Gonzalez, R. and Tomlinson, P. (2011) *Therapeutic Residential Care for Children and Young People: An Attachment and Trauma-informed Model for Practice,* London and Philadelphia: Jessica Kingsley Publishers, Also translated into Japanese.

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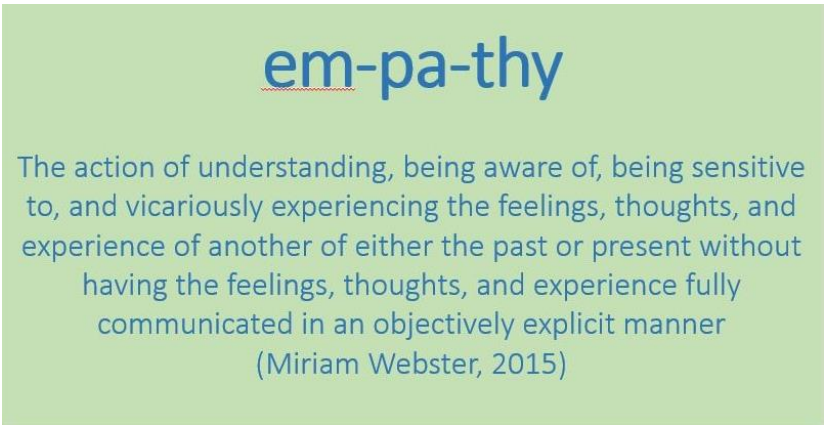
IS EMPATHY ON THE DECLINE? – BY ARIEL NATHANSON (2016)



Introduction

I am delighted to introduce this guest blog by Ariel Nathanson on this critically important subject. Ariel is a Consultant Child and Adolescent Psychotherapist. His work specialises in the assessment and treatment of children, adolescents and young adults who display perverse, delinquent and violent behaviours (for a brief biography, see refs).

This blog fits well within my series of blogs on Empathy. Ariel brings to attention the complex factors inter-related with empathy and how it influences our actions. His views build upon the work of the famous social psychologist Stanley Milgram in the 1960s. It is possible to be capable of empathy and also carry out harmful acts. This is a challenge to all of us because we might all struggle to act in an empathic way under certain conditions. A key question for me, which is also highlighted by Ariel is this – Is the capacity for empathy on the decline or is it just more difficult to show it?

As Ariel will show, we also need to be careful in our assessments and judgements regarding the actions of a child or young person. In this respect, Ariel's blog shows a great deal of empathy for the complex situations that influence the actions of the young people he works with. It also raises some important questions about our contemporary cultures and issues such as the use of social media. Thank you, Ariel.

Patrick Tomlinson

Recently I came across a study conducted at the University of Michigan State (2014) comparing college students' current capacity for empathy with past generations. Their findings appear shocking: following the year 2000, they measured a marked decline in empathy. Contemporary students show about 40% less empathy as a trait compared to students 30 years ago.

The capacity for empathy, as we know, is highly relational, a product of very early life experiences and attachments. Even a dictionary definition of empathy is relational and surprisingly psychodynamic:

"1. The imaginative projection of a subjective state into an object so that the object appears to be infused with it.
2. The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner."
(Miriam Webster dictionary, 2015)

Developmentally, the capacity to be empathic depends, like many other relational traits, on the experience of being empathized with in infancy and childhood. It is strongly correlated with secure attachment and other measures. If the Michigan study measured a real reduction in empathy, then the students in the study should have also been different across other measures of attachment. Mainly, it is their parents who should have shown a reduction in empathy in order for their children to be unable to show empathy.

I had a look at the questions presented to the students and tried to answer them. In doing so I empathically speculated on the students attempting to answer these questions. I wondered whether this represented their actual capacity for empathy or their perception of empathy as a social construct. In other words, are they incapable of empathy or rather, do they think that empathy is irrelevant or a hindrance to the path they follow? Are they saying something only about themselves or about the culture around them?

I work as a psychotherapist, mostly with adolescents and young adults. Some of my patients have experienced callous states of mind in which they harmed themselves and others. I chose the word callous here because it is not part of a psychological concept but denotes an unemotional state of mind, a state without feelings or interest in the suffering of others. When I tried to imagine how my patients would score on this test, I realized that I could not clearly speculate. Most of them come across as empathic and understanding, suffering as a result of their experiences, even if those experiences include hurting others. On the other hand, when they experience callous states of mind, they no longer feel the pain of being a victim or the guilt associated with hurting others. They are not anxious or scared, just action-oriented and usually risk-taking. Through this behaviour they find refuge from the experience of being empathic to others and themselves.

Many of my patients are different to most of the students in the study. Many had very adverse life experiences. They have crossed boundaries that most students would never cross. Understanding them has allowed me a greater insight into empathy, callousness and how the two can sometimes coexist. Although the oscillations patients describe are radical and pathological, I think that their experience is not totally different to something the Michigan students seemed to express too. My patients devalue empathy as a psychological defence against intolerable feelings. The Michigan students, on the other hand, might need to devalue their empathy in order to fit into the culture they live in; to compete, to be 'successful', a winner. They might feel a dissonance between being empathic, to the tasks they are required to perform in order to belong to this culture.

Although students and patients might be very different, I think that some of the psychological mechanisms involved are quite similar. The extreme measures taken in the clinical population might provide the clarity needed to understand how reducing empathy is at all possible, how one state of mind can replace another.

My patients describe a very common experience of transition from empathy to callousness. They sometimes talk about a sense of great pressure of either emotional pain or some immense excitement that cannot be put aside. Whatever they experience, staying within an empathic state, can no longer be emotionally tolerated (either the pain of awareness and/or the capacity to stay away from an addictive state). They feel trapped in this state; empathy becomes a hindrance, a claustrophobic state of vulnerability, passive, even victim state. The only way out of this situation is radical and action related. They describe something akin to 'pressing a button' (they call it "the fuck-it button") that flips them from passivity to action. Empathy, which was available within a state tolerant of emotional pain, is replaced with a more callous state of mind, unemotional and action inducing.

The next question to be asked here is which part of the personality presses the button? Is it the empathic part or rather, the callous, radical, thrill-seeker, manoeuvring itself to the front of the queue? Shockingly for some, it is always the conflicted, suffering, anxious empathic part that presses the button, yearning to be relieved of duty. In doing so this part delegates the responsibility to what happens next to the callous part and assumes only an observing capacity. The role is either collusive or as a 'hostage', unwilling observer. This is a way of getting out of the discomfort of this position, but it carries a high price tag.

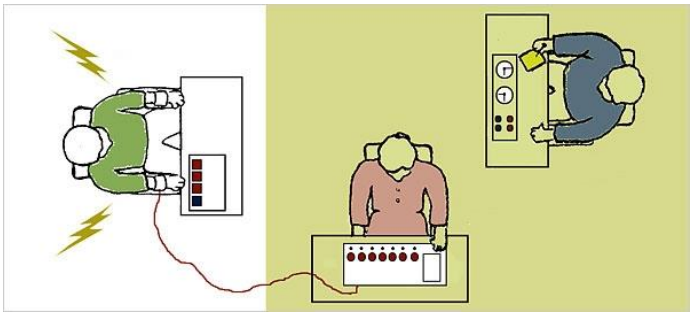
The removal of the capacity for empathy presents itself as the only solution. The suffering part of the personality gives in and invites a new state of mind. This arrives like a kind of a messiah, a callous cult leader, providing total redemption in exchange for complete delegation of power. Pressing this button provides the personality with instant radicalisation. There is a change from an empathic, thinking, conflicted, suffering entity, to a clear one-track – one solution - radical idea that requires immediate action in order to participate and become part of the internal cult. I use the term *internal cult* here to describe an internal organisation of the personality, which is similar to the familiar social structure of a cult. Seeing the personality as an internal organisation has a long history in psychoanalysis. Herbert Rosenfeld (1971) first introduced the concept of an 'internal gang', in which destructive aspects of the personality gang up with the aim of inflicting harm, usually on the 'captive', fragile self. My idea of the internal cult is very similar to the gang but carries with it an extra motivation – a wish for some salvation, which I think is particular to perverse patients rather than those who are 'only' destructive.

I don't think that most of the experience of the Michigan students is so radical. However, I do think that they too have 'a button' at their disposal. Like my patients, they too press it in order to boost their sense of potency and capacity to compete and do well in what they perceive as a harsh social world.

I was also wondering whether a subjective experience of oppression is another common denominator my patients share with many others. My patients feel oppressed from within, living inside a totalitarian psychological organisation. The students, and maybe many of us too, might feel oppressed by the organisations we work in. We might experience a growing tension between our professional integrity and dedication and the way we are supported and valued. Or maybe, a growing tension between our understanding of empathy, human development, and the cultures we live in.

I wonder if one solution to these growing tensions might feel a bit like 'pressing a button', flipping to a different state in which we no longer care, where we let go. Can this be a defence against the depressive symptoms of 'carer fatigue'? Is this the button being pressed when a thinking group can no longer cope and has to turn into just a dismissive, non-caring group or gang? Pressing this button can be the only way to feel less of a victim, not oppressed, move from passivity to taking action.

The investigation of callous states of mind is not new. Many people remember the Milgram (1963) study in social psychology, attempting to understand how obedience can produce callousness in anyone. Milgram specifically wanted to understand how atrocities such as the holocaust could have been perpetrated by so many. In the study, (a short YouTube video can be found here) Milgram told people that they participated as a 'teacher' in a learning experiment. They were to administer an electric shock to a 'subject' in another room as a punitive response to them making an incorrect answer to a word test question. Most 'teachers' agreed and then proceeded to obey the experimenter, the 'scientist in the white coat', and even administer apparent lethal levels of shock to subjects. The participants seemed to suspend and over-ride their own moral judgment, empathy and understanding. Most shockingly, a few participants continued to administer shocks after the subject had stopped screaming and appeared to be lifeless.



I think that the experiment, conducted in the 60s, artificially created 'the button' I described above, in the lab. Participants were told to follow the instructions of the experimenter – to obey his authority. In order to perform, they needed to psychologically suspend or over-ride

their empathy and moral standards. Under the experimental conditions, empathy and moral standards conflicted with external authority and a potential sense of failure to complete the task.

Milgram's participants were probably not different to the general population on any measure (i.e. mostly capable of empathy). However, pressing the button that suspends or over-rides an empathic state in the service of adopting a callous one, became the preferred course of action within Milgram's artificially created scenario. Some participants clearly did feel empathy while at the same time continuing to hurt the subject. They abdicate from the responsibility for the pain caused.

With all this in mind, I would now like to revisit the findings of the Michigan study. I believe that the reduction in empathy is directly related to the culture the students live in. It is, if you like, a natural occurring, very mild, 'Milgram-like' environment. The students function within a highly competitive environment that rewards selfish rather than altruistic behaviour. Within this cultural climate, it pays off to feel less empathic. To put it in a slightly more radical form: it is an environment that increases the likelihood of the button being pressed. There is a pressure to be in a callous state of mind in order to better respond to tasks and/or survive an organisational culture that devalues empathy.

According to the Michigan study, students at the time Milgram conducted his experiment were capable of high degrees of empathy. Indeed, it was the 1960s in America, a time of radical social change in which benevolence, care and selflessness were rated very high culturally. However, as Milgram showed, radically changing the social environment in the lab radicalised the participants. It showed how ready they were to push the button, shifting to a callous state of mind and hurting others.

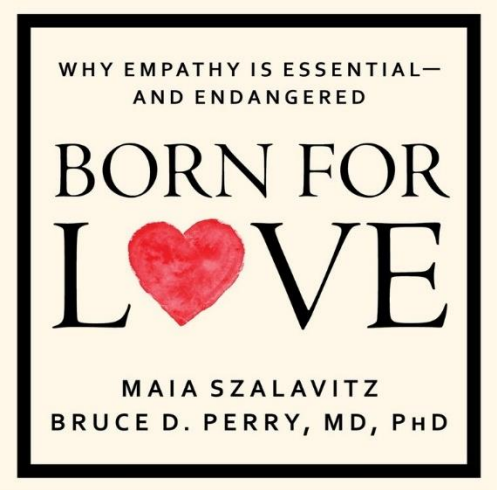
It is also important to remember that there is no consistent evidence for an increase in anxious attachment in the general population. Therefore, it appears that today's babies are empathised with and understood, like those decades ago. The difference is in the environment they (and we) function in - one that requires an ability to flick between states in order to compete or tolerate various levels of oppression.

For example, many young people today engage in what they call 'sexting' – sending explicit sexual messages and pictures to each other. This is now becoming quite common. However, it is easy to imagine that there are very few boys who would come up to a girl they hardly know and ask her to remove her clothes, and very few girls who would agree. Under the cover of screens and buttons, a lot is made possible. As with Milgram's experiment, it dilutes social norms and reduces shame and guilt. Although people might feel alone in front of their screens they are, in fact, in the grip of something much bigger. As if in a gang, un-empathic to

themselves or others, pressing the buttons, suspend their thinking emotional selves, and act triumphantly, conquer a dare, act against their normal held values and ideas.

I don't think that these young people, like the students in the study, grow up less empathic, at least at the moment. I do think, however, that they value empathy less and live in a culture that reinforces these ideas. Empathy is available for them but can, and at times should be avoided.

We live and work in this culture. This is concretely felt in the working lives of many in the 'caring professions', at the forefront of the conflict between empathy and callousness. The less organisational support there is for making empathic responses and plans, the more risk professionals who make these responses feel in making them. They become those who refuse to participate, who reject the organisational culture and the authority that champions it. 'Carer fatigue' is what people feel when their thinking is no longer supported. They find themselves acting on a limb, doing something that is no longer supported by the organisation they work for. Many of us working with self-destructive and/or harmful young people might recognise this change – from containing risk to becoming risk-averse, from thinking to following procedures, from being supported to being left alone.



It is the beginning of the New Year and I would like to end on a hopeful note. Empathy is at the heart of human development. Infantile anxiety is uncontainable without it. Secure attachment depends on the ability to experience it. At the moment in some environments, empathy seems to be economically nonviable, not cost-effective as it was once thought to be. However, this runs directly against the essence of human nature. This culture must, at some point, run itself into a brick wall in the same way that any addict arrives at a turning point. Not a flicking of a button.

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Another short YouTube video, which shows a participant demonstrating empathy but continuing to administer shocks, as he abdicates responsibility by conceding to authority.

https://goo.gl/YQk4HX

An informative power-point overview of Milgram's experiment,

www.thepsychfiles.com/docs/**MilgramS**tudy.ppt

This ppt also makes numerous hypotheses as to exactly what were the conditions that led to the results of the experiment. It also refers to a replicated (but ethically modified) version of the experiment carried out in 2009, by Jerry M. Burger, which showed similar results to Milgram.

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Ariel Nathanson Brief Biography

Ariel Nathanson is a Consultant Child and Adolescent Psychotherapist. He has been working at the Portman Clinic in London, for the past 8 years, where he specialises in the assessment and treatment of children, adolescents and young adults who display perverse, delinquent and violent behaviours. He works with adolescents and adults in private practice and regularly consults to a therapeutic community for adolescents. He is a visiting lecturer at the Tavistock Centre. He has special interest and experience in the areas of child sexual abuse and children, adolescents and young adults who sexually harm others. He regularly undertakes risk assessments of violent and sexually deviant adolescents and children. He is experienced in assessing families, children and adolescents for the family courts.

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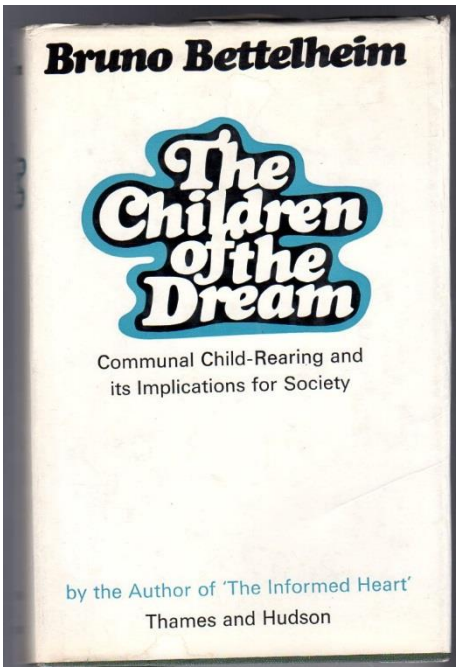
IS EMPATHY ALWAYS A GOOD THING? (2016)

In thinking about the four previous blogs on empathy, it seemed to me that there is an important question that I haven't discussed. This is whether empathy is always useful and when might it not be? Ariel has also discussed this in the previous blog.

Empathy has had such positive press in recent times, that it may even seem foolish to question its value. However, there are those that do, and a balanced perspective is helpful. Paul Bloom, psychologist and Yale Professor is one such person. He claims that empathy can blind people to the long-term implications of their actions. His book on the subject is titled, Against Empathy: The case for Rational Compassion. As I have discussed, I was introduced to the concept of empathy by the child psychotherapist Barbara Dockar-Drysdale. She included a question on empathy in a needs assessment for children whose development had been disrupted by neglect and trauma.

She referred to empathy as, "a capacity to imagine what it must be like to be in someone else's shoes, while remaining in one's own". The 'remaining in one's own' is a vital part of the definition. This means that there is a sense of separation. The person empathising recognizes that the other person's experience and feelings are not the same as one's own. Identifying with the other does not mean taking on his feelings as if they are one's own. This requires a level of maturity and personal integration. However, identification can be a precursor to empathy. I can remember being with a group of toddlers, one starts crying and within a few seconds they are all crying! Neuroscience tells us that this is mirror neurons, responding in kind to what is perceived. This is not the same as empathy as one has literally taken on the feeling of the other. It is, however, on the developmental pathway towards empathy.

The same can happen with older children, who are emotionally unintegrated, due to developmental trauma. One becomes angry and quickly there can be a group feeling of anger. So, the capacity to empathize rather than merge is a developmental achievement. But as Ariel Nathanson, has shown in his blog in this series (Is Empathy on the Decline?), the capacity may be there, but it might not be helpful to show it. For example, if it goes against a group norm. Within different cultures, different qualities might be more supportive of development and progress. Showing empathy may be more or less valued and useful in different cultures.



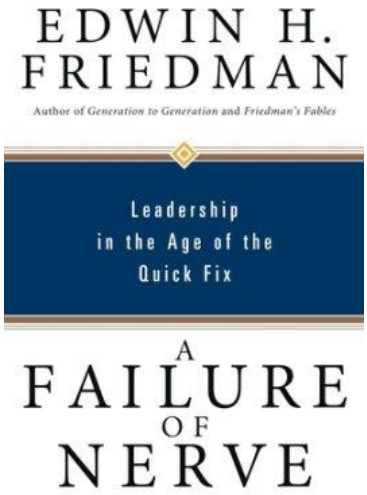
Bruno Bettleheim (1970) wrote about this in his book 'Children of the Dream'. He compared children brought up in the communal environment of Israeli Kibbutz and those brought up in small nuclear families of the USA. He found that empathy was more predominant in the individualistic USA family rather than group Kibbutz culture. Initially, he found it disturbing to observe children in a Kibbutz. For example, on the way to lunch, a two-year-old fell over, hurt his knee and started crying. To Bettleheim's surprise, the adult in charge very briefly picked the child up and then put him down and continued to lunch with the others. But also, to his surprise, what followed was that the child appeared to recover quickly and join the others for lunch. Bettleheim said that he didn't feel that the adult had been insensitive,

> She was merely convinced that the baby had to learn to get along in his group, and not rely on the intercession of someone outside of it; that her comforting would only retard a piece of learning that was more important than temporary discomfort. (p.106)

Being part of the group was more highly valued in the Kibbutz system then, rather than paying attention to the individual. This does not mean that empathy does not exist, but the emphasis is in a different direction. It is a matter of degrees. Attention in one direction inevitably influences what else can be attended to. Edwin H. Friedman (1999) argues this, in his book, A Failure of Nerve: Leadership in the Age of the Quick Fix, that empathy does not encourage responsibility and that there is a pay-off between the two.

> What increases self-differentiation and emotional maturity, is not empathy, but challenge. A focus on empathy is an adaptation towards weakness.

In the Kibbutz example, it can also be argued that the child is expected to be responsible towards the group and to manage himself accordingly. Friedman argues that this is critical in healthy families, organizations, and societies. The individual adapts to the group expectation more than the group adapts to him. Again, that doesn't mean that individual needs are not recognized or met, but the group must maintain itself and have clear expectations.



Friedman claimed that the emphasis on the individual and on empathy has contributed to a society regression. It is difficult for parents and leaders to 'hold one's nerve', in a culture, where the individual demands so much attention. To put expectations on him or her, can feel punitive and harsh! This is also objectively difficult in societies where there is a litigious culture. Where the rights of the individual and employee predominate.

"Ultimately," Friedman states, "societies, families, and organizations are able to evolve out of a state of regression not because their leaders 'feel' for or 'understand' their followers, but because their leaders are able, by their well-defined presence, to regulate the systemic anxiety in the relationship system they are leading and to inhibit the invasiveness of those factions which would preempt its agenda. After that, they can afford to be empathic."

To put it succinctly as Friedman (1994, p.29) said,

> It is totally impossible for either leaders or healers to be a transforming presence in an atmosphere that values empathy over responsibility.

In environments where leadership is so challenged, becoming a victim can be easier than being a leader. It can be argued that the prevalence in some cultures of empathy and victim are both part of the same thing. The British sociologist Frank Furedi has written much on this subject. His book titles such as Paranoid parenting, Culture of Fear and Therapy Culture, are strong indicators of his views. He has highlighted how societies such as UK and USA have shifted hugely towards the image of a human, who is weak and vulnerable rather than one who is resilient. As a reflection of cultural change, Furedi (2004) shows how the use of victim-related language in British newspapers has escalated exponentially in the last 50 years. It is not possible to be recognized as a victim unless someone has empathy towards him or her. Therefore, the victim culture depends upon empathy as its partner. Again, it is a matter of degrees. So, in response to the question of this blog, one answer might be that empathy is not a good thing, when a healthy balance is lost. For example, when the movement is too far towards the individual other rather than on self-differentiation.

As well as urging parents, leaders in the workplace and other settings, and presidents to be clear about their expectations, Friedman adds another key factor. This is that parents and leaders, etc. must be clear of what they need for themselves. So, if I am a parent what might I need to keep going on and to be a 'good-enough parent'? If I am a leader what might I need to put in place for myself? Thinking in this way can seem selfish. It is in the sense of putting one's self first, but it is in service of the task. The parent and leader must remain healthy, able to operate most of the time in a clear and steady fashion. Donald Winnicott, the child Psychiatrist, pointed out the most important thing a mother of an infant must do, is to survive and he added 'that is not as easy as it sounds'. Of course, he did not just mean physically survive, but also

psychically. And especially to survive the infant's aggression and hostile 'attacks' on her, without retaliation. The parent must be a healthy individual with her own life and integrity. As he also said, the mother may be everything to the baby, but the baby must not be everything to the mother. From a developmental view, this means being a separate but connected person. Friedman calls it self-differentiation - being clear about one's goals, principles, expectations and needs.

He claimed that this goes further than survival,

> This is not merely a matter of putting one's own oxygen mask on first. It has to do with leaders, (or parents or healers) putting their primary emphasis on their own continual growth and maturity……the focus on empathy, because it encourages primary emphasis on others, subverts the nature of that self-differentiating process.

He also argued that trying to be empathic can undermine this,

> Once parents are reoriented towards their own welfare, their stamina begins to increase in the most natural way. And it is no different with teachers, therapists, professional people and CEOs.

Self-differentiation in others is not likely to develop unless there is a focus on one's own self-differentiation. Friedman believed that the number one issue in leadership 'today' is a failure of nerve to define oneself more clearly. The leader's self-differentiation and not empathy, encourages self-differentiation and development in others. Such a leader is able to be present in the midst of emotional turmoil, actively relating to key people while calmly maintaining a sense of his own direction. With this capacity, he or she can affect the whole system of relationships and reduce the level of anxiety in the organization network. The today that Friedman was talking about was 1996 and it can be argued that the concerning trends he identified have grown further.

In work with traumatized children and young people having a good capacity for empathy is clearly important. Arguably, the same can apply to other contexts, such as the family and the workplace. However, this must be balanced by other qualities. For example, to be self-protective, to have clear and consistent boundaries and to maintain appropriate expectations. It could be argued that it doesn't have to be one without the other. It is possible to be firm, whilst still having empathy. In reality, I think it is not so easy.

At times, a person may consciously draw an empathetic response as a way of avoiding something more difficult, such as taking responsibility. This is one of the tussles that can pull on us when we both empathize with a person's difficulties, but also recognize the need for responsibility. For example, as with an adult sex offender who was also abused as a child.

Recently, I observed a policeman having to deal with a volatile teenage boy probably about 14 years old. There were two teenage boys together and they had been separated. This one was

outside on the street with the policeman and the other was inside a building with a policewoman. The policeman asked the boy outside to stand still and calm down. The boy shouted a stream of abuse at the policeman, accusing him of various things and making demands. The policeman reasoned but to no avail. The boy's behaviour escalated. As the scene was on a busy road there were also risks to safety. After a few minutes, the policeman shouted at the boy to stop it and told him to put his hands out. The policeman made his physical intention clear, without doing anything inappropriate. He handcuffed the boy and sternly told him "enough" and to get in the car. The boy did as he was told, got in the car, sat quietly and began to cry. The person I was with felt empathy towards the boy. She wondered what must have happened to him to end up in such a situation and to be so out of control. Having been on the end of many similar altercations, with an angry and aggressive, emotionally unregulated teenager, I felt empathy for the policeman. Maybe our feelings were somewhere between empathy, sympathy and identification? When the policeman acted, I don't think he was feeling empathy, but it did calm the boy down. This reminds me of the concept of ''tough love''. I can think of many examples from my own work, where what is being pushed for and needed is containment. The need is to be emotionally and physically safe. I think that what is required at those times, is not necessarily empathy but a clear and firm, non-judgmental approach – to take control. The non-judgmental part helps guard against becoming punitive.

Another challenge with empathy is that it might be felt as intrusive. The nature of empathy is to know what another is feeling. This also feels like knowing what another is thinking. For traumatized people, thoughts and feelings might feel unsafe and even dangerous. Feelings and thoughts are often a link back to the terror of trauma, so they are blocked out. The person may also have strong emotions about their trauma, such as guilt and shame. Empathy may trigger such emotions. It is difficult to have real empathy without exploration. Any kind of exploration might feel threatening. This means there are times when it is necessary to tread very carefully. Maybe the person, just wants to be not hurt and to feel safe. Empathy can wait until these basic needs have been achieved. Maybe they just need someone to be beside them as a safe, reliable and compassionate other. During grief, for example, the compassionate presence of another may be what is needed, rather than someone who is feeling the same pain. The feeling of the pain through empathy may be most useful when a person has never felt understood in their suffering. For example, when a person has suffered adversity, trauma coupled with a complete lack of empathy from others.

It is often not a question of whether empathy is helpful or not, but what we do with it. We need to distinguish between empathy and identification. Where we are primarily identified with another, we are more likely to act in a way that is to do with our own needs rather than theirs. For example, we might do what we wish someone had done for ourselves. Working out what we should do with our 'empathy' can be a preoccupying task. There are times when this kind of preoccupation is helpful and others where it is not. Times where it is needed and others where it distracts and gets in the way of a more urgent need. One way of working out our approach is to observe what happens after we try something. What are the outcomes? Do we find ourselves offering more and more empathy, but nothing seems to progress? Some

researchers such as Barbara Oakley, have studied the troubling relationship between narcissists and their partners who appear to have an abundance of empathy.

> The role of empathy can become part of the problem in a pathological co-dependent relationship.

An important question is not just what do we offer, but what is made of our offerings? Some people may be more able to make use of one kind of approach, such as empathy. It may also depend upon timing. Sometimes empathy may be just the right response, at other times guidance or direction may be needed. Like when a leader, needs to grasp hold of a situation and go in a specific direction. The clarity of purpose and decisiveness may contain people's emotions that the leader isn't even thinking of.

The definition of empathy that makes the most sense to me is by Dockar-Drysdale (1970),

> …as being the capacity to imagine what it must feel like to be in someone else's shoes, while remaining in one's own.

The remaining in one's own shoes is the vital part. Without this, there is the risk of unhelpful over-identification. There is also the risk of a loss of boundaries and the two people becoming merged with a loss of personal identity. Dockar-Drysdale's point is like Friedman's when he says that a person must have a well-defined sense of self before empathy can be offered in a helpful way. Friedman (p.119) clearly explains how too much emphasis on empathy can be unhelpful and even destructive,

> But the concept of empathy has wound up encouraging everyone to lose their own boundaries, so it works against the very self-regulation that is necessary for it to be employed objectively. That is how empathy plays into the hands of those who are least willing to take responsibility for their own emotional being or destiny. Put more simply, most therapists are too sensitive to be effective. In therapy emotional fusion with another is far more destructive than a lack of concern or understanding.

Finally, and relevant to everything I have said so far is the matter of compassion fatigue. This could also be termed empathy fatigue. Someone told me recently that he listened to an interview with the Dalai Lama. The Dalai Lama was asked how he can bear all the suffering in the world. Apparently, the response was 'in glimpses'. I'm not certain the Dalai Lama said this, but it is an important point. It fits with Friedman's idea of self-differentiation, knowing one's limits and what one needs for oneself. It is relevant to the contexts we are in, as Bettleheim pointed out. It also fits with Winnicott's emphasis on the need for survival.

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WHAT A THERAPEUTIC MODEL IS AND WHY IT IS IMPORTANT TO HAVE ONE (2019)

"In Australia, the most clearly articulated model of Therapeutic Residential Care is that offered by the Lighthouse Foundation (Ainsworth 2012; Barton, Gonzales and Tomlinson 2012) that owes much to the Cotswold Community in the UK."
(McNamara, 2015)

Introduction

In recent decades therapeutic models for children and young people, who have suffered trauma and who are in residential or foster care have become more widespread. Working with organizations to develop therapeutic models is one of the main areas of my work. I have done this work for over 20 years in various countries such as UK, Australia, Japan, Ireland, and Portugal. I have developed a workplace curriculum for model development, which is culturally sensitive.

This group of young people have major difficulties, which can cause serious if not disastrous lifelong problems for themselves, others and society. Specialist intervention is needed, and it is often expensive. Therefore, many governments and professionals have been focused on discovering 'what works'. This article attempts to explain what a therapeutic model is and why it is so important.

As McNamara implies above, there are universal elements in therapeutic work with people who have suffered trauma and adversity. The core principles of a therapeutic model tend to be transferable from one setting to another. These are principles such as,

- the centrality of relationships
- a phased approach beginning with safety
- the need to regulate emotion
- and the importance of the whole system.

The value of having a coherent model is in itself a core principle. The principles are informed by research and the best evidence available. However, exactly how these principles are implemented in practice needs to reflect the local culture. There will also be some aspects of a model that are unique to a specific culture. Models must be culturally sensitive. They must be grounded in cultural values, language and belief systems.

This article is specifically relevant to work with children and young people who are in residential care or foster care, throughout the world. However, much of it may also be relevant to other areas of therapeutic work. A therapeutic model in effect is a method of working with human suffering, with the aim of achieving improvements. Though the language is new, the idea is not. In work with children and young people, models have certainly existed throughout the 20th century. They tended to be created by pioneers, who researched, implemented and passed them on. This was often done by creating a centre/institution/therapeutic community which embodied the model. Sometimes, even when excellent outcomes seemed to be achieved, people outside of these centres understood little about the practice. There was sometimes an air of mysticism. Although, pioneers such as Bruno Bettleheim in the USA, Barbara Dockar-Drysdale in England and John Brown in Canada among others, did write substantially about their work, ideas, and methods.

One of the main differences these days is a growing expectation for a model to be clearly articulated in a written document. This makes it potentially more accessible. It also means that it can be more easily critiqued and challenged. Following on from that there is an expectation that a model should be informed by research and evidence.

However, there are also potential problems with a written model. For instance, the interpretation of it may not be consistent. It may also appear to be like a manual that will provide all the answers. This is always an issue in human services, which tend to involve 'messiness', unpredictability and pain. There can be an understandable wish for the order that a 'manual' might appear to provide. As Thompson (2000, p.80) argues,

> If we expect theory to provide ready-made answers to the questions practice poses, we are misunderstanding not only the nature of theory, but also of practice. Theory cannot provide simple answers which tell us 'how to do' practice. Theory can only guide and inform. Theory, practice and the relationship between them are all far too complex for there to be a clear, simple and unambiguous path for practitioners to follow. Theory provides us with the cloth from which to tailor our garment, it does not provide 'off-the-peg' solutions to practice problems.

Recovery is a process rather than an event and there is no perfect recovery. Thompson (2000) also talks about the 'notion of uncertainty, of no security and no guarantees' as being important for practice. There is not a simple solution to recovery from trauma. It cannot be prescribed but needs an environment where it is safe to think about the trauma, experience feelings about it and make reliable provision to heal it. This type of environment has been referred to as a 'holding environment'. Whilst having our guiding principles and experience we must also keep in mind that every child, worker, situation organization and cultural context is unique.

So, if we are going to have clearly articulated models, we need to use them in the right spirit. Not as rigid doctrines, but something with helpful parameters, which provides guidance and supports people in their difficult work. To assist with, rather than replace thinking.

I deliberately use many references in this article, partly to show the depth and consistency of thinking that has emerged across the world. During the last 20 years or so, there has been significant international research into what works in enabling the best outcomes for children (and young people) who are in the 'Looked-After' or 'Out-of-Home' care system. While it is often said that that we have little 'evidence' of what works, it cannot be denied that we do have a vast amount of experience and research to inform us. I think it is important to acknowledge the great value of this.

International Research and Development

This article is based on my own experience and the vast research and experience of authors from the USA, UK, Australia, New Zealand, Ireland, and Canada. The research has examined all past studies and has reached a consistent point of view on the fundamental principles of positive service provision.

During the same period, there have been major advances in neuroscientific research on child development, the impact of trauma and the most effective interventions to facilitate recovery. However, as McHugh and Meenan (2013, p.251) argue, doing this well is a complex challenge,

> The needs and problems of many children in care are complex and difficult to serve appropriately. Or more correctly, their needs are deceptively simple, but delivering the right response is deceptively complex (Gilligan, 2001: 1).

Taylor (2012, P.100) highlights the significant work of Clough et al. (2006) who,

> …found that a significant factor in successful residential care is a coherent model based on a clear theoretical perspective.

and (ibid, p.3) referring to Fonagy (2006) that,

> Traumatized children benefit from the experience of living in a carefully considered, well-structured and coherent psychosocial environment where interpersonal interactions are thought about and reflected on.

Numerous effective therapeutic models have been created during the last two decades. Based on their research into the implementation of different models of care, Macdonald and Millen (2012) recommend,

> The introduction of an explicit model of care, championed by the heads of homes and delivered in collaboration with a whole staff team, has much to recommend it in terms of the existing evidence regarding how best to improve the quality of care.

Most importantly a therapeutic model helps improve staffs understanding of children and their needs, so better outcomes can be achieved,

> Understanding how children's responses may have been shaped by maltreatment, including neglect, is thought to help staff respond sensitively and appropriately to challenging or unhelpful behaviour, and to provide opportunities for new, positive experiences that may help to reverse the adverse consequences of early childhood adversity (Cicchetti and Rogosch, 2001; Moses and Barlow, 2006; Gunnar and Quevedo, 2007). (Macdonald and Millen, 2012).

What is a Model?

While most people might not think consciously in terms of models - in essence, they are like John Bowlby's (1969) concept of internal working models. Bowlby used the term in his work on attachment theory. It may be one of the first uses of the word model in our field of work. It is the way we make sense of the world, our part in it and our purpose. This is true for individuals, organizations, and societies. For instance, what does one want to achieve; what methods will we use; what evidence exists about the effectiveness of the methods; and what are the potential outcomes; including unintended outcomes or side-effects? (Tomlinson, 2014). Macdonald and Millen (2012) put this into the organizational context,

> At its core, a theory of change spells out how the core components of an intervention (its 'inputs') bring about changes in staff behaviour and organisational processes or culture (the 'outputs') and why or how these changes are thought to benefit children and young people ('outcomes').

They continue to elaborate on how change takes place,

> The implicit theory of change appears to be as follows: by bringing staff to a shared understanding of trauma and its effects, and providing them with a language with which to communicate that understanding, staff can bring about the changes in organisational behaviours, structures and processes needed to address the detrimental effects of trauma.

As Mackay (2014, p.37) states it is vital that the model is adapted to the specific needs of the children involved,

> It is important that whatever model is developed it is made to fit the child and not the other way round.

Redshaw (2001, p.16) who has carried out extensive work on model development outlines the following qualities of a model of care.

- It is a well-defined set of procedures and practices
- It is proactive, not reactive
- Increases consistency
- Aids in data collection, evaluation, and reviews of program

A model can provide guiding principles, standards, specific techniques, some do's and don'ts. But most importantly it should equip the people doing the work with the ability to think within a framework and work things out together. A model provides parameters within which things can be tried and monitored. What works can carry on and what doesn't may need re-thinking or persevering with. Having a benchmark provides a point from which new ideas can be critiqued. If there isn't a benchmark how do we notice how far something is drifting - a bit like walking in the fog, without even a vague marker to keep a sense of direction.

Aims of a Model

The aim of a model is multi-fold:

1. To provide knowledge and understanding so that the children's needs will be responded to in the most effective manner. This requires the creation of an ethos, which will influence every aspect of the children's daily life.

2. To provide a consistent and congruent approach in the best interests of the child (Anglin, 2002).

3. To provide guidance on specific therapeutic interventions, which target specific needs identified through an assessment.

Wall et al. (2013, p10) referring to Redshaw (2011, 2012) claim,

> The intention of the model is to provide a body of knowledge and a practice framework to assist in the avoidance of the age old challenge to residential care practice which sees workers fall back on their own personal parenting practices and belief systems and instinctive reactions to young people which are often not helpful; the model seeks to support workers to view the young person from multiple perspectives to allow a holistic approach to intervention and healing.

Evidence-Based Practice

The emergence of therapeutic models has been influenced by the development of evidence-based practice. As Farrelly (2013, p.123) explains,

> Evidence-based practice has become a byword for better, more appropriate and efficient practice. In essence, an evidence-based approach asks that practitioners use the best available evidence to guide and inform their practice. There is nothing particularly new about the idea that policy and practice should be informed by the best available evidence/Evidence-based practice (EBP) was first introduced in medicine and allied health professions. More recently it has been advocated in social work as an alternative to 'authority-based practice' or practice based solely on the expertise and experience of practitioners (Edmond et al., 2006) …EBP represents a move away from opinion, past practice and precedent and towards a decision-making framework that relies on greater use of research and evidence.

Evidence from practice becomes part of the knowledge that underpins social care. Knowledge = evidence + practice wisdom + service user and carer experiences and wishes. All three

elements are equal in contributing to knowledge. Therefore researchers, practitioners and service users all have an equally valid role in contributing to knowledge (Farrelly, 2013, p.131). A model will influence practice and practice will influence the model. This leads to the concept of the 'research-minded practitioner' (ibid, p.132).

In my early twenties, I began work at the Cotswold Community, a renowned therapeutic community in England. The Community began in 1967 and I started work there in 1985. The development of its model, though the term model was not used then, had involved leading experts in the field. By the time I arrived, the Community had student placements and visitors from all over the world. I had virtually no relevant work experience. However, I was struck from the beginning by how we were encouraged to reflect upon our experiences and make contributions that might further develop the model. We adopted the same approach in the way we tried to listen to and learn from the children. Connected with this philosophy, McHugh and Meenan (2013, p.258) argue that the challenge is.

> To move from learning *about* to learning *with* children in care.

Farrelly (p.124) adds a cautionary note,

> While the arguments for the adoption of an evidence-based approach may be convincing, it should be noted that finding and using research, particularly of high relevance and good quality, is not always easy.

It is very difficult to have what would usually be called scientific evidence, in such a complex field of work with so many variables.

Research-Informed

As said earlier, it is vital that a therapeutic model is informed by research and the best knowledge available. Referring to social care guidelines in Ireland, Farrelly (2013, p.123) states the importance of practice being informed by research,

> The Department of Health and Children's (DoHC) policy document Working for Children and Families: Exploring Good Practice outlines seven management principles that should underpin child and family services, including the need for practitioners and their managers to 'ensure that their practice and its supervision are grounded in the most up-to-date knowledge' (2004: 15). More recently, the Health Information and Quality Authority's (HIQA) National Standards for the Protection and Welfare of

> Children state that standards need to be person-centred and 'based on evidence and best international practice' (2012: iii).

Farrelly (2013, p.133-4) argues that the amount of the 'research that constitutes 'quality evidence' remains debatable' and warns of adopting a too dogmatic approach to evidence-based practice,

> Social services are by their very nature fluid and dynamic, and practitioners need to be mindful of the potential to adopt a dogmatic approach. Sheppard (2004: 23) argues that practitioners should be 'looking at information that can help provide *guidance and better informed judgements* but not certainty'. Perhaps, given the nature of the debate and the nature of the work that the social professions are engaged in, the term 'research-informed practice' might be more applicable than 'evidence - based practice'.

Institute of Child Protection Studies (2006, p.12) in Australia refers to the research of the last 20 years and particularly that of Clough et al. (2006). They highlight some of the universal principles of a model,

> Whilst the literature review has not identified a specific model that is easily replicated it has identified the important elements for providing such care. These elements include:
> - the creation of a clear ethos and positive culture
> - individualised assessment and planning
> - collaborative practices
> - the involvement of family members
> - the involvement of young people in planning and decision making
> - positive peer relationships
> - a coherent theoretical framework with the identification of values, objectives of the programme, theories of behaviour, of intervention and of organisation
> - developing resilience through education, learning and leisure interests
>
> In particular, the maximising of the day to day and opportunity led communication and connection to promote healing relationships seems to lie at the heart of effective residential care.

Brandt (2014, p.11) states the importance of a therapeutic research-informed model,

> Ideally, therapeutic work is derived from and grounded in theoretical constructs, research evidence, and the logical construction of strategies or approaches where work is improvisational and contextual—and optimally this process is guided by an explicit therapeutic model.

Kezelman and Stavropoulos (2012, p.xxviii) in their work on creating trauma-informed services affirm the necessity of research.

> Research shows that the impacts of even severe early trauma can be resolved, and its negative intergenerational effects can be intercepted. People can and do recover and their children can do well. For this to occur, ***mental health and human service delivery*** need to reflect the current research insights.

Key Elements of a Model

Irrespective of which theories inform residential care practice, it has been argued that effective residential care needs to incorporate:

> (a) a clearly thought-out philosophy of treatment or care (Clough, 2008; Hillan, 2006, Sinclair and Gibbs, 1998);
> (b) child-centred practice, in which service provision is matched and responsive to the child's need, rather than the child's needs being subordinate to the service model (Clough, 2008; Hillan, 2006);
> (c) a service-wide commitment to staff support and continuous learning (Hillan, 2006). McLean et al. (2011, p.11).

Institute of Child Protection Studies (2006, p.31) in Australia state,

> James Anglin (1999, p.144) has written about the distinctive nature of what he calls the 'child and youth care profession' which he says has five characteristics:
> • a focus on the growth and development of children and youth
> • concern with totality of a young person's functioning, rather than one part of functioning
> • 'a social competence perspective', which builds on strengths, rather than a problem-based approach
> • direct day-to-day work with children and young people in their environment, rather than being restricted to interviews or sessions
> • the development of therapeutic relationships with children, their families and other helpers.

Whole-System Approach

Clough et al. (2006) found through their research into what works in residential care, that positive outcomes for children are linked to a strong children's culture, which in turn is linked to a strong staff culture. This finding is supported by Warner (1992) who found that positive outcomes were only correlated with leadership and clarity of purpose. Therefore, it is important that a therapeutic model considers the whole system and not just the direct work with children.

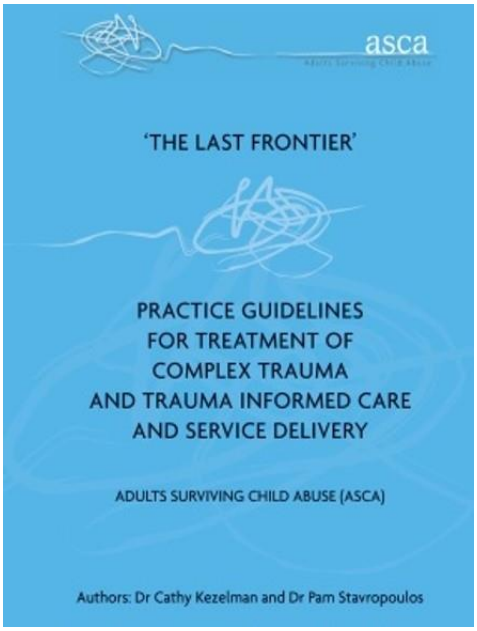
A whole-system model is one that spans across all aspects of the child's daily living situation. It requires that the relationships between the different parts involved are fully integrated into the model. Childhood trauma takes place in an environment - trauma is in the system, not the event. Cissy White (2018) explains this very well,

> Being raised with ACEs (adverse childhood experiences) is an environment, not a series of incidents that happened here and there. I lived every day with scarcity and lack. Trauma was baked into my being, as were my responses.

Similarly, therapeutic work also takes place in an environment with a network of relationships. As Macdonald and Millen (2012) state,

> Models articulate the inter-relationships of their component parts and the pathways of change embedded within them.

Kezelman and Stavropoulos (2012, p.xxx) make the link between the organizational context and the recovery process,



"Research now shows that resolution of trauma equates with neural integration. It also shows that longstanding trauma can be resolved, and its negative intergenerational effects intercepted. But for this to occur, mental health and human service delivery (i.e. as well as direct treatments) need to reflect the current research insights. Experience is now known to impact brain structure and functioning, and in the relational context of healing this includes ***experience of services***. Neural integration is not assisted – indeed is actively impeded – by unintegrated human services which are not only compartmentalised, but which lack basic trauma awareness."

They (p.16) emphasize the importance of the 'whole-system' approach,

> Both administrative and clinical experience suggests that attributes of the system `as a whole' have a very significant impact on the implementation and potentially the effectiveness of any services offered.

Whole-system models focus on providing training to all staff within the organization, whatever their role. In one organization I worked with, trauma-informed training was given to the whole workforce. This included care workers, managers, therapists, admin workers, human resources, finance and maintenance. The effect of this training, which everyone did together contributed to a cultural transformation. Not only did the training enable staff to be better trauma-

informed, but the way it was done was inclusive, brought people together, helped to build connections, and gave everyone a shared understanding of the organization's primary task.

Importance of a Theoretical Base

UK's Social Care Institute of Excellence (2012) in their research into different models, highlight the helpfulness of having a theoretical base,

> Staff who can think clearly and logically about their work use a set of strategies to understand children's behaviour and critically evaluate their own actions and those of others and use their understanding to act in the best interests of children are likely to be better at their job than those who have no framework.

There is a long tradition of specialized therapeutic services for children having a strong theoretical base. Fahlberg (1990, 51) emphasized the importance of a theoretical base to residential treatment,

> The most important task of treatment must be clearly and succinctly stated. Specific problems and dynamics vary from child to child, but a philosophy of treatment must clearly identify the category of problems that are most essential for the programme to confront if successful treatment is to occur.

In more recent times, the field of neuroscience has become a central part of the theory as Perry (2014, p.30) explains,

> A developmentally sensitive and neurobiology-informed clinical approach can aid the clinical team in understanding the impact of maltreatment and other developmental insults.

Stien and Kendall (2004, p.7) claim that the new neurobiology represents a confluence of two strands of brain research – attachment theory and childhood trauma,

> Whereas traumatologists focus on *abnormal* development, attachment researchers often examine the brain under conditions of *normal* or optimal development. Thus, when taken together, these two strands of research clarify the key mechanisms behind both mental health and psychopathology in children. Whereas secure attachment produces a growth-facilitating environment that builds neuronal connections and integrates brain systems, strengthening the capacity to cope with stress; abuse and neglect induces chaotic biochemical changes that interfere in the maturation of the brain's coping systems, leading to problems with emotional regulation, relationships, and identity formation (Schore, 2001).

Historically John Bowlby and Donald Winnicott had a huge influence on the development of therapeutic approaches, as outlined by Byrne (2013, p.143),

Possibly the most influential psychodynamic theorists within therapeutic social care are Donald Winnicott and John Bowlby. Winnicott's work with therapeutic communities in Britain is the primary influence for contemporary theorists in this area such as Adrian Ward (Ward et al., 2003). There probably is no social care practitioner in Ireland whose practice has not been influenced by John Bowlby's attachment theory (see, for example, Fahlberg, 1994).

The leading neuroscientist Bessel van der Kolk (2014) referring to attunement which is a vital concept in neuroscience claims that,

> Donald Winnicott is the father of modern studies of attunement.

Macdonald and Millen (2012) argue that a theoretical base can help a service to be effective,

> The importance of theory informed therapeutic care and the centrality of relationship-based social work were also found to be essential in promoting resilience within the young people.

Fosha (2003, p.276) claims that the challenge is to operationalize the substantial evidence base of affective neuroscience into a `neurobiology of healing'.

Macdonald and Millen (2012) in their review of different models say that,

> Each provides a framework whose constituent theories are intended to help staff to understand:
> - How trauma impacts on children and young people.
> - How and why their ways of coping might be maladaptive.
> - How and why agencies and staff respond in ways that are not always helpful.
> - How they might change. Each emphasises the importance of helping staff develop the knowledge and skills necessary to help those they care for.

Without a theoretical base, it is difficult for staff to be trained to a level that enables them to provide consistent, coherent and appropriate care.

Different Theoretical Perspectives

Mackay (2014, p.22) explains the need for approaches informed by different perspectives,

> The growing body of knowledge in the areas of attachment, trauma and neurodevelopment tells us that it takes multiple therapeutic interventions on a daily basis to effect permanent and lasting change for these young people. These

> interventions are most effective when carried out by people with whom the young person has a relationship (Boyd, et al., 2013; Burnside 2012; Child Protection Development Department of Communities 2011; Cook et al., 2005; McClung 2007; Perry 2009; Prasad 2011; Van der Kolk 2005).

Kezelman and Stavropoulos (2012, p.76) also argue the benefit of drawing knowledge from different theoretical perspectives,

> While effective treatment of complex trauma needs to address several key dimensions (i.e. irrespective of the particular approach used) the current literature also advises of the need for knowledge of more than one modality.

Many theories may be useful for different aspects of the therapeutic task. Theoretical knowledge from the following fields are essential in all therapeutic residential services for children,

- ✓ Child Development
- ✓ Attachment
- ✓ Neuroscience
- ✓ Trauma
- ✓ Loss and Grief
- ✓ Psychodynamic
- ✓ Systems

Training

Only when there is a coherent model is it possible to design appropriately focused training. The Department of Communities (2010, p.13) highlight the importance of staff training,

> International research also speaks to the need for well-trained staff and notes that one of the most negative factors influencing poor outcomes for young people is untrained staff. According to expert Jim Anglin, it is '*a disturbing fact that those who have the most complex and demanding role in the care and treatment of traumatised children have the least, and in many cases, no specific training for the work*' (Anglin 2002b, p113). Acknowledgement of the need for enhanced training for residential staff is increasing both nationally and internationally.

McHugh and Meenan (2013, p.250) make a similar point,

> Professional training provides opportunities to develop and practise skills and heighten self-awareness. These opportunities, coupled with relevant theory, promote a reflective approach to social care practice. It is the responsibility of the individual practitioner and of the service provider to ensure that all staff are both aware of and equipped for their professional role.

Furnivall et al. (2012, p.49) state,

> For all practitioners, however, it is crucial that training is delivered by people who understand the context in which their practice takes place and in a manner which is congruent with an attachment-informed approach.

The emphasis of training should be on improving everyone's understanding of the children, how their development has been impacted by trauma and what approaches are most likely to help. In her paper, The Importance of Child Care Training, Barbara Kahan (1995, p.1) argues that we would expect lawyers, dentists, doctors and teachers to be trained, qualified and up-to-date with recent knowledge,

> …so why are we prepared to tolerate a situation in which, by definition, some of the most needy and traumatized children in our community are cared for by people who, however well-intentioned, are neither trained, qualified nor, in many instances, knowledgeable about their needs and how best to deal with them?

Having a Model is the Most Important Thing

Whilst many different models have been created the underlying principles tend to be very similar. The research is consistent on the importance of key matters, such as,

- relationships
- attachment
- attunement
- meeting emotional needs
- consistency of teamwork
- whole-system approach, etc.

It can be argued that as long as a model is based on these key parameters, it is the coherency and consistency that it brings that is most important. Macdonald and Millen (2012) state,

> There may be merit in the argument that it is providing staff with "a framework" within which to think about their work that matters, rather than a particular framework. Staff who can think analytically about their work, who can better understand children's behaviour and critically appraise their own actions and those of others, and who can draw on their understanding to act in the best interests of children, are likely to be better at their job than those who have no such framework. They are also likely to have more job satisfaction and, particularly when whole staff teams are trained in that framework, more likely to behave consistently – something we know children value.

Janet Rich, (2009) strongly supports this view,

> It is almost certainly the case that the specific model of care adopted is far less important than the fact of there being a model of care that is underpinned by an empirical and theoretical evidence base, that the staff and young people are signed up

> to, and that is supported by both an established culture within the home, by sound leadership and supervision structures and by appropriate training and resources.

Like parenting, what helps children develop, is as much to do with the quality of relationships between the carers, and the nurturing and predictable environment provided – rather than the exact detail of the approach and personality type of the carer. It is helpful if parents have similar models of what children need. Byrne (2013, p.146) agrees with the view that a coherent model improves the consistency of practice,

> When practitioners identify themselves as providing therapeutic care it is important that they are clear about the approach that informs their practice. The reason is that where several practitioners are working with the same client, the active interventions will be different depending on the theory influencing each individual practitioner. Mixed approaches could lead to inconsistency in service provision and unhelpful or confusing outcomes for the client.

McLean et al. (2011, p.13) explain the value of a model to the professionals involved,

> From a service perspective, providing staff members with a coherent strategy and conceptual framework for understanding and addressing challenging behaviour, as well as a strategy to manage risk and de-escalate behaviour during critical incidents, while also maintaining their relationships with children in the unit, is likely to be valued.

The best knowledge available provides a guiding framework, within which to think about children's needs. Macdonald et al. (2012, p.14) expands upon the benefits for professionals of having a guiding framework,

> There is value in the argument that the principal value of a model lies in giving staff a coherent "conceptual framework" to think about the work that matters. After all, staff who can: think clearly and logically about their work use a set of strategies to understand children's behaviour and critically evaluate their own actions and those of others use their understanding to act in the best interests of children are likely to be better at their job than those who have no framework……..They are also likely to have more job satisfaction and – particularly when whole staff teams are trained in that framework – likely to behave consistently, which is something we know that children value.

'Import' or Create a Model?

As mentioned, many different models have been created in recent times. Although there are differences most models also have much in common. This raises the question of whether to adopt an 'off-the-shelf' model or create a unique local model. The former may have a stronger evidence-base, being tried and tested. The latter may achieve greater staff engagement and be more culturally sensitive.

I am sure that both approaches can work well. My own experience is in developing models that are unique but based on key research-informed principles. I find that this leads to a high level of engagement, creativity, and ownership. These models have achieved excellent outcomes and wide acclaim. However, having a good model on paper is not a guarantee of good outcomes. There are other vitally important factors that will determine success. For example,

- the quality of leadership
- is the model embedded in the culture?
- is it understood?
- and do people feel a sense of ownership?

It is the combination of all such factors along with the model that determines the quality of outcomes. In some cases, an organization may have already developed a model over many years – but has not fully articulated it. In this case, the task may be more to do with,

- reviewing the model
- writing it up
- and underpinning with research-informed theory.

Continual Evolution

Once we have a model, we must ensure it continues to evolve. Models must be alive and adaptive. They must be open systems and have feedback loops, so they can receive the information they need from all parts of the system. They must learn and develop from direct experience and wider research. In other words, a model can never become a fixed entity. As one part of the system changes other parts must adapt. Continuous evolution is essential.

For example, a change in the external environment, politically, economically, or professionally will require an adaptation. As with evolution, those that are most adaptive are most likely to survive. In one organization I worked in that had a strong model, we also had a working group every week to reflect upon, clarify our practice and suggest ideas for improvement. This was then fed back to the wider organization for further consideration. Just like organizations, a model is a living system.

Outcomes

Willis (2001, p.139) referring to the UK Department of Health initiatives of the 1990's, states the centrality of outcomes,

"Social care services are likely to be most effective when they are orientated towards outcomes: concerned with, designed, provided and evaluated in terms of the results experienced by the people for whom they are intended (SSI, 1993, p.9)."

The concept that services should be based on '*children's best interests'* has become a touchstone for child and youth care practice (Anglin, 2004, p.177). We need to have a general idea of what the '*children's best interests'* are. This clarifies the outcomes that we aim to achieve for each child. An outcomes-focused approach has a clear intent to deliver positive outcomes that can be evidenced. As Department for Child Protection (2009, p.3) put it,

> In a therapeutic situation, it is essential that children and young people and the care workers understand what they want to achieve, so that their goals and strategies for achieving those goals are aligned.

Or as The Department of Health (1998) succinctly state,

> There is a need for clearly stated objectives of what the residential care unit wishes to achieve. (In, Institute of Child Protection Studies, 2006, p.20).

Kezelman and Stavropoulos (2012, p.81) argue that given that complex childhood trauma continues to be inadequately defined and covered by standard interventions, it is important to focus on the outcomes rather than a 'one size fits all' treatment. To know what outcomes are being achieved or not there must be a reliable and appropriate form of assessment. Assessments need to focus on the most important outcomes and areas of development. For example, how a child is able to learn, manage emotions and make healthy relationships. Ward (2004) makes two very important points about assessment,

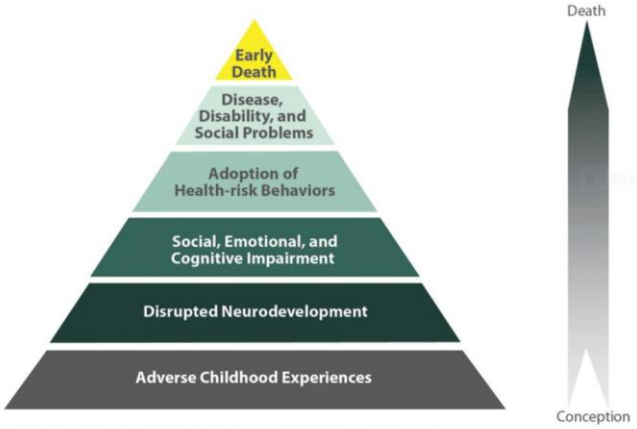
> **1.** You can have assessment without treatment, but you certainly can't have treatment without assessment.
> **2.** What matters most... is that the whole team is engaged both in the process of assessment and in the process of treatment.

Overarching Outcomes and Benefits of Having a Model

1. A clearly articulated model clarifies the task and reduces confusion. This leads to a higher level of congruence, with improved outcomes for all stakeholders.
2. A model creates a shared language and processes, which helps integrate different professional disciplines.
3. It is highly beneficial for organizations to understand trauma and how to respond to it. This is becoming trauma-Informed.
4. Greater consistency and quality of professional and organizational development. Improved performance, funding and cost-efficiency.
5. The development work is a helpful way of reviewing the organization's culture and practice.
6. The work involved will be a positive experience of team building - creating a shared vision, values, and commitment. The involvement of the organization in the creation process will lead to a high level of engagement and ownership.
7. A high-quality model will further consolidate the organization's position – in terms of being a high caliber service provider, attracting referrals, funding and good quality staff.

8. Holding a conference, publishing papers/a book all help to establish the organization as a leading authority in the field.
9. In some countries having a clearly articulated therapeutic model is becoming a Government requirement, influencing the placement of children. Therefore, not having a model could jeopardize an organization's future.

Long-term and Societal Impact
As well as benefits to the young people, the organization and all those directly involved, there will also be significant benefits to society. The life-long prospects for the children's well-being should be greatly improved. They are more likely to grow up into healthy adults, making a positive contribution to society.

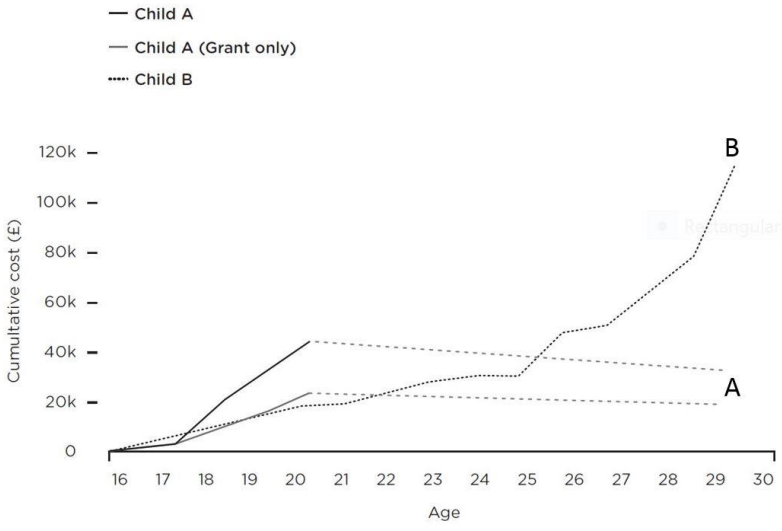


Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
The ACE Pyramid – Center for Disease Control and Prevention, Charles Whitfield, M.D.

Whereas, children who are in care and who don't experience an effective service are more likely to have serious difficulties as adults, becoming a burden on society. This is likely to be seen in areas, such as poor health and early death, drug and alcohol addiction, mental health problems, abusive behavior, and criminal activity. The ACEs study has made very clear the potential long-term consequences of Adverse Childhood Experiences, especially when there is no positive intervention (AAP, 2014).

Hannon et al. (2010, p.162) illustrate this well in the graph below, from their research paper.

Figure 6 **Costs of child A and child B over a lifetime**



This graph compares the costs of care for child A and B. Child B has a poor experience in 'out of home' care. The costs associated with this child continue to escalate from the age of 16-30 and will continue over a lifetime. Child A has a positive experience of high-quality care. Initially, the costs for Child A are higher than for Child B. However, by the age of 21, the cumulative cost is reducing and will continue over a lifetime. The higher of the two Child A lines, include student loan costs. The lower Child A line is without loan costs as they can be expected to be paid back over a lifetime. The initial higher cost for Child A is paid back over time as he/she begins to make a positive contribution to society, through employment and taxes, etc.

This research was carried out in 2010 and the actual cost numbers in £ are not so relevant. What is relevant and applicable to any country today is the trend. Costs of a good quality service with a therapeutic model will be more expensive in the short term. However, in the medium term and over a lifetime, the financial cost is removed. Whereas the financial cost of Child B continues to escalate, along with the human cost and burden to society. This graph only shows until the age of 30, but it is clear how the trend will continue over a lifetime. As we know, deprivation and abuse tend to continue in cycles, therefore the costs may well continue into further generations. The cost-effectiveness on human and financial levels, of investing in the higher quality service is almost immeasurable.

The Lighthouse Foundation in Melbourne, Australia is one such example. I worked with them on the development of their Therapeutic Family Model of Care™,

> Recently an independent assessment was commissioned by Social Ventures Australia to complete an analysis of Lighthouse Foundation's Social Return on Investment (SROI). It proved for every dollar received Lighthouse returns $12 of social value. (Lighthouse Foundation, 2019)

Process of change, model development, and implementation

This article has attempted to provide an explanation of what a therapeutic model is and why it is important. It has implied the work that is involved but not discussed the process of development and implementation, which is a whole subject. The development process is fundamentally one of significant organizational change. It will be greatly valuable, but also challenging and difficult. There will need to be processes such as supervision, training and consultation to work through the issues involved. Some of this work will take place before the model development begins and it can continue alongside. Without this work, there is a greater risk that the development project will be undermined.

Model development must take place alongside processes that look at and work on the issues of change. The importance of strong leadership cannot be underestimated. An organization that has developed a positive and effective way of working, will need time to take that to the next stage and clearly define their model. In my experience, a rough guideline would be around one year to articulate the model and write it down, another year to implement it, and a further year to establish it. The actual timelines will be influenced by the organization's stage of development, the level of resources committed to the project and

whatever challenges arise along the way. When a model is achieved the potential benefits that I have outlined are great. Bringing people together to work on such a key shared task can also have many benefits.

Given the immense challenges in this work, as Van der Kolk and McFarlane (2007, p.574) have claimed,

> This struggle to transcend the effects of trauma is among the noblest aspects of human history.

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MODELS IN THERAPEUTIC WORK WITH TRAUMATIZED CHILDREN - PART 1 (2014)

The term model has arisen significantly during the last decade or so, to imply a well thought through and coherent way of providing a service. Other terms that may mean something similar are framework, ethos, philosophy, and approach. I will describe how I see some of the important principles of a Model.

One of the first uses of the word model in our field of work may have been by John Bowlby (1969) who used the term 'Internal Working Model'. This related to the model internalized by an infant as to how the world around him works and his place in it. The model is based on the infant's perception of his experience. For example, I am lovable/unlovable, carers are protective/harmful and the world is safe/dangerous. It can be seen from this that the model includes the infant's view of himself, those closest to him and the wider environment or world. The model is an internal template that the infant may not be conscious of and though it is resistant to change, it can be modified by new experiences.

As with parenting the outcomes of a service for traumatized children are going to be determined by: the quality of relationship between the child and those closest to him (parent/carer/therapist); the immediate context and quality of relationship (extended family/organization – culture, leaders, managers and supervisors); the local community; and the wider socio-political-economic environment.

While trauma may mainly be perceived as an issue between the 'victim' and 'perpetrator' it is not helpful to ignore the context or ecological aspect. Trauma happens within an environment, such as a home, a family, a neighborhood, a community and a society. A model for recovery needs to consider not only the different levels of the context but also the relationship between them. For instance, it probably would not be helpful to create a model, however rational it might seem in its clinical approach, if it conflicts with cultural values and norms. Supporters of the 'ecological model' rightfully argue that outcomes can be improved by intervening at any level of the context. For example, 'the best way to improve outcomes for young children is to improve the support provided to primary caregivers', or 'a reduction in poverty might reduce instances of trauma'.

If we are going to influence and change a child's 'model' it makes sense that the approach must also involve, working directly with the child's internal and external worlds. This will include all of those who work with and look after him as well as the context within which everything happens. Most importantly these different elements must be integrated. As James Anglin (2002), the Canadian researcher on residential care has said, they must be 'Congruent in the Best Interests of the Child'.

While most people might not think consciously in terms of models, in essence, it is as Bowlby described, the way we make sense of the world around us and our part in it. For example - what do I want to achieve; what are my ideas of the methods I might use to achieve it; what evidence

do I have about the effectiveness of the methods; and what are the likely outcomes; including unintended outcomes or side-effects?

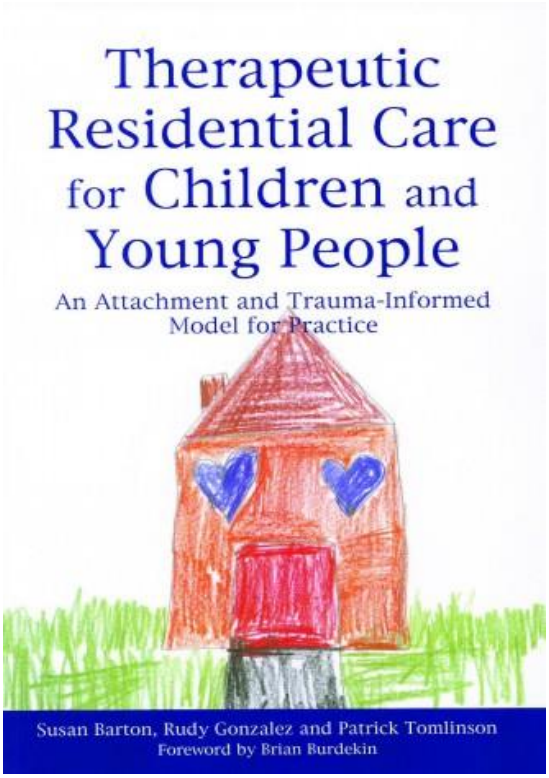
When we are a team providing a service, it is especially important that we have a shared model that we work to. Without this, the service is likely to be fragmented, inconsistent and potentially conflict-ridden. Clearly, in work with traumatized children, this is not helpful. Rather than provide children with high levels of consistency and predictability that are necessary for their recovery, the service is more likely to resemble the environments in which they were traumatized.

When I began my career in 1985 at an English therapeutic community (Cotswold Community), the organization had a very well-developed model. It wasn't referred to as a model, but a therapeutic approach. The most striking feature for me was that the organizational aspects were fully incorporated into the model. Leadership, role clarity, authority, management, structure and boundary management were seen to be equally important to the 'treatment task' as the direct clinical work with the children. Not only were both aspects important, the relationship between the two was understood to be critical. This can be thought of as the relationship between therapy and management. It can also be reflected in what people sometimes refer to as the relationship between 'business and care'.

A comparison can be made with the task of parenting. Parents of an infant strike a balance between attending to the management of the environment and focusing on the infant's emotional/physical state. Keenan (2006, p.33) referred to Winnicott's conceptualization of these two functions that are both necessary to 'hold' the child,

> The object-mother is the mother as the object of her infant's desires, the one who can satisfy the baby's needs … The environment mother is the mother in the role of 'the person who wards off the unpredictable and who actively provides care in handling and in general management' (Jacobs, 1995, p.49).

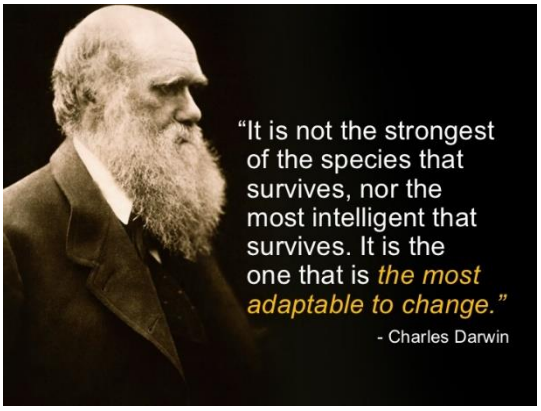
Sometimes the parent may become so caught up with the infant on an emotional level that other issues are neglected, like shopping, housework, paying bills, etc. At other times the parent may be so busy with these things that the infant's emotional cues aren't noticed. Holding the two together is a challenge that ebbs and flows. Unless things become extreme in one way or another, the overall experience for the infant will be 'good enough'.



From this example, it can be seen how all these aspects of the infant's environment are connected to his overall sense of well-being. It would be no use to have emotional needs met within the context of an environment that is not being well managed. The consequences of the lack of management may lead to a deterioration that would cause stress for the parents and potential hazards in the environment, which would impact negatively on the infant. The same applies in organizations. It could be argued that effective management provides the container in which therapy can take place……..It is crucial in the residential treatment of traumatized children that the whole organization and every activity within it are aligned to this work……Confirming the importance of this, Canham (1998, p.69) argued, "...the whole way the organization functions is the basis for the possibility of an introjective identification." The children will internalize not only the relationships they are most directly involved with but also the way the whole organization functions. (The above section has been adapted from Barton et al., 2011)

The balance between the different needs described above and how the potential conflict is managed is a key part of the therapeutic task. Individual needs are always responded to within a context. For example, how are individual needs met within the context of group needs? We do not help children and young people by ignoring the reality of the context, which includes the resources available. We have to find creative ways of meeting needs. For example, a parent with 5 children is going to manage things differently compared to a parent with 1 child. The outcomes for each child are determined by how the situation is managed – by the parents, the extended family and the child's own resourcefulness. In some cultures, the local community has a big role in looking after all the children. Isaac Prilleltensky (2006) argues that wellness occurs in the inter-relationship between the personal, the relational and the collective.

When I began my career, we had a team of 5 care workers looking after a group of 10 children. Nowadays, with the same type of child, it is more likely to be a team of 10 looking after a group of 3. The challenging question in the face of such change is whether the core principles of a model can be sustained?



Whether Darwin actually said that or not it is an important point. Models must be alive and adaptive – they must be open systems and have feedback loops, so they can receive the information they need from all parts of the system. In other words, a model can never become a fixed entity, as one part of the system changes other parts must adapt. It must continuously evolve. For example, a change in the external environment, politically, economically, or professionally will require an adaptation. As with evolution, those that survive are the most adaptive.

My next blog will focus on the specific benefits of having a model.

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Comments

Joanne Prendergast - **Social Care Worker at St Bernard Group Homes, Ireland -** Very informative critique on the aspects of well-intended child care models. The flexibility around areas that create the holding environment is crucial to this very delicate but valuable task.
Andrew Collie - **Organisational Consultant, England -** Thanks for this Patrick. Child care without a model is child care without concern for the child.

MODELS IN THERAPEUTIC WORK WITH TRAUMATIZED CHILDREN - PART 2 (2014)

In my previous blog, I discussed how models develop in childhood as internal 'templates'. By the time a child becomes an adult, he or she will have a way of relating to others based on their 'internal working model'. Once a child is born the parents ideally have some clear ideas about what will be good for their baby, and they also have the capacity to provide it.

We all know from observing and/or being a parent that there are different versions of how to look after children. Usually, our version is based on our own childhoods, what we have learnt in our families. If they have internalized a positive experience of being parented, most parents want to parent as theirs did. If they have not and they haven't been able to acknowledge the difficulties, they may also parent in a similar way and repeat the negative experiences. This is how a cycle of deprivation and abuse continues. Or if they are more in touch with the reality of their own childhood difficulties, they may wish to be different than their parents and bring up their children in a better way. However, even with all the knowledge now available, few first-time parents will have received much formal education on parenting.

Add into the equation that both parents will have had different childhood experiences and will have differences and similarities in their views on parenting. Some difference may be positive because it provides their children with a wider range of qualities. However, too much difference in dealing with basic issues could be too contradictory, unpredictable and unhelpful. Sometimes the parents might not be conscious of their differences until they have a baby, their child reaches a certain age, or particular situations arise. Each stage and event of childhood can have the powerful effect of resurfacing strong feelings in the parents, related to their own childhoods, which they may not have been aware of, or had repressed. On the positive side, how the parents manage their feelings, work together and resolve differences are vital parts of parenting. It provides children a role model on how we can positively cope with difficulties and how differences can be useful rather than harmful.

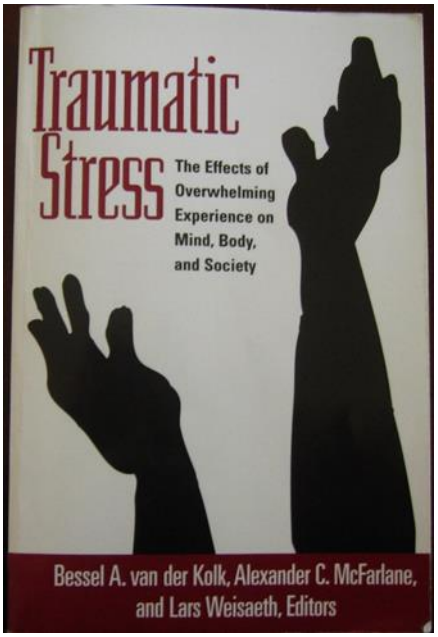
The relevance of parenting is clear when we think of therapeutic models. Whether we are working in foster care, residential care, therapy or teaching, parent-child dynamics will be involved. The task will require that the foster carer, residential carer, therapist or teacher can reflect upon and untangle what is in the child's best interests. One child who was living in a residential children's home complained to me,

> You can tell how each of the carers were brought up because they all have different rules and attitudes at mealtimes.

There is nothing like the way we eat together to highlight differences! In the absence of a clear and agreed model, the carers were doing their own thing based on their personal points of view. There could be 8-10 adults in a team, so the potential for confusion is huge. It can be hard for two parents to provide the necessary consistency for a child, so providing it among a large team is very challenging.

When there is a team working with a child it is especially helpful to have a model. Traumatized children need predictability and consistency, to help them feel safe and to stabilize their emotions. Only once this achieved can they begin to make use of the experiences they need to recover and develop. Without a clear model, chaos is likely to rein. For many years various reports, investigation's, etc. into 'looking after children in care', have found that a clear ethos or philosophy, along with strong leadership are the most consistent factors in positively run organisations that have good outcomes for children and young people. What used to be termed a philosophy of care, is now more frequently referred to as a model of care. Whether we are talking about care, therapy or teaching, having an appropriate model is essential.

A model needs to be based on the best information available for the specific task. For example, if we are teaching an autistic child, the research and theoretical base will be different to that for therapy with a traumatized child. There may be some overlaps but there will also be differences. I had a steep learning curve when I began work with traumatized children and another one when I moved and spent some time working with children who were diagnosed with Asperger's Syndrome. The model that worked with one didn't work with the other. It can be said that in working with any child, we need to be adaptive to each child's personality. For instance, it is now well-known that everyone has different learning styles and therefore different learning needs. But the differences between children with different types of complex needs are especially challenging to adapt to. Bessel van der Kolk et al. (2007) has said that in work with complex trauma a variety of approaches are necessary and,



"Helping people who develop posttraumatic stress disorder (PTSD) in the aftermath of a traumatic experience is a complex process that cannot simply be described like a cookbook recipe."

A model can provide guiding principles, standards, specific techniques, do's and don'ts. But most importantly it should equip the people doing the work with the ability to think within a framework and work things out together. A model provides parameters within which things can be tried and monitored. What works can carry on and what doesn't may need re-thinking or persevering with. Having a benchmark provides a point from which new ideas can be critiqued. If there isn't a benchmark how do we notice how far something is drifting - a bit like walking in the fog, without even a vague marker to keep a sense of direction.

Having a good model on paper is not a guarantee of good outcomes. There are other important factors that will determine success. For example, is the model embedded in the culture, is it understood and do people feel a sense of ownership. It is particularly important that a model is culturally sensitive and considers cultural values, language and belief systems.

In work with traumatized children, as I mentioned in the previous blog, every aspect of the environment and how the different parts work together is vital. Different terms like, integration, congruence, and joined-up have been used to explain the importance of this. A trauma-informed environment is necessary, and this includes everyone who is in any way involved – carers, therapists, teachers, managers, senior executives, administrators, etc. Creating this requires a cultural change because how people think about the children, the task and how they relate to each other is all relevant to the model.

Effective leadership and implementation of a model is a challenging task. To fully establish a strong culture with a clear model can take at least 2-3 years, if not longer. By this, I don't just mean that a model is created on paper, but that it becomes genuinely reflected in the way that individuals and the organisation works. When a model is fully established, it can be recognized by the positive qualities that run through the organisation, with everyone speaking the same language. It will be reflected in the consistent quality of relationships between adults and children and at all levels of the organization. Ultimately the aim of any model is to achieve the best possible outcomes for children, so continually evaluating, learning and adapting must be part of the culture. As I have said, a model is never finished, it is always evolving.

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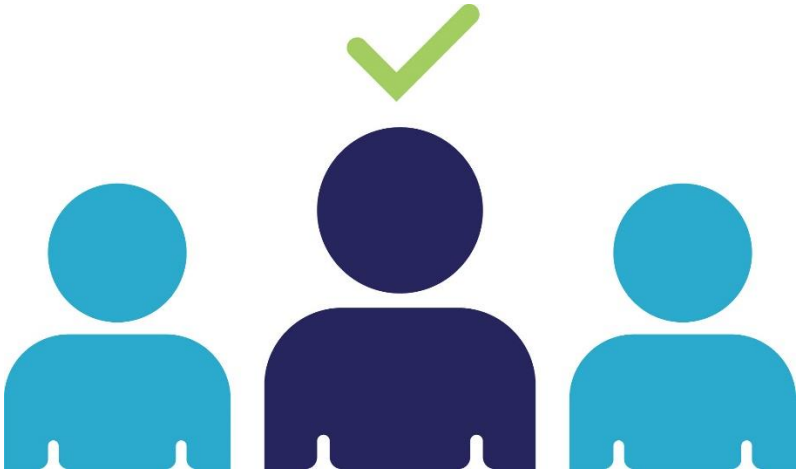
PATRICK TOMLINSON ASSOCIATES (PTA)
PERSONAL and PROFESSIONAL DEVELOPMENT ASSESSMENT (PPDA)
for the PURPOSES of RECRUITMENT and DEVELOPMENT

SENSE OF PURPOSE
PERSEVERANCE
OWNERSHIP (RESPONSIBILITY)
GROWTH v FIXED MINDSETS
SUPPORTIVE/DEMANDING SCALES



INTRODUCTION

The Personal and Professional Development Assessment (PPDA) is created by Patrick Tomlinson for the purposes of recruitment and development. It is based on many years' experience and research into the personal qualities most associated with successful performance and development. The aim is to assist:

- organizations in achieving excellent outcomes in staff recruitment, retention, and development;
- individuals in identifying their developmental needs and objectives to fulfil their personal and professional ambitions.

The assessment is carried out by interview by Skype, etc. Therefore, it is easy and efficient to plan. It takes 1-1 ¼ hours. It can be used in any profession, at any level, - from entry to CEO. It is especially relevant to those involved in demanding and challenging work.

The PPDA can be used to inform decision making on the recruitment of new staff, as well as the promotion or change of role for existing staff. It assesses -

- The personal qualities that are linked with resilience, positive performance, and development.
- Where a person is now in their development.
- The level of demand and responsibility currently capable of.
- Potential in the short to long-term.

Results from the assessment provide important information to consider an applicant's suitability for a role and potential for development. This can also be used to help create an Individual Development Plan. It is anticipated that the consistent use of the assessment in organizations will contribute to significant improvements in,

- ✓ retention
- ✓ reduced absence from work
- ✓ engagement
- ✓ quality of performance
- ✓ development

The assessment areas are informed by research that identifies the qualities most associated with successful performance, resilience, and development. It looks at the candidate's life and work experiences, personal qualities and views on key issues. Each assessment area has its own focus, but also overlap with each other. The areas covered in the assessment are,

- Sense of Purpose
- Perseverance
- Ownership (Responsibility)
- Growth v Fixed Mindsets
- Supportive – Demanding Scale 1 ('Parenting' Style, Personal Development– general approach to one's own development and that of others)
- Supportive – Demanding Scale 2 (Professional Development, People Management)

See **Appendix 1** for Glossary of Terms

ASSESSMENT AND FEEDBACK

There are three parts to the assessment process,

1. Carrying out the interview
2. Assessing the interview
3. Providing feedback

The same interview and assessment are used for all purposes. It may be used for recruitment or development, or both.

Confidentiality All interviews respect confidentiality. Where an organization is involved only the overall assessment results are shared. Any personal content of the interview is not shared except with the permission of the candidate or when it is appropriate to share concerns.

FEEDBACK

There are three feedback options. **Option 1** is feedback to the organization with the overall assessment below. Feedback will be given re suitability for specific roles.

Development Level	Score	Meaning
1		Has demonstrated a high level of resilience and development. Depending on work experience, may be suited to the most senior positions. If relatively experienced has the capacity for significant development.
2	☑☑	Has demonstrated a good level of resilience and development. Depending on work experience may be ready for a management / senior position.
3		Has a good level of resilience. Depending on support needs may be suited to beginning a very demanding and challenging role. Depending on work experience, may have the capacity to be a senior worker in a team.
4		Not ready to take on a very demanding and challenging role. Needs more life and work experience before going in this direction. May be suited to a supportive role within an organization rather than at the 'coalface'.

Feedback **Option 1** is most suited to entry-level positions where there are many assessments to carry out. This summary is emailed to the organization within 1-2 working days.

Option 2 This includes the information from **Option 1** and a full assessment report and recommendations for development (See **Appendix 2**). This can be especially helpful where the development of internal candidates is a part of the process. A ½ hour feedback session is also offered to the candidate with a copy of the report. In this option, the report is emailed to the organization/individual within 3-5 working days.

Costs A full summary of costs is available on inquiry, with any other queries to Patrick Tomlinson ptomassociates@gmail.com Further info @ www.patricktomlinson.com

Patrick Tomlinson Brief Biography: The primary goal of Patrick's work is the development of people and organizations. Development is the driving force related to positive outcomes for all stakeholders. It is closely associated with general happiness and fulfilment, which underpins successful achievement.

Patrick's experience spans from 1985, mainly in the field of specialist residential and foster care services. Beginning as a residential care worker, he has since been a team leader, senior manager, Director, CEO, consultant and mentor. He is a qualified clinician, strategic leader, and manager and author of many publications. He is vastly experienced in staff recruitment, training, and development. He has carried out longitudinal studies and research on staff retention. With one organization staff retention was improved by 60%.

In 2008 Patrick Tomlinson Associates was founded to provide development services for individuals and organizations. Services have been provided to clients in Australia, Japan, UK, Ireland, India, and Portugal, among others.

APPENDIX 1 - GLOSSARY OF TERMS

Personal Development - The way someone has developed over time and his/her potential development. Each person's development is unique with different development styles. Different personal qualities may either promote or hinder development. Personal development is a lifelong process. The development during the formative years has a significant influence on professional development.

Professional Development – The way someone develops and progresses over time in his/her work. Professional development is influenced by personal development and vice-versa. For the purpose of this assessment, the individual's general qualities rather than technical skills are assessed. These qualities are very relevant to how a person progresses professionally in any field of work.

Sense of Purpose – Having a clear view of one's life purpose and commitment to it. A strong sense of purpose is like a vocation or calling. A job or occupation is seen as contributing to a bigger cause that benefits others. Having a clear sense of purpose is strongly linked with resilience and development.

Perseverance - The ability to carry out continuous deliberate practice, to persist and overcome obstacles. Each person's capacity is unique. It can change, grow and develop. Perseverance is strongly linked to resilience and development.

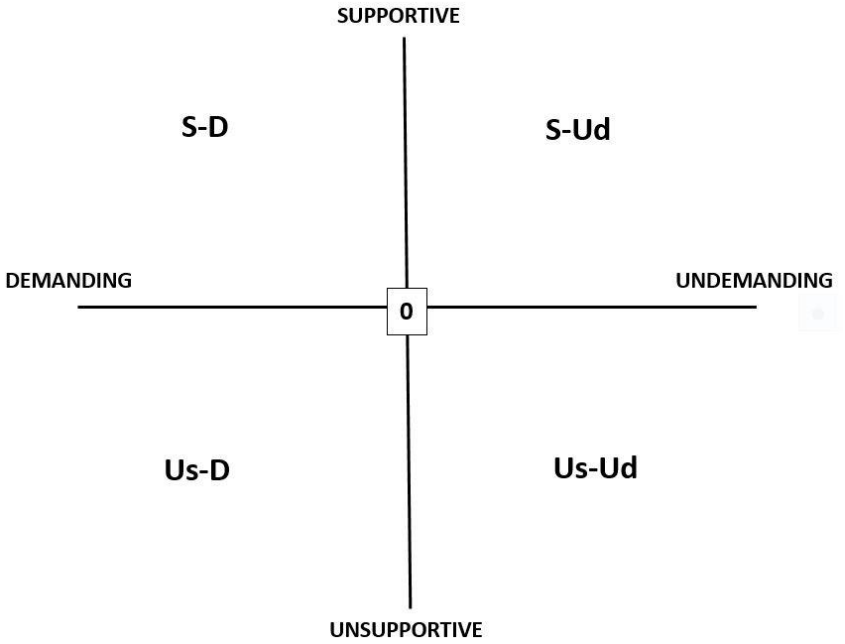
Ownership (Responsibility) – The capacity to take ownership of one's life, challenges and development. People with strong ownership take responsibility for themselves in all aspects of life. They also tend to have a positive outlook.

Growth v Fixed Mindsets – A person's outlook on change and development can be categorized into growth and fixed mindsets. People with growth mindsets tend to believe in the possibility of change at the micro and macro levels – from self to society. They tend to see difficulty as an opportunity. People with fixed mindsets, tend to believe that change is not so likely. People with growth mindsets are more likely to persevere and work through difficulties rather than give up. Growth mindsets are like having an open mind, and fixed mindsets a closed mind.

Resilience - The capacity to sustain oneself in challenging situations. The ability to keep on a positive pathway following setbacks. Resilience is important to continuous positive development. Sense of Purpose, Perseverance, Ownership and Growth Mindsets all contribute to resilience and development.

Supportive – Demanding Scales - Development is spurred both by demands and support. Demands push, focus and stretch a person, while support encourages and enables. It is the balance of the two that leads to optimal development.

Our first experiences of development are as an infant. They are significantly influenced by our parents and other caregivers. This continues throughout childhood and into adulthood. The word parent derives from the Latin verb 'parere' – 'to bring forth, develop or educate'. Therefore, parenting style has general relevance - to work with clients, colleagues, and teams. It is likely that a person has a similar approach to others as they do to themselves. By using a horizontal demanding scale and vertical supportive scale, 4 quadrants are created,



- Supportive-Demanding – **S-D**
- Supportive-Undemanding – **S-Ud**
- Unsupportive-Undemanding **Us-Ud**
- Unsupportive-Demanding – **Us-D**

Supportive means the quality of nurturing development, through encouragement, concern, empathy and positive reinforcement. Demanding means having clear expectations, goal setting, constructive criticism, challenging, holding accountable and a focus on improvement. Research has shown that those who are in the S-D quadrant are likely to achieve the most positive development outcomes. Through experience and practice, it is possible to improve one's development style.

'Parenting' Style, Personal Development – This scale focuses on how a person is likely to approach the development of themselves and others. It is especially relevant to 'parenting' and work with clients. Developing a high level of competence in this area can support professional development and people management. The two scales often overlap.

Professional Development, People Management – This scale focuses on how a person is likely to approach the development of adults. For example, colleagues or team members. It may also reflect a person's approach to their own development. It is especially relevant to progress into management and senior positions. This area of development can be challenging and usually continues to develop many years into work.

Potential Development - This is the pathway a person may aim for. Each person's pathway is different, both in terms of direction and pace. However, everyone has the potential to develop and grow. The starting point is knowing where one is and where one would like to get to. Potential development is usually helped by the support, encouragement, and expectations of others. One's own commitment to development and ongoing perseverance are also key.

Development Plan - An individual's development plan is a way of capturing developmental needs and turning them into focused goals. The goals need to be relevant to the individual's developmental needs and the role that he/she is in. Individual and organizational goals need to be aligned. The plan is agreed between the individual and his/her supervisor/mentor. Usually, a plan looks at the year ahead and progress is reviewed on a regular basis. At the end of the year, it is fully reviewed and a new plan created.

APPENDIX 2 – OPTION 2 FULL ASSESSMENT REPORT

PTA – PERSONAL and PROFESSIONAL DEVELOPMENT ASSESSMENT

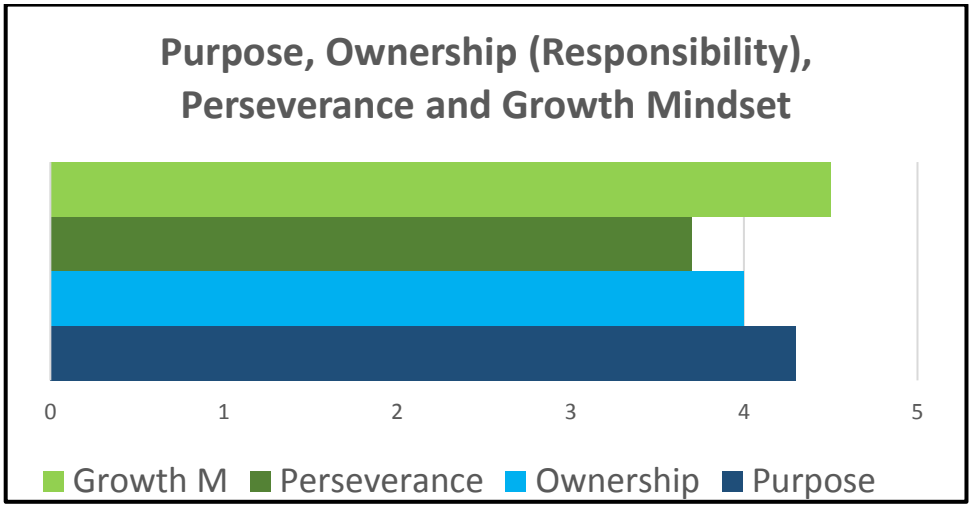
This assessment can be used for considering the suitability of the candidate for different professional roles. It focuses on the candidate's character and development in terms of,

- Sense of purpose
- Perseverance
- Ownership (Responsibility)
- Growth v Fixed Mindset
- Supportive-Demanding scales - approach to the development of self and others

The assessment focuses on characteristics that are associated with successful performance and positive development. It can also be used to inform the candidate's development plan. For a full picture of the candidate's present capability and potential - this assessment should be considered alongside an assessment of the candidate's professional skill set and capability.

Candidate: Jo xxxxx **Assessor:**
Organization: **Int. No.:** **Date:**

Assessment Results



Summary: Jo has a strong sense of purpose supported by a positive change mindset. Her sense of purpose and belief in the possibility of change are clearly connected. This positive philosophy is reflected in her own development, responsibility and willingness to take on new challenges. Jo's perseverance is not quite so strong, and she may lose her focus especially when she feels unsupported. On these occasions, she may appear to take less responsibility for herself.

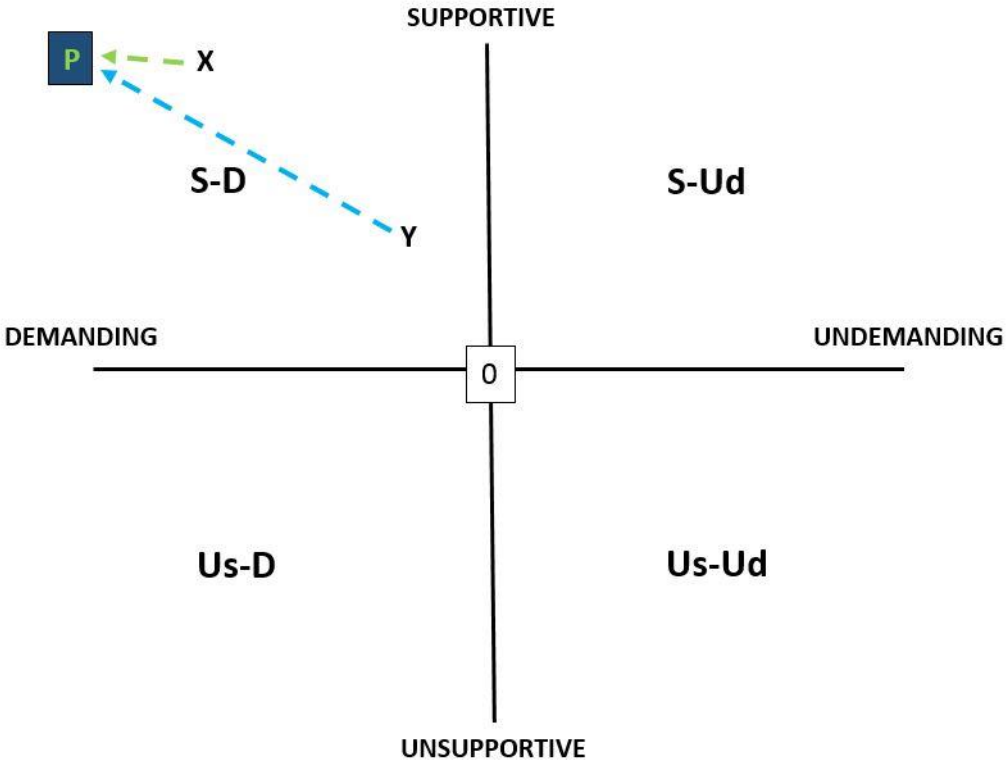
SUPPORTIVE-DEMANDING SCALES

The quadrant that is most associated with positive development is the supportive-demanding quadrant (S-D).

The X and Y on the quadrant indicates where you are now, and the dashed line is the development pathway to optimize your potential development (P).

X = 'Parenting' Style, Personal Development

Y = Professional Development, People Management



X 'Parenting' Style, Personal Development: Jo has a strong style, which is well balanced between a supportive and demanding approach. This means that she understands the need for nurture as well as clear expectations. It is likely that she has a high level of competence in this area and in her work with clients. This may be due to life experiences and practice in work.

Y Professional Development, People Management: Jo has a good balance between supportive and demanding styles. However, there is room for development in both. She tends to be more supportive than demanding. Colleagues and direct reports are likely to find her supportive but may not be fully stretched by her. A focus on this area helps develop the skills to become a successful manager in a challenging environment. Because Jo has developed a positive level of overall competency but is not so high on the adult demanding scale there could be a tendency to stay within a comfort zone.

Overall Summary: Jo's assessment results suggest she is a resilient person with a strong sense of purpose. She has a change mindset and a positive level of perseverance. Though there may be a tendency to lose focus. There may be an avoidance of difficult situations, especially where

she perceives that conflict could be involved. With her strong sense of purpose, she may try to solve problems on her own and over-work. So, there is a risk of excessive tiredness coupled with frustration.

Overall Jo has achieved positive development and a good level of competency. However, in a management role, she may struggle to have a consistent expectation of others. She may struggle to keep task-orientated and holding people accountable.

Jo's assessment results suggest she has the potential to become effective in a management position in the next year or so.

Recommendations for Development

1. To further develop Jo will need stretching in her work. She will benefit from a supportive manager who will keep her on task. Without this, there will be a tendency to drift in her work and development.

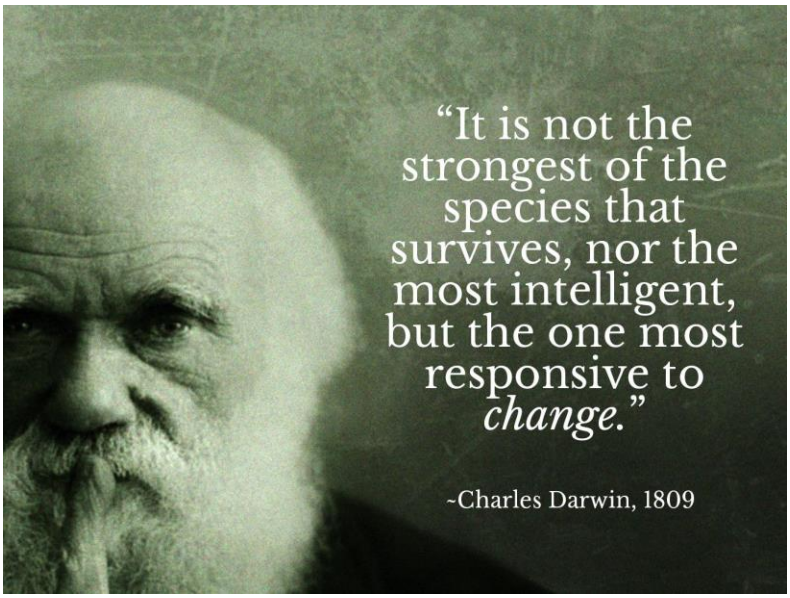
2. As Jo tends to be more supportive than demanding in her work with colleagues, this should be explored in supervision with her manager. It will be helpful for her to identify her concerns and find ways of overcoming her anxiety.

3. It will also be helpful to monitor and regularly review her tendency to over-work and take too much on herself.

4. As part of Jo's development plan, it will help to identify a project where she has to take a lead role in relation to her colleagues. Her progress in this can then be regularly reviewed and worked on. A supportive approach, but also holding her to task will be important helpful.

5. Clarifying her medium to long-term direction will further strengthen her sense of purpose. She is clearly competent in work with clients and could develop as a specialist in this. On the other hand, she also has management potential. Her preferred direction is not clear.

PROFESSIONAL AND PERSONAL DEVELOPMENT – THE WORKER (2016)



This blog is especially relevant to those who work with traumatized children and young people, but also more widely. My 30 or so years of work in services for traumatized children and young people have always had a focus on development. I think of this as broadly meaning growth, expansion and advancement. Development means learning from experience. This can be exciting and also scary. It means change, leaving familiar territory and going into the unknown. All of which we might understandably resist, but which are essential for evolution and survival. As Charles Darwin, is reported to have implied it is not the strongest that survive but those most responsive to change. It could be argued that in our fast-changing world the ability to respond to change and adapt is increasingly important.

This blog is on our own development as a worker. What often gets referred to as professional development, but I think it is far more than that. I include workers at all levels who are involved with traumatized children. Carers, therapists, supervisors, managers, and directors, among others. The next blogs in this series will focus on the development of the child/young person; our colleagues and teams; the organization as a whole; and those we partner with, such as a child's family, other professionals and the local community. I am starting with the worker, simply because for me, my choice to work with traumatized children was my beginning.

My first job was in 1985 as a residential care worker in a UK therapeutic community for 'emotionally disturbed' boys. We lived and worked on a large rural site. 40 boys in groups of 10 in 4

separate houses, based on a farm. The staff and their families had their own on-site accommodation. The setting was like a small village. The tranquility was in stark contrast to the primitive emotions and behaviour that were often part of daily life. To some extent, the environment was an essential antidote.

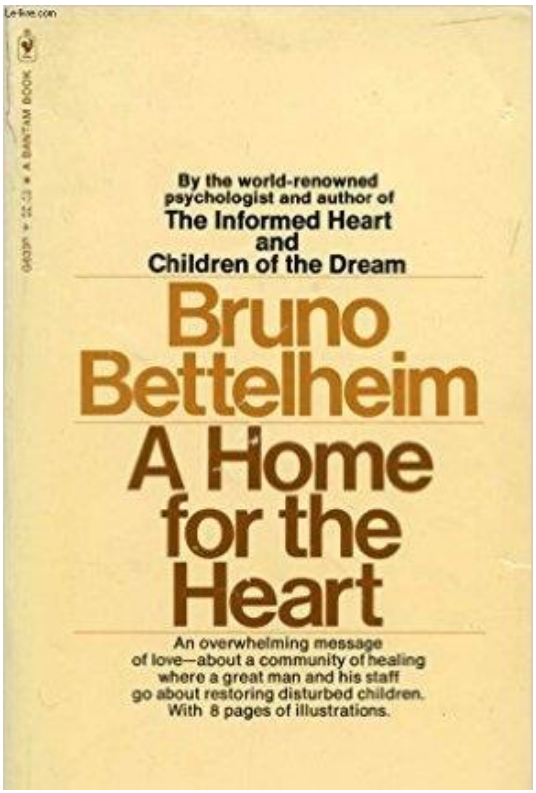
The official hours of work were 7.30 am to 11 pm 5 days a week. One and a half days off each week. I had a Saturday afternoon after 1.30 pm off, and Wednesdays. On workdays getting off at 11 pm could easily turn into 1 am or later. At times we didn't get our time off, due to covering sickness or a crisis. Regular hours were 70 per week, at times up to 100. Going to work there was one of the best decisions I ever made. I am still thankful I was given the opportunity.

I was attracted to doing something challenging helping others, and which I believed would lead to personal change. This possibility was confirmed by most people I talked with on my 3-day long visit, which was part of the staff selection process. The staff I met kept saying, this kind of work will test you, but if you can do it you will learn about yourself and grow as a person. I was already identified with work for disadvantaged children. However, I think the motivating factor was to do with personal change for me and feeling this work might be a way to do it.

I think there are many jobs where we can learn all the time, but not so many which will lead to fundamental change as a person. The kind of occupations that push us to our limits are more likely to do this. Our formative experiences have a major influence on our adult personalities. Working 24/7 with children who keep probing to test who you are and what you are capable of, is another likely catalyst for change. Put the two together and there is a huge potential for growth, both professionally and personally. We find ourselves in a position where it is impossible to escape our vulnerabilities unless we have armour coated skin. Two options that don't take long to surface are – either leave or stay and work through whatever is painful and difficult.

John Whitwell was the Principal of the Cotswold Community for the 14 years I worked there. He captured the centrality of change in a 2011 speech, celebrating the work of the Community,

> The Cotswold Community has been a special place for a lot of people for a long time. Why is it special? ….. It seemed to me that the Cotswold Community supported change. Change for everybody in the place. Change not just for the boys that came here, but change for all the grown-ups. That change was about gaining new insights into the work, but also about becoming more self-aware and also learning new skills. Skills whether they were therapeutic skills, or practical and creative skills as well.



Bruno Bettleheim who was Director of the Orthogenic School in Chicago also wrote about this in his book 'Home for the Heart' (1974). The Orthogenic School was for children with significant difficulties, such as severe autism and childhood schizophrenia. I read parts of his book during my early days in the community. There were a few sections I found particularly interesting.

- Reintegration: The staff member against himself
- Personal Change and Professional Growth
- The Inward Journey

When I started writing this blog, I didn't anticipate referring to Bettleheim. However, I associate him with some of my first insights into the issue of development. So, maybe it is not surprising he has come to mind. Bettleheim's basic premise was this and it is as relevant now as it was then. We go into these extreme work environments because it will meet some of our own needs. We are not likely to be conscious of what those needs are, but we sense the work will be good for us. Sentimental notions of wanting to 'love' children or 'help' a deprived child, on their own will not be enough to sustain our efforts. Hence the well-known phrase 'Love is not Enough' - also a title of one of Bettleheim's books. In fact, many people who do not last long in the work, don't leave because of the children's attitudes towards them. They leave because of their own strong reactions and hostile feelings towards the very children they previously felt so much concern towards. The shock of their own reactions and feelings can be too much to bear. I clearly remember feelings of anger I had never felt before in my life. The children were experts at finding our 'Achilles heel' and 'buttons to push' that we didn't even know we had.

> It isn't so much the patient's actions or feelings against which the staff need to protect themselves, but mainly their own. (Bettleheim)

I'm talking about very difficult children here, who will often attack you, emotionally, verbally and physically and reject everything you offer. They will also behave in a chaotic, unpredictable, bewildering and often dangerous manner. If all of that goes on consistently, for days, weeks and even months it is challenging to the extreme. Thankfully it doesn't go on forever, though it can feel like it. These children need to push those who care and work with them to the limit. Only then and if you survive and carry on, without retaliation will they begin to trust and potentially heal. Tolerating one's own feelings and reactions is sometimes the best we can do. At least this is better than hurting the child, which may have been common in his/her history.

2nd part of the premise. When we are faced with such consistent attack, rejection, and hostility, our defences, which were good enough to help us survive in ordinary circumstances, begin to disintegrate under this emotional and physical onslaught.

3rd Part - we feel extremely vulnerable, frightened, overwhelmed and confused. Support is critical here. The worker may be in emotional turmoil, which is a normal reaction to a highly stressful situation. Those providing support need to have the confidence and experience so that they too don't become anxiously reactive. Emotional disintegration can be catching. Any organization that provides foster or residential care or any other service to children who have complex trauma must meet this onslaught on the staff, with an equally powerful support. If not, people are likely to get really hurt and not everyone will stay. Either staff or children will leave, or both. I think the same also applies to other related services. The support can be in different forms - training, supervision, mentoring and consultancy, and directly in the work situation. It is essential that time and space to think about the work is provided.

4th part. With defences disintegrating, we can begin to feel and see what's underneath. This provides the potential for learning and growth. Why did a particular incident make us so upset? We begin to make connections, sometimes with events we had completely forgotten. What we remember of our childhoods begins to become more complex, but also more accessible. This 'inward journey' as Bettleheim called it could take many years, usually a minimum of 3.

5th part – re-integration. This is when the unintegrated parts of our personalities begin to become integrated. It is interesting that this concept of integration is now one of the main themes of trauma recovery work. With reintegration, our personality grows. Our narrative becomes more coherent and now includes experiences, sometimes painful, which we were not fully aware. The unconscious and unintegrated past may have made itself known in ways outside of our control. Like an unpleasant repetition, we couldn't stop. For example, a physical symptom or pattern of behaviour.

There is not an end to this process of integration. It carries on, just as new experiences continue. But just as in the way the first 3 years of life are so influential on the rest of our development - the first 3 years of intensive work with severely traumatized children have a similar long-lasting influence. For some people, if they get that far, the 3-year cycle is enough. Change has happened, and it is time to move on. For others, different reasons for continuing can be found. Whatever route we take, our development is central to our well-being. I learnt from Martin Willis (2001) on a training event related to strategic leadership and outcomes - the three key outcome areas for human well-being are **safety, happiness, and development**. Development is important to all of us – for those who work with children who have complex trauma, it is a necessity. Bettleheim said in 1974 and I agree with him,

> Such re-integration around the patient seems to have a near miraculous effect. Actually, what is involved in the process makes understanding it quite readily

> comprehensible: the worker's integration often induces a parallel process in the patient.

Though he uses the terms patient and worker, I think the same also applies in more familiar and less institutional settings, such as a foster home. There are many routes to development. I am not advocating that experiences like mine would be good for everyone, though it was for me. Those extremely challenging years laid a foundation that I continue to value, use and build upon. There were also many enjoyable times, wonderful shared experiences, fun and humour. The children had great character and are unforgettable. I am glad to still be in touch with a few as adults, 25 or so years later. The therapeutic community I joined had developed a congruent therapeutic model. The support that I was able to make use of was excellent. I had high-quality people around me - colleagues, managers, senior staff and consultants. Maybe the culture allowed their quality to develop and shine through? No one person created the culture, but we all, including the children, had the space to contribute. Without this everything could easily have disintegrated into a complete mess. At times it felt like it was. Many young people, whose lives were not destined for good outcomes did very well. Some didn't and the same could be said of the staff. There are probably many who have mostly negative memories. But many also who have gone on in their work, to achieve on the foundation of this experience.

We cannot overlook the central need for the professional development of all those who are involved in such challenging work. We might call it professional, but in a job that is so personal, there isn't a neat way of separating the two. For example, if a carer is to not be punitive towards an 'ungrateful' child, she might first need to understand her resentment towards her parents who constantly told her she was ungrateful. However, our need for development needs to be manageable within the context of the primary task – enabling children to recover. Too much baggage might really be too much. Some baggage, like the 'wounded healer' might give us the motivation we need. There is a fine line here and it is one of the central struggles of the work.

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THINKING ABOUT COMPASSION FATIGUE, VICARIOUS TRAUMA, SECONDARY STRESS AND BURNOUT (2019)

I was asked by a Health Care Professional if I thought that the terms compassion fatigue and vicarious trauma were still contestable today. I was thankful for the question and wrote a blog on it in 2015. My experience and research since then have led me to develop it.

Up until relatively recent decades, it had been contested whether exposure to armed combat and other seriously threatening situations is a definite cause of PTSD. During the last century, other concepts were put forward as an explanation, implying that a weakness of character, a nervous disorder, a 'fragile heart' and even malingering as the more likely causes. In some cases, the malingering concept was used to justify the withdrawal of financial benefits to war veterans. It was argued that the benefits were fueling the problem.

Therefore, the idea that a person may experience compassion fatigue or vicarious trauma, as a result of 'merely' working with people in need would inevitably be contested. However, there now seems to be a general acceptance that the concepts are a reality that needs to be taken seriously.

Compassion fatigue, secondary stress, and vicarious trauma clearly imply being involved with people, whereas the more general term burnout can be applied to many situations. For example, truck drivers are often under significant stress, which may lead to burnout. On the one hand, they may feel pressure to put in the hours and miles but are also often worried about being away from family and home. It is an isolated kind of job. On top of that, they may witness traumatic events on the roads they travel (Balay and Shattell, 2016). Therefore, they may also be vulnerable to secondary trauma and may have no-one to discuss it with.

A few years ago, I was watching a market trader selling meat. Instead of the usual humorous sales banter, he started throwing meat out at the gathered crowd and ranting that he hadn't had a holiday in years and had to get up at five every morning. This behaviour fits with burnout, which includes qualities such as lethargy, depression, and cynicism – it is more than simply being exhausted.

Compassion fatigue, vicarious trauma, and secondary stress are typically related to those who have a role in working with and caring for others who are suffering. Compassion fatigue may be related to roles such as being a care worker for the elderly or a doctor. Figley (2015) refers to it as the natural, predictable, treatable, and preventable unwanted consequence of working with suffering people.

Vicarious trauma is more related to working with people who have suffered trauma. Bloom (2003) describes it as the cumulative transformative effect on the helper of working with survivors of traumatic life events. The symptoms of vicarious trauma are like those of PTSD.

Whereas vicarious trauma is cumulative, secondary traumatic stress can happen quickly in relation to a traumatic event happening to another. It could be caused by the severity of the situation and/or a personal trigger. Bloom (2003) says it is the,

> …natural, consequent behavior and emotions that result from knowledge about a traumatizing event experienced by another and the stress resulting from helping or wanting to help a traumatized or suffering person.

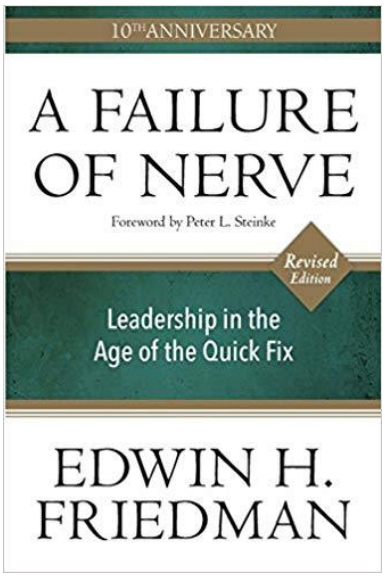
Again, the symptoms are almost identical to those of PTSD. The symptoms of PTSD include disruptions and distortions to a person's view of the world and themselves. He or she may experience a loss of identity and view the world and those in it as more dangerous and malevolent, untrustworthy, exploitative, or alienating. While we can agree to the reality of these four concepts, the specific language we use frames the problem in a certain way, influencing how we understand and respond to it. A term like 'compassion fatigue' is one way of saying something about a situation. It is a metaphor, but on its own does not explain everything involved.

It is incontestable that people have an impact on each other for better and worse. If someone spends most of their working day engaged with people, the needs and moods of those people can have a huge impact. Spending a few minutes with a highly distressed, hyper-vigilant traumatized person can quickly 'get under one's skin'. As can spending time with a depressed, withdrawn person in a different way. It may even be a necessary part of the work that the 'other' is able to get under our skin. Some young people I have worked with would carry on with their difficult behaviour until they knew they had got through and made an impact. Otherwise, their sense of insignificance and worthlessness would be affirmed. Getting someone angry or upset at least meant being alive and visible, rather than insignificant and invisible.

It is how the impact is responded to that is the critical issue for all involved - the worker, 'client' or other and the wider context, family, team, organization, etc. If we use the term 'compassion fatigue', it suggests that the problem is caused by compassionately giving too much to others who are therefore implied to be demanding. The term creates a focus on the demands involved, like there are too many people to look after, or maybe the caseload is too big?

However, as in all demanding, stressful and potentially threatening situations, people respond differently. It may turn out that one person who has 'compassion fatigue' has been neglecting their own needs, maybe out of guilt or a lack of self-worth? There may be many different reasons. Looking at the problem from this angle, a term like 'Self-Neglect Fatigue' could be used. This would focus the issue more on the person suffering the fatigue and how he or she is managing. However, this focus could feel persecutory and unhelpful, especially if the person felt blamed.

Every person also has their unique defence mechanisms and levels of resilience. This is very significant to how a person responds to stressful situations and what can be managed. Some defence mechanisms may be helpful, enabling a natural protective response. Others may be less helpful leading to reactions that need to be managed. The important thing is that a person develops an awareness of their own tendencies and brings them into consciousness. This will help make responses and reactions more manageable and less likely to add further stress to the situation (Khaleelee and Tomlinson, 1997).



Friedman (1999) claimed that the empathetic focus on the other is unhelpful when it leads to a neglect of one's self and own needs. He argued that the focus on the other and his or her feelings, not only shifts attention away from what one needs for oneself, but also often removes a sense of responsibility from the other. This may undermine resilience, making matters worse.

Continuing with this theme, he argues (2008),

"I believe it is the focus on empathy rather than responsibility that has created the incredibly stress triangle in all the helping professions whereby the motivated person winds up responsible for another (client, staff person, or family member and their problem. This is the real source of burnout, not hard work."

From Friedman's perspective, therefore, burnout is more about the position one takes in relation to a situation or task, rather than the task itself or the amount of work involved. For example, when we get caught up in the role of savior or rescuer. Not only have we taken a position that is not likely to work, but it may also become part of a cycle of deterioration for all involved. Victim-Perpetrator-Rescuer dynamics are a recipe for burnout and compassion fatigue.

Compassion can be understood as, to feel or suffer with. If anyone spends a lot of time with those who are suffering, an important question is how much suffering can be borne. Apparently, when the 14th Dali Lama was asked how he managed to be in touch with so much suffering in the world, he said, in glimpses. I am not certain he said that, but it is an important point. In other words, compassion needs to have limits put around it. A person who is overwhelmed by compassion is not much use to anyone.

> Givers have to set limits because takers rarely do (Irma Kurtz, 2003).

A friend in the air flight business, gave me the example anyone who flies on a plane will know. In the safety briefing, passengers are told that before fixing the oxygen mask on anyone else, including your own children, make sure yours is fixed first. In other words, we need to look after ourselves if we are to be of any use to someone else. This can seem counter-intuitive, the natural reaction of a parent is often the other way around. The same can apply in the 'human services' where it might feel that self-care is somehow equal to neglecting the other, whose needs might seem overwhelming in comparison. Cultures based on guilt, self-sacrifice, and martyrdom can become dominant. Friedman says there is more to it than putting one's own oxygen mask on first,

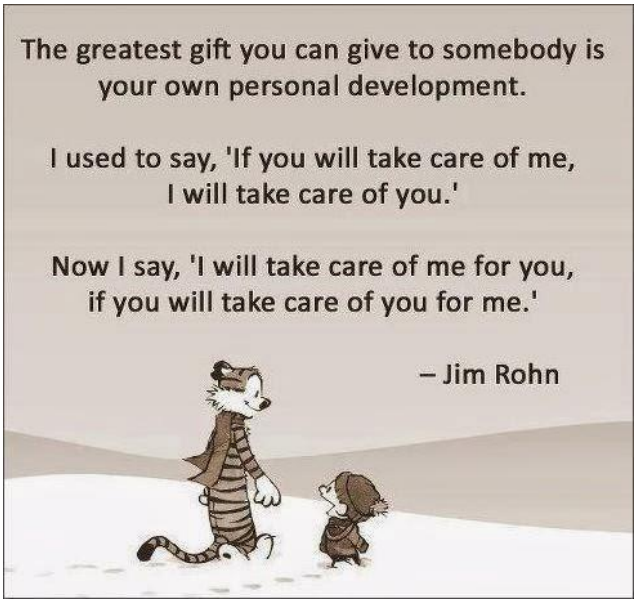
> This is not merely a matter of putting one's own oxygen mask on first. It has to do with leaders, (or parents or healers) putting their primary emphasis on their own continual growth and maturity……the focus on empathy, because it encourages primary emphasis on others, subverts the nature of that self-differentiating process.

In some cases, compassion may not be the most helpful ingredient. In the case of parenting, he argues,

> Parents cannot produce change in a troubling child, no matter how caring, savvy, or intelligent they may be, until they become completely fed up with their child's behaviour.

Being completely fed up with a child doesn't sound very compassionate! But as Friedman says there are times when it may be necessary and helpful. An excessive focus on compassion may well lead to compassion fatigue. Having compassion should not exclude having boundaries, expectations and holding someone accountable for their own actions and responsibilities.

Similarly, in the way it orientates our focus, the concept of self-care may also be unhelpful. It could be taken to mean that we enter demanding situations and then look after ourselves afterward and in-between. Make sure we eat well, exercise, enjoy relaxing activities, etc. These are all important but not more than how we manage and develop ourselves in every aspect of our life, including the demanding situations we are in.



Self-management may be a more useful focus than self-care. For example, how do we respond to a challenging young person? With a focus on empathy and/or an expectation of responsibility? In general life, how do we consider our ways of responding? How do we healthily assert ourselves? How we manage ourselves is a critical factor in preventing burnout, compassion fatigue, vicarious trauma, and secondary stress. Friedman goes as far to say,

"That all leadership begins with the management of one's own health."

And when Friedman refers to leadership, he uses the phrase "from parents to presidents".

Like Friedman, Menzies Lyth (1979) argues that management must be clear about task, roles, and responsibility. When this is done effectively, workers can experience the satisfaction of doing their job well. It is better to achieve a realistically defined task rather than continuously fail at an impossible task. It could be argued that one of the contributions to compassion fatigue and burnout is unrealistic framing. Wanting and aiming to do more for the other than is possible. It can be exhausting and demoralizing to feel that one has never done enough. There needs to be a well-defined match between what is to be achieved and the resources available. This is true for organizations and individuals. Being realistic in this way might even feel as if it is uncaring and lacking compassion.

Menzies Lyth argued that this is especially a major challenge for managers and workers in the human services. The feelings involved in the work can lead to a lack of authoritative management. The very real painful issues that are often involved in working with people who are suffering can also lead to unconscious defensive responses. These defence mechanisms, whilst protecting against anxiety and emotional pain, necessarily also avoid and distort the real issues. Therefore, to prevent this from becoming unhelpful to everyone there must be a quality of support available that makes the pain bearable.

There are always three variables involved in the issues we are thinking about – the event(s), the environment (home, family, work, community, society) and self. Self is the one variable that we are most responsible for and can do most about. That doesn't mean we don't need the help and support of understanding others. However, we do need to have a strong sense of self-management and development.

As well as each person being different, each situation is also unique. The environment a person is in will have a big influence on how he or she experiences whatever takes place. Leadership

and support are key factors in any environment. The psychoanalyst Wilfred Bion worked in a therapeutic community for soldiers having difficulty in resettlement following WW2. He said that whether a soldier developed panic in battle, depended on how the battle was managed. Trauma is in the system not the event. The system includes the individual and everything he or she is related to, directly or indirectly.

Borjanić Bolić (2018) in her research on residential caregivers provides evidence that these systemic issues, such as quality of leadership, support and training are all related to the likelihood of individuals developing burnout, etc. They affect morale and positive morale is a protective factor. She argues that qualities such as engagement and 'compassion satisfaction' are protective factors. Interestingly, she found these qualities or the absence of them were more significant in relation to burnout than the number of years worked or the level of a person's responsibility. While the absence of these qualities could also be a symptom of burnout, it makes sense that where people have high levels of engagement and satisfaction, they are also likely to be more resilient.

These findings are supported by research in other helping professions. It is therefore important to develop cultures where people feel valued and are helped to find meaningful satisfaction in their work. To facilitate work engagement Bolić highlights the importance of,

- providing access to support, training, supervision (individual and group) and reflective practice
- creating opportunities to use skills
- instilling a sense of control
- setting clear goals and expectations
- introducing variety and diversity to work roles
- providing sufficient pay
- maintaining physical safety
- helping staff feel valued

I would add debriefing as a particularly important process following difficult incidents. Where trauma is involved the support will need to be intensive, specialized and focused on the complex issues involved. The aim is to provide a space where the difficult experiences and feelings involved can be expressed, reflected upon, processed and made sense of. Working on the meaning a person attaches to an event is a vital part of the process. As Van der Kolk and Newman (2007) state,

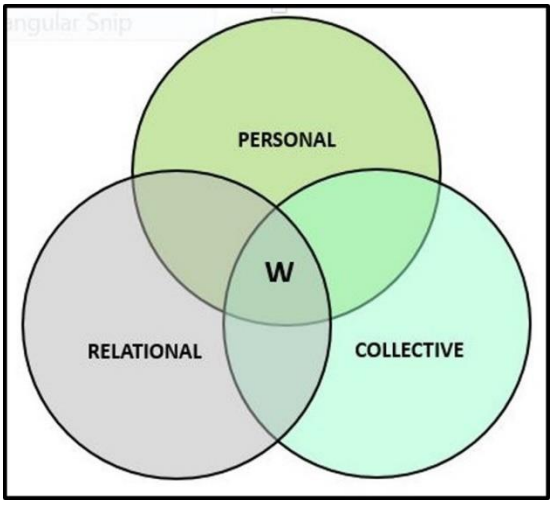
> So, although the reality of extraordinary events is at the core of PTSD, the meaning that victims attach to these events is as fundamental as the trauma itself.

These principles related to support are likely to be helpful in any work environment. This highlights the issues of leadership, management, culture and support as key factors in the development of compassion fatigue, vicarious trauma, secondary stress, and burnout. In this sense, we could replace those terms with, 'Lack of Support Fatigue' or 'Lack of Leadership

Fatigue', etc. These terms would create a focus more on the context, professional support, organization culture, family and friends. This may be more helpful if one considers burnout for example, as a symptom related to a systemic problem. Our approach, therefore, might be more focused on fixing the environment and not just the individual. Highlighting the importance of the system or *network* Van der Kolk (2014) claims,

> A good support network is the single strongest protection against becoming traumatized

It is the interplay between all these factors I have discussed that needs to be understood and worked with. I think we do need to be aware of how language tends to frame how something is understood and thought about. A helpful way of thinking is one that encourages everyone to acknowledge the situation, consider its roots and take appropriate responsibility. A narrow approach might lead to a tendency to shift the responsibility in one direction, i.e. onto the client, the worker or the organization; or the child, the parent, the family or the community. As Isaac Prilleltensky (2006) has argued,



"There cannot be well-being but in the combined presence of personal, relational, and collective well-being."

When understanding is too narrow the more likely it becomes contestable. Today, it cannot be seriously contested that in virtually any workplace, the nature of the work experience is a key factor in the worker's overall well-being. If awareness of this is maintained, and we keep an open mind on the contributing factors, rather than leading to vicarious trauma, secondary stress, compassion fatigue or burnout - the stresses and challenges involved can lead to personal/professional growth and development. Compassion satisfaction rather than fatigue is likely to be more common.

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Comments

Traci Cimino, Social Worker/Consultant, Canada

Patrick thanks for highlighting the importance and influence of language. Your use of 'Lack of Support Fatigue' seems more encompassing, or at least less narrow. There is no inherent assumption on where the "lack" is coming from therefore allows for a more open exploration.

Sujata Jayaprakash, **Co-Founder of Kites Global & Manager Caring for Carers in Residential Homes, India**

Thank you, Patrick, for sharing this article. It is so, so important and crucial before things get critical. In our work with caregivers in India, we have been emphasizing self-care and have started talking about Vicarious Trauma as part of our training and have introduced EQ group therapy for caregivers in homes, a skill that changes everything.

Janey Kelf, Training in Art Therapy, Australia
Yes, good article helped me as now Oxygen mask could stand for yoga, fun with friends, a swim a nothing day for rest and relaxation filled with yummy food and nothing that must be done...

Clodagh King, Programme Manager, Carmona Residential Services, Ireland
Great piece- insightful. I am sure that staff working directly with individuals will be happy to have this quite simply recognised and affirmed. Delighted your blogger's block has come undone...

Neil McMillan, Head of Service (Independent Child Protection Consultant), Scotland
Nice piece. I liked the airline metaphor. With staff I often use the lifesaving metaphor for self-care, 'don't jump in to save a life when you can't swim’.

Patrick Tomlinson
Thanks, Neil - early in my career our clinical consultant at the time, Barbara Dockar-Drysdale told me when I was wondering if I could survive the extremely testing behavior of the young people - 'sometimes the most important thing you can do is to survive and be there the next morning'. It was good advice and seemed manageable! It was also an empathetic response as I didn't feel that much else was possible.

THE LEADERSHIP OF ORGANIZATIONS PROVIDING SERVICES FOR TRAUMATIZED YOUNG PEOPLE (2015)

If a leader needs people who can think about difficult problems, it is no use simply telling them what to do.

> The leader of the organization is often between a rock and a hard place. Like Janus, the Roman God of gateways, sitting on the boundary of the organization with one eye looking out and one looking in – both views can seem equally challenging and hopeless. (Barton, Gonzalez and Tomlinson, 2011)

Rudy Gonzalez, Executive Director at the Lighthouse Institute asked me if I would write this blog on leadership (http://goo.gl/eoadFw). For over 20 years, Lighthouse who are based in Melbourne have provided a service for young people who have experienced homelessness. This is an achievement of leadership. I feel privileged to be asked to write on the subject and it didn't take me long to realize I could only scratch the service. I will mention some important aspects but leave out much more. Even so, this blog will be longer than usual!

Services for traumatized young people, as well as adults, are fraught with difficulty. Partly because of this, their history is one of controversy, sometimes including cases of abuse and scandal. We know that preventing the re-enactment of trauma is a challenge. It is a sad fact that just as in a family, where those who are supposed to protect and nurture children can end up abusing and traumatizing them, the same can also apply to organizations that are supposed to help the traumatized child.

Therefore, there has been a strong need over recent decades to try and discover what works and what doesn't (see Clough et al., 2006). Can we identify the factors that are most likely to correlate with positive compared with negative outcomes? The UK has had numerous Government initiated investigations into the 'Care System' for children and young people. Often these have been reactive, following the exposure of child abuse. The Warner Report in the 1990s identified two factors that correlated with positive outcomes for children in residential care. These are having a coherent philosophy of care and strong leadership.

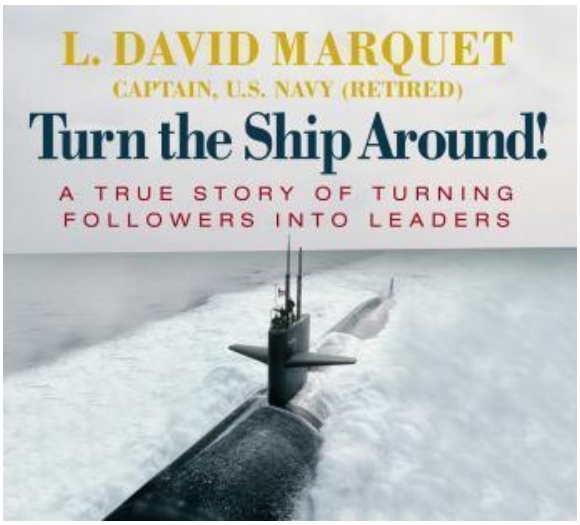
Given the challenge of leadership in such organizations and the identification of its importance, it is surprising how scarce the writing on it is. Although, I may have missed a few publications I can think of very little. There are many publications about work with traumatized young people. Some of these have excellent sections on leadership, but there are few specifics about leadership. Adrian Ward's recent book, which I refer to later is an exception. In the wider world, leadership must be one of the most written about subjects. I believe that leaders of organizations who serve traumatized young people would be very well placed to contribute. There could be little else that is so complex and challenging, and such rich ground for learning about leadership.

From the start of my career in 1985 in an English Therapeutic Community (The Cotswold Community) for emotionally disturbed boys, I soon learnt the importance of leadership. At a basic level, effective leadership could mean the difference between chaos and an appropriate level of stability. The difference between the two could mean: getting children to bed and asleep by 10 pm, compared with 3 am; having a satisfying day with young people compared with being physically assaulted and injured; feeling supported and understood, compared with feeling isolated and misunderstood or not even valued.

We had homes with 10 boys in each, a staff group of 5 and worked 60-70 hours (or more) per week. Each home manager reported to a senior management team of 4 people. I guess that on average 50% of home managers didn't last more than 1-2 years. Leaders had to be resilient and create a sense of safety for the staff team and young people. From its beginning, in the late 1960s, this community had consultancy from the Tavistock Institute of Human Relations. The 'Open Systems' theory developed at the Institute had an emphasis on issues related to role, responsibility and authority, and how these related to the primary task. This helped me to realize that the way a leader worked was as important as achieving successful short-term results. Short-term results can be achieved in ways that are not always helpful in the long-term.

For example, in any organization that works with traumatized young people, there will be an inevitable desire for a day without too much drama. The kind of difficulties experienced in these organizations can be extremely anxiety-provoking with high levels of risk. However, preventing the drama can be achieved in ways that are not congruent with the primary task. Some leaders do create order that feels safe. However, they might do it in a way that is based on the power of their personality and which creates dependency. Everything seems fine as long as they are present. The dependency on the 'powerful' leader might stifle the development of the staff team and more importantly the recovery of the young people.

Short-term gains can be sacrificed for long-term ones. How should a leader be evaluated in terms of effectiveness? I think it is important to consider success while the leader is in the post, but also what happened after the leader had gone. Had the leader established a way of working that could be sustained after his/her departure? Had the leader created a culture in which new leaders emerge? For the personality-driven leader, a collapse after his/her departure can even be gratifying. It may feel like confirmation of how good and indispensable he/she was. Some organizational cultures encourage a focus on the short-term and only reward leaders on that basis. Therefore, there may be little to encourage a leader to take the risk of devolving responsibility in others.



Recently a colleague recommended a book on leadership - Turn the Ship Around! A True Story of Turning Followers into Leaders, by L. David Marquet (2012). While Marquet talks of running a nuclear submarine the essence of his story is remarkably relevant to leadership in the organizations I am talking about.

In some ways, his challenging messages are even more powerful, because no-one can doubt the risk of operating a nuclear submarine, during a war, with over 100 people on board. Yet Marquet says things, such as,

> Our greatest struggle is within ourselves. Whatever sense we have of thinking we know something is a barrier to continued learning. (p.1)

> Resist the urge to provide solutions…. despite the time it would have taken, I should have let my officers figure things out. (p.91)

And,

> When I, as the captain, would 'think out loud,' I was in essence imparting important context and experience to my subordinates. I was also modelling that lack of certainty is strength and certainty is arrogance. (p.106)

This reminds me of the concept of Negative Capability coined by the poet John Keats back in 1817. Keats described negative capability as the art of remaining in doubt *"without any irritable reaching after fact and reason" and "the willingness to embrace uncertainty, live with mystery, and make peace with ambiguity"*.

The British psychoanalyst Wilfred Bion elaborated on this, describing negative capability as the ability to put aside preconceptions and certainties, and tolerate the pain and confusion of not knowing. Bion also knew about leadership in challenging circumstances. By the age of 21, he had been promoted to Captain of a tank section fighting in World War 1.

More recently the child psychotherapist and psychoanalyst Adam Phillips (2013) in discussing parenting has said,

> .... that the parents, the authorities, are at their most dangerous when they believe too militantly that they know what they are doing.

So, the thoughts of a poet in the early 1800s, which have been embraced by the world of psychoanalysis also provide an effective principle in the leadership of a nuclear submarine. In all these cases, 'not knowing' doesn't mean doing nothing. It means acting when we have given time and thought to the problem. 'Being with' the problem is doing something. Where

possible it also means involving others. It also means being clear about people's competence, so we have a realistic sense of what can be asked of them and when we need to 'take charge'. As Marquet (p.128) states, 'control without competence is chaos'. However, when we jump quickly into action with a sense of certainty it may well be that we have defended ourselves against the real difficulties involved. Not only is there a significant risk of mistakes, but we have also deprived others of an opportunity to contribute. Marquet explains,

> How many times do issues that require decisions come up on short notice? If this is happening a lot, you have a reactive organization locked in a downward spiral. When issues aren't foreseen, the team doesn't get time to think about them; a quick decision by the boss is required, which doesn't train the team and so on. No one has to actually think through the issue, (p.92)

Steve Covey who writes the forward for Marquet's excellent book, states,

> We are in the middle of one of the most profound shifts in human history, where the primary work of mankind is moving from the Industrial Age of 'control' to the Knowledge Worker Age of "release." As Albert Einstein said, 'The significant problems we face cannot be solved at the same level of thinking we were at when we created them.' They certainly won't be solved by one person; even, and especially, the one 'at the top.' (p.xxi)

This approach to leadership means a shift from a top-down leadership-follower to a less hierarchical leader-leader model. This is also reminiscent of what has been described in the world of therapeutic communities as a 'flattened hierarchy'. This approach can greatly encourage the development of authority and responsibility throughout the organization and most importantly in the young people. Menzies Lyth explained (1985, p.239),

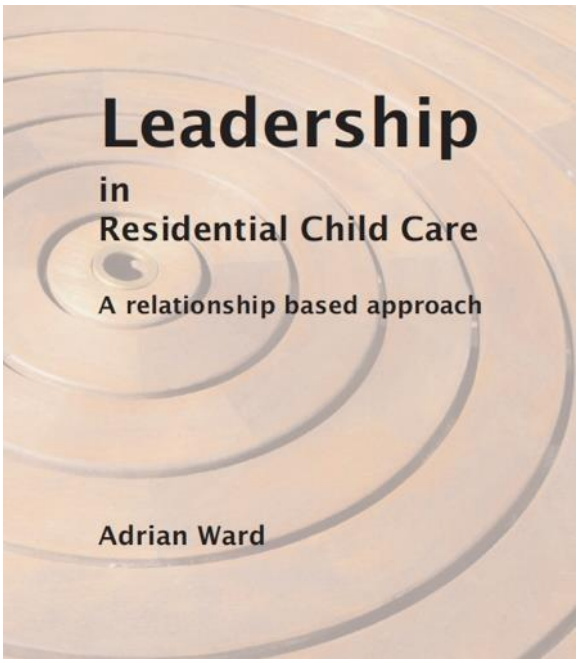
> It is in general good management practice to delegate tasks and responsibilities to the lowest level at which they can be competently carried out and to the point at which decision-making is most effective. This is of particular importance in children's institutions, since such delegation downwards increases the opportunity for staff to behave in an effective and authoritative way, to demonstrate capacity for carrying responsibility for themselves and their tasks and to make realistic decisions, all of which are aspects of a good model.

About 15 years into my career I studied for an MA in Therapeutic Child Care. Adrian Ward was the course leader and along with his team provided a model of leadership through the way they ran the course. The training was experiential, and we learnt from this as much as from anything we were 'taught'. All our days at the University began and ended with a reflective group meeting. Ward (1999) has referred to this as the 'matching principle'. The mode of training must match or reflect the mode of practice. The way the course was provided matched key elements of what we needed to provide traumatized children. The same can be argued to

apply to leadership. If a leader needs people who can think about difficult problems, it is no use simply telling them what to do.

The leader of services for traumatized children is not just someone who will help the organization achieve results. Unlike many other businesses, industries and professions the way that he/she does this is of direct relevance to the service user. Traumatized young people have suffered a kind of authority that has been central to their difficulties. Those in positions of authority and power, instead of looking after them, in many cases abused, neglected and exploited them.

The leader represents an authority figure with specific meaning to traumatized young people as a parental figure. The way the leader does things will set the tone for the culture of the organization. Even if the young people don't experience much of the leader directly, they will experience him/her indirectly through the culture. Traumatized young people, like all traumatized people, have experienced a loss of control and a sense of helplessness. Therefore, leadership needs to be sensitive to these issues and encourage a culture that promotes self-control and choice. Trauma also often involves the violation of personal boundaries. Therefore, attention to and respect of boundaries is especially important. Trauma causes mistrust, so establishing trust is important. Denial and 'turning a blind eye' are often the defensive responses to trauma, so it is important to pay attention, listen and hear. All of this can only happen within the context of meaningful relationships. It could be argued that the way leadership is exercised provides young people with a template for healthy relationships.



To conclude by tying a few threads together. Adrian Ward (2014) who I mentioned earlier, published a book on leadership last year. The well-respected researcher and author on residential care, James Anglin, in his recommendation of the book, called it an 'Instant Classic'. As the title suggests, Ward's book has an emphasis on relationships. Childhood trauma takes place within a relational context and one of the central elements is attachment difficulties. There is a vicious circle. The lack of attachment makes a child more vulnerable to trauma and trauma causes attachment difficulty. Therefore, the culture of an organization for traumatized young people must be one where relationships are central. Therefore, the culture needs to be both Attachment and Trauma-Informed. The leader in this context becomes a role model for the culture of relationships within the organization. This will influence the way everyone relates to each other, including the relationships with and between the young people.

As with Marquet in 'Turn the Ship Around!', Ward also urges that rather than being a problem fixer and someone with the answers, the effective leader works alongside others to find solutions. It is not that a leader shouldn't have solutions, but he/she should resist the urge to jump quickly into that role. While the leader is ultimately 'The Leader' this approach will also bring out the leadership qualities in others including the young people.

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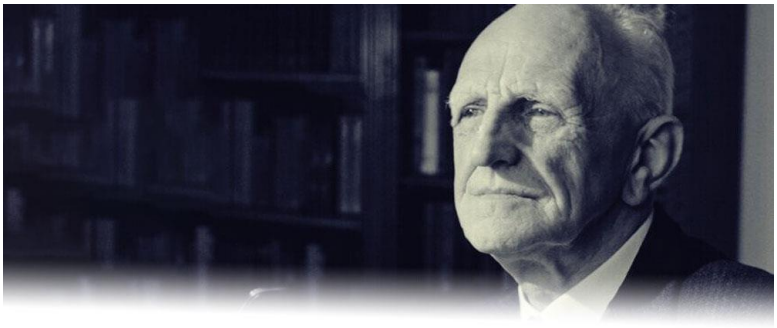


(Donald Winnicott)

THE VALUE OF PROVIDING A FACILITATING ENVIRONMENT (2018)

Often what is desired today - is a step-by-step guarantee to success. How often do we see and get attracted to an article heading something like the '9' things you need to do to become an outstanding (or even world-class!) manager. It seems that putting a number in there is part of the appeal. Maybe because it alludes to the finite and quick fix, rather than the infinite and ongoing. The same formula is applied to all aspects of life – parenting, cures for health problems, diets, healthy living, etc.

Having guiding principles may be helpful, but every situation, including everything within it is a unique moment in time. People and the dynamics between them are less predictable than the laws of gravity. In life and work, we need to hold onto a balance of knowing and not knowing. In general, too much certainty tends to be an unhelpful position when working with people. There is an irony if we take that too far too – like the only thing certain in life is that nothing is certain. Warning against the potentially destructive nature of certainty, McNamee and Gergen (1999) go as far to claim that,

> Certitude walks hand in hand with the eradication of the other.

And Adam Phillips talking about child development says that,

> …. the parents, the authorities, are at their most dangerous when they believe too militantly that they know what they are doing.

Confidence is important, but real confidence includes having an open mind. An open mind includes the ability to doubt, question and not know. Learning from experience is powerful. Mentors and Gurus are most useful when they help mentees make sense of and learn from their own experiences. This might include taking something useful from the mentor but not being instructed. Instruction has its place but can be unhelpful where development is the task. People, teams, organizations cannot be instructed to grow, change and develop.

These are processes that take place within what can be called a facilitating environment. Where under the right conditions people learn and grow from their own experience. In my

working life, this concept has its roots in the work of child psychiatrist and pediatrician Donald Winnicott (1965). He developed the concept in his work on child development and treatment of developmental disturbances. A facilitating environment is a place from which things unfold, emerge and evolve. Winnicott captures the essence of it, which I think can be applied to many diverse settings,

> ….it has as its aim not a directing of the individual's life or development, but an enabling of the tendencies which are at work within the individual, leading to a natural evolution based on growth.

Increasingly I come across concepts like this being applied in business organizational settings. What I mean is that rather than focus on fixing and managing people, there is a shift to creating environments in which the capabilities of people will emerge. Back in 1996, the organizational consultant and executive coach, Lionel Stapley argued,

> …what Winnicott refers to as 'A Facilitating Environment' one which encourages (or facilitates) the development of the child - seems to be the sort of organisation holding environment that is required in today's organisation.

Winnicott's work which spanned the 1920s-1970s was focused on the issue of change. What change is possible? And what might make it possible? Much of the 20th Century work environment was dominated by the manufacturing industry and the means of production that went with it. Instruction and repetition were central to this. Now that the pace of change in the world is rapid, constant innovation and adaptation are vital for success and survival. In this environment, curiosity and thinking outside the box are increasingly important.

These qualities can be facilitated, encouraged and supported but not instructed. They require freedom rather than restriction of thought. Instruction by its nature is confining and limiting. If the above qualities are important when do people feel at their best to work in that way? What are the ingredients of a facilitating environment? Firstly, safety and security are essential. This is why John Bowlby (1988) in his work on attachment theory, defined a 'secure base' – i.e. a caring and reliable parent, to be the starting point for human development. And after that, the permission to be curious is the second vital ingredient, just as the secure infant begins to discover and explore the world around her.

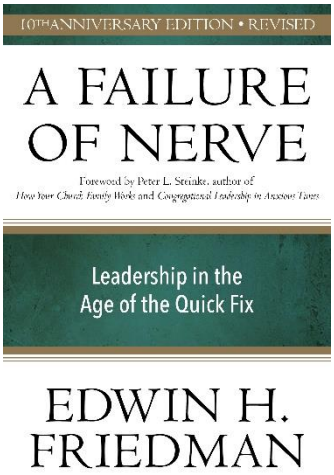
In the workplace this means that people must: feel connected in relationships; feel safe and trusted; be encouraged to be curious and innovative; be listened to; be encouraged to express

themselves. Clearly, there also needs to be boundaries. A lack of boundaries is generally not containing and does not feel safe. The challenge is working out where the boundaries should be. For instance, what is safe and clear, but not too restrictive? What is the line between innovation and recklessness? Working this out is a matter of judgement. And once it is worked out it won't stay the same for long. Systems that are working well, grow. The boundaries need to adapt accordingly, or the next stage of growth will be hampered. So, the process of boundary setting is one of continual review and negotiation.

Unfortunately, what many people experience at work is the opposite of what is needed. They experience constant disruption of relationships, reactive cultures and decision making, a lack of communication and trust, and an autocratic leadership style that puts people tightly in their little box. Of course, this is not universal, but it is common. The primary reason is that the rate of change among other factors has inevitably raised societal anxiety levels. We have not simultaneously raised our ability to live and work with increased anxiety.

Edwin H. Friedman (1999) wrote about this in his book, A Failure of Nerve: Leadership in the Age of the Quick Fix, when he claimed that society had become riddled with anxiety. Since then it has only got worse! It could be argued that we now live in a culture of alarm. Going back to the false solution of '9' steps, it can be argued that what is needed more than ever, is a focus on the containment of anxiety. For example, a leader who can do this effectively provides the beginning of a facilitating environment. Just as a parent's ability to think about, make sense of and respond to an infant's anxiety provides the beginning point of human growth, emotionally and physically.

If we agree with this, the next question is to consider what it looks like? How do we identify the qualities and skills involved? In an already anxious system, this task might feel too challenging. For instance, when it comes to recruiting a suitable person, ticking a few easily measurable boxes might seem an attractive method, however much we know it doesn't work. How do we strive towards what will work and create environments where it is safe to use our judgement?



As Friedman said with the title of his book, the biggest problem of leadership from families to presidents, is a failure of nerve. He also pointed out that those leaders who do hold their nerve can expect to be derided and attacked to an extreme level. Exactly as we now see daily in the media. These are symptoms of a chronically anxious society or system. Friedman saw these attacks on a 'self-differentiated' leader as a natural response when he or she makes a stand. He referred to it as sabotage and a sign that the leader was probably doing a good job. As long as the leader survives these attacks in a non-reactive manner the system will begin to regulate itself and function better. As with Winnicott's facilitating environment, the leader must be able to make a stand and accept that being tested is part of the work.

For these reasons leadership in the modern age is extremely difficult, whether we think of it at the level of family, organization or society. It is also why the concept of the facilitating environment is so important and relevant.

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EMOTIONAL CONTAINMENT (RELEVANT FROM FAMILIES TO PRESIDENTS) (2018)

Edwin H. Friedman (1999) in, Failure of Nerve: Leadership in the Age of the Quick Fix, made the point that leadership qualities are necessary in all walks of life, from "Families to Presidents". He discussed how self-differentiation is the key quality required of leaders at home, work and in society. A well-differentiated person achieves a healthy balance between the needs for individuality and togetherness. The emotional containment provided by this is essential for healthy functioning, whether we are thinking about the leader as a parent or president.

> …. a leader functions as the immune system of the institution or organization he or she 'heads'. (Friedman)

So, what does this look like? A secure sense of self, self-confidence, ability to relate well with others, ability to tolerate difference? An insecure person tends to need sameness, agreement, and compliance to affirm their fragile sense of identity. A secure person is more able to hold onto their own identity, opinions, views, self-worth, while allowing others to be different and even directly challenging. They tend to remain calm and thoughtful when challenged, rather than become defensive and reactive. They are able to be separate and close in relationships at the same time.

Being clear without being certain, recognizing that for the most part, views and beliefs are opinions rather than absolute truths. Any truth is usually truth with a little t. Whereas insecure people tend to act as if their views are the Truth. This is an anxious defence, as the thought of not knowing or being wrong is too threatening. These initial thoughts begin to show how we might develop ways of identifying whether a person has a secure, but not a rigid sense of self.

A secure sense of self develops through attachment to others, primarily parents and other caregivers during the formative years. Such a person tends to have a coherent narrative of their life history. A coherent narrative that might include serious difficulties, is a more reliable indicator of healthy development, than the absence of difficulty on its own. It is the coherence that is most important. This most likely means that the person has been able to integrate their life experiences. It is not difficulty or adversity that is the issue, but the person's ability to make sense of and integrate experience. We can only make use of experience that has been integrated into our personality.

That which is not integrated is split off and unavailable. These split off and unconscious parts of our history can also disrupt and inhibit healthy functioning. The reason that experience is not integrated is usually to do with it being overwhelming. Not that the event itself was impossible to integrate, but it overwhelmed the person's capacity at that moment in time. Capacity is related to the combination of individual resource + support available. Trauma is in the system, not the event. The event cannot be experienced and that is why disassociation is a common

reaction to trauma. Disassociation can be thought of as putting the event outside of the self, as if it is not happening to the person. The response to the event becomes a bigger long-term problem than the actual event. Back in 1893 Freud and Breuer said that,

> Psychological trauma or more precisely the memory of the trauma – acts like a foreign body which long after its entry must continue to be regarded as the agent that still is at work.

Contemporary trauma research by neuroscientists such as Bessel Van der Kolk, Peter Levine, and Bruce Perry confirms this. This does not mean that trauma always prevents adequate functioning in life, relationships and work. It does mean that psychic and physical energy may be taken up as a result, depleting an individual's energy and mental space.

When life around us is challenging, it is more likely that we become overwhelmed. This also correlates with the quality of support available. Given the environments that many people live and work in, where challenges are great, and support is little, unresolved trauma can be a significant difficulty. Therefore, it makes sense to recognize this and build in ways of supporting people.

Events that can lead to trauma may not have increased over the years, they may have even reduced, but our collective capacity to cope with these events has reduced. For example, by the fragmentation of family, industry and community life. Frank Furedi (2004) also argues strongly that cultural changes in perception of trauma have also weakened our resilience. This is what has led to an increase in trauma. Solutions need incorporating into many spheres of life, including the workplace. Leaving trauma simply as a 'medical' issue to be taken up only when symptoms become unbearable is not adequate. In the workplace, the consequence is often a workforce unable to carry out its task efficiently, prone to its own symptoms of dysfunction. Leaders and managers must be healthy in their own functioning, and able to maintain and grow their abilities. They must have a strong support network around them - family, colleagues, friends, mentors, consultants, etc. Friedman goes as far to say,

> That all leadership begins with the management of one's own health.

A secure person is more likely to stay reasonably calm in challenging and threatening situations. Staying with and being able to think about a difficult situation is more likely to have a positive outcome. Reacting, which by nature is thoughtless does not bode well for finding constructive solutions. Acting firmly and decisively in an informed manner is different from reacting. However, there may be a fine line between the two and it is a matter of judgment to know when one may be reacting. Not reacting does not mean being indecisive.

The ability to set clear boundaries that are not too rigid is a crucial skill. One way of dealing with anxiety and risk is to create tight restrictive boundaries. To give a simple example – someone not allowed to get out of bed for a day risks little chance of injury. If a child is not allowed out of sight, an accident may be less likely. Anxiety led environments tend to focus on the immediate

rather than the longer-term bigger picture. Too much control may reduce risk in the short-term but can have negative long-term side effects. What starts as risk-reducing and survival enhancing, if it is prolonged becomes life-limiting and risk producing. Again, the balance between the two can be a fine line and a matter of judgment.

In the case of the over-protected child, development will be stifled, with possibly serious consequences to potential and well-being. An anxious environment will not be too concerned about this as the main priority is to survive the next minute, hour and day. Once an individual, family, team, organization or any system becomes locked into this state, effective decision-making is compromised with potentially disastrous long-term consequences.

The ability to think about complex issues, short and long-term is very important. Many decisions and interventions that might seem appropriate in the short-term can have negative consequences down the road. For instance, an appropriate boundary is one that allows enough space for consistency and exploration, but not so open-ended that it leads to a lack of safety. The skill is in the judgment, supported by processes of assessment and risk management. To some extent, this skill can only be demonstrated. The 'proof is in the pudding' as the saying goes. And because each situation is new and unique, what was demonstrated to work before, is not an absolute guarantee of success now or in the future. This is one reason why we might be surprised by a leader who achieved great success in one situation, only to fail in another.

A person who can set appropriate boundaries will also recognize that those boundaries need to change and adapt over time. Effective boundary setting will facilitate development, and development will push the boundaries. For example, a parent does not usually have the same boundaries with a five-year-old as with a teenager. At each point of growth/change, where the boundary needs to adapt, there is always the uncertainty of 'by how much'. This means anxiety is inevitable. Being able to manage anxiety is an essential task of parenting and leadership in general.

The easy and unhelpful solutions are 1) have rigid and unchanging boundaries, or 2) have none. In other words, to be overly authoritarian or overly permissive. Both are likely to produce fear and not promote development. As can be seen with this issue of boundaries, the environment needs to be interconnected and integrated. For instance, an insecure person is likely to struggle with changing boundaries, with all the new territory, risks and uncertainty involved. The fear of things 'falling apart' both internally and externally is great. Awareness and consistency of everyone involved are essential.

Understanding and conceptualization can inform the way we think about everything we do. Kurt Lewin's (1943) view, that there is nothing so practical as a good theory, rings true. For instance, we can look at how we understand a child's needs and how this will then inform a chain of connected matters.

Clifford-Poston in her book 'Successful Parenting', stated that the foundation of child development is a secure base and the permission to be curious. If our view is that children need understanding and encouragement, as well as clear boundaries to develop curiosity – what kind of people do we need for the child?

In the workplace if we know the qualities needed for a specific task - how might we look for these qualities in the process of staff selection and development? Do we have the right process, are we asking the right questions, looking in the right areas? If we are confident about our selection process, how do we then support development?

While I have referred to child development, the principles apply widely. People tend to do better and grow, in well-led and organized environments – which provide emotional containment.

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WHY INTEGRATION AND CONNECTION ARE SO IMPORTANT IN DEVELOPMENT, WELL-BEING, AND THE HEALING OF TRAUMA (2018)

Integration has been central to my work for over 30 years. That is as a practitioner working with traumatized children and young people, as a leader and manager, as a consultant and as a writer. I think integration is vitally important, whether thinking about the developing individual, family, community and societal systems. It is also essential in a well-run organization. Most of what is included in this series on Integration was written in four blogs during 2015.

The Need for Integration: **1**. Integration and Connection in Well-Being and Recovery from Trauma; **2**. Leadership and Management; **3**. Integrating and Connecting – The Essence of Trauma Recovery Environments; **4**. Why we all Need an Integration Agenda

Since 2015 I have had the benefit of returning to a leadership position. This experience has been hugely reaffirmed the importance of integration. So, I have reorganized the material and added some. I have also been inspired by the way integration is emerging so strongly as a concept in the present. This is happening on both a micro and macro level. For example, in understanding the needs of the individual and the organization.

As well as my own thoughts on this subject, there are numerous references and links to videos and articles. There is plenty more to consider. A future blog may focus on the major challenges and resistances to Integration – what makes it so difficult?

Here are a few excerpts from the blogs that highlight the meaning and importance of Integration and Connection.

Child Development and Attachment Child development is centred on the integration of emotional and physical aspects of relating. For this to be achieved the primary caregiver must be reasonably integrated as a person, but also connected within a wider environment. Ideally, there are positive connections with partner, family, and community. These connections provide the holding environment within which the caregiver and infant connect physically and emotionally.

> *During infancy, the attunement and emotional regulation of the caregiver is central to the developmental process. Mirror neurons in the caregiver and infant connect with the detail of each other's feelings and behaviour. The infant's neurons fire, connect and become wired. This kind of connected being 'in tune' with the other is called attunement. (Stien and Kendall, 2004)*

Moreover, it has received influential support in the last two decades from neurobiological research. This has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems.

> *Secure attachment promotes neuronal connections, helping to strengthen and integrate key brain structures. (Stien and Kendall, 2004).*

Connection What enables an infant's mind, body and brain to develop is the connection with others. Throughout our lives, development takes place within a relational context. As Bessel van der Kolk (2014) says,

> *Most of our energy is devoted to connecting with others……We are profoundly social creatures; our lives consist of finding our place within the community of human beings.*

It could be said that human connection is the glue that enables integration to take place. Different parts become integrated through connection. For example, a person with an integrated sense of their identity can connect the different parts of their life. An integrated and coherent autobiographical narrative, which is such an important indication of mental health is one that is connected. Like a story with a beginning, middle and end, the different parts are joined together coherently.

> *Networks of connections provide a potentially stronger level of support and emotional containment. This powerful network is then internalized and integrated by the child as part of his internal model. A good support network is the single strongest protection against becoming traumatized (van der Kolk, 2014). The architecture of the brain comes to represent the architecture of the social environment.*

Integration A healthy person is an integrated person. If we think of the developing brain, we can think of neurons connecting and forming integrated neural pathways. We can think of different parts of the brain, connecting and functioning together in an integrated way. We can think of mind-body integration. Integration of our senses with our mind and conscious awareness. Integration with the world around us. From the beginning of life, integration is interwoven with attachment.

> *If we can connect our own ongoing need for integration to the tasks we are involved with, there is more potential for growth than through anything else we could put on the agenda. We only need to think about the many ways in which better integration might benefit our own life and work. If we are working on integration, development and achievement are likely outcomes.*

Separation and differentiation are central to the process of becoming integrated, so that healthy relationships are connected and separate at the same time. Siegel (2012) sums up the importance of this very well,

> *…a summary of the entire field of attachment in one sentence, secure attachment is based on integrative communication, honoring differences promoting linkages.*

Well-Being Before connections can be achieved, safety must be established. Only when the disconnected or unconnected person begins to feel safe will he be able to take the risks involved in connecting. Once the process of connecting begins the person is moving towards integration. The foundations of well-being can be considered as safety, connection, and integration.

Trauma Among many negative impacts on the brain-body system, trauma interferes with the integration of left and right hemisphere brain functioning. Rational thought cannot be accessed in the face of overwhelming emotion. Emotional and social disconnection can begin a spiral that leads to further isolation and alienation. On the other hand, emotional and relational connection creates a positive spiral. It leads to the conditions that bring about more connection.

Recovery If neural integration is as Dan Siegel (2006) says, 'at the heart of well-being' and trauma disrupts healthy development, then recovery is about completing the process of integration. A person or any living system that is integrated is one where the different parts work together in a functional way. For individuals, there is mind-body and sensory integration, and an effective balance where emotion and reason complement each other. The same analogy can be applied to social groups, such as families, teams, communities, and societies.

> *In the healing of trauma, just as in ordinary development 'it takes a village to raise a child'. Or as Perry and Szalavitz (2006) said, "What maltreated and traumatized children most need is a healthy community to buffer the pain, distress and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child's relationships".*

The aim of recovery is to create connections that can be personally integrated. Connections can be thought of in relation to oneself, between internal and external worlds, in relationships with others, and the wider community. The level of connection that traumatized children need means that those who are involved in the therapeutic work must be highly attuned. Emotional attunement is receptive to connection and creates secure attachment.

> *Recovery from injuries perpetrated in a social context must occur in a social context. These centers, responsible for healing, must become therapeutic communities where recovering is more important than control, and compassion and empathy drive out fear and coercion. (Farragher and Yanosy, 2005)*

Therapeutic Models Strong models are ones where everyone whatever their role is involved in the process of integration and connection. For example, a therapist or carer might be doing what Dan Siegel recommends – working to improve the integrative functioning of a child's prefrontal neocortex. While the task of the organization leader might be about building integrative connections inside and outside of the organization.

> *Einstein's view that 'example isn't another way to teach it is the only way to teach', provides a good principle for how we approach the task. If integration is the aim of trauma recovery, then we must practice integration in every aspect of our work.*

Organizations and Communities All relationships and roles in the community were considered part of the healing environment. The role of the maintenance staff and domestic assistants were considered equally alongside the work of teachers, care workers, and therapists. This is one of the features of trauma-informed environments – everyone's role is important and therefore needs to be integrated into the whole system.

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most competent type of organization.

> Neural integration is not assisted – indeed is actively impeded – by unintegrated human services which are not only compartmentalised, but which lack basic trauma awareness. (Kezelman and Stavropoulos, 2012)

"I think the most important issue is learning to work together, actually, and building teams of people who understand how to do that in creative ways. Because we have all got to move out of the silos that have been put down for us by the public sector and they are often there in business, and learn how to join things up." (Mawson, 2012)

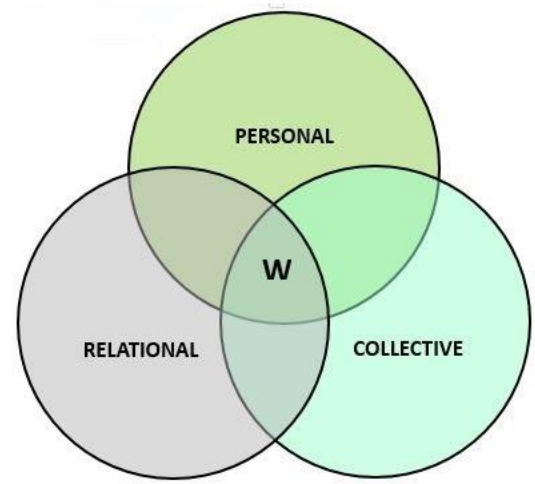
Leadership and Management For a service to be effective, management and therapy need to be integrated successfully. Good management is necessary for therapy to take place and sometimes good management is therapeutic. The same could be said about any kind of practice in the human services – it can only be truly effective in a well-managed context.

> *It can be argued that the key task of leadership is to provide the conditions in which organizational integration takes place.*

Vision is crucial to create an inspiring and important mission. So is doing the job at hand, however mundane or unpleasant it may seem. It is the integration of the two that is critical.

Micro and Macro In work with traumatized children both the micro and macro levels are important, but it is when there is a synergy between them that there is the greatest potential for recovery. For a child, this synergy would be like having a safe and attuned relationship with

a primary carer, within a healthy partnership between parents, within a caring extended family, within a safe and thriving community.



My first three parts on integration have moved between the micro-level of the individual brain to the macro-level of leadership, organizations, and society. While this might seem a little awkward, I think it is essential. We can't consider the individual as an isolate. We are all part of a wider system. As Prilleltensky (2006) has shown, well-being is about the integration of the individual, relational and collective levels.

Both the individual and the community are plastic, i.e. capable of recovery and growth, however difficult and traumatic their histories.

> *The network patterns of the outside world mimic a lot of the network patterns of the internal world (Johnson, 2010).*

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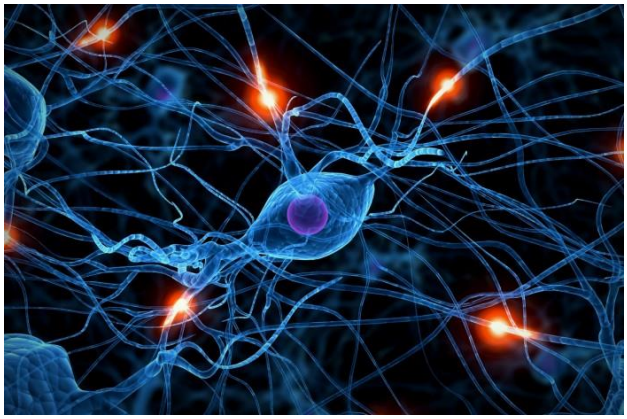
INTEGRATION AND CONNECTION IN WELL-BEING AND RECOVERY FROM TRAUMA (2015)



> "The central idea of interpersonal neurobiology is that integration is at the heart of well-being". (Dan Siegel, 2006)

I am going to explore the relationship between integration and human connection. The relationship is critical to health and well-being. This is the case in ordinary human development and in the recovery from developmental disturbances, such as those caused by trauma in childhood. Siegel and Solomon (2003) state that effective therapy for trauma involves the facilitation of neural integration.

Before I begin, I think it is worth saying that the term recovery might not be the most helpful. In the sense I use it, recovery is about Integration. Kraybill (2015) prefers the term Trauma Integration,

> I share the view of trauma scholar Robert Stolorow, that trauma recovery is an oxymoron. (Stolorow, 2011. p. 61). Things are never really the same after trauma. So, what then to name the place that can be achieved, where trauma is no longer the center of experience and yet is acknowledged to be a part of ongoing reality? I call it Trauma Integration.
>
> Trauma integration is not once-and-done, nor is it linear. It is on-going and sometimes cyclic. If that sounds discouraging, the good news is that movement begets more movement. Achieving a sense of integration – even just once, for just a short while - establishes the possibility of breaking the script of old responses and opens the door to more new responses. Gradually, experience with new, integrated responses accumulates and the rewards are felt, emotionally, cognitively, physically and spiritually.

At the beginning of my career in 1985, the first concept I learnt about was that of 'Integration'. The use of the term was from Donald Winnicott, the child psychoanalyst and pediatrician who described integration as a central part of child development. According to Winnicott (1962), an

infant is born ‘unintegrated’. Through the process of the infant’s fragmented experiences being held together by the ‘good enough’ parent, he achieves integration and a distinct sense of being a whole person. This normally happens by the end of the first year or so.

Since then I have found the concept of integration to be helpful in many ways: to work with traumatized children; to the way organizations are run; to the way different services, professionals and other stakeholders work together; and to the way society functions. Winnicott (1945) first wrote about integration over 70 years ago, and now Dan Siegel (psychiatrist and pediatrician) uses the term from a neurobiological perspective. The concepts of Winnicott and Siegel may differ, but both put integration at the centre of development and well-being. The essence is similar.

Child development is centred on the integration of emotional and physical aspects of relating. For this to be achieved the primary caregiver must be reasonably integrated as a person, but also connected within a wider environment. Ideally, there are positive connections with partner, family, and community. These connections provide the holding environment within which the caregiver and infant connect physically and emotionally.

A healthy person is an integrated person. If we think of the developing brain, we can think of neurons connecting and forming integrated neural pathways. We can think of different parts of the brain, connecting and functioning together in an integrated way. We can think of mind-body integration. Integration of our senses with our mind and conscious awareness. Integration with the world around us. From the beginning of life, integration is interwoven with attachment. Referring to the importance of attachment in relation to the process of integration, Stien and Kendall (2004, p.7) state,

> Moreover, it has received influential support in the last two decades from neurobiological research which has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems.

What enables an infant’s mind, body and brain to develop is connection with others. Throughout our lives, development takes place within a relational context. As Bessel van der Kolk (2014) says,

> Most of our energy is devoted to connecting with others……We are profoundly social creatures; our lives consist of finding our place within the community of human beings.

During infancy, the attunement and emotional regulation of the caregiver are central to the developmental process. Mirror neurons in the caregiver and infant connect with the detail of each other’s feelings and behaviour. The infant's neurons fire, connect and become wired. This kind of connected being 'in tune' with the other is called attunement. Just as attunement facilitates development, a chronic lack of attunement prevents connections developing and disconnects those that have. Neuroscience has confirmed how vital attunement is to this

process. Bessel van der Kolk (2014) states that, “Donald Winnicott, is the father of modern studies of attunement”. This significant and integrative statement helpfully connects the fields of psychoanalysis and neuroscience, and the past with the present.

It could be said that human connection is the glue that enables integration to take place. Different parts become integrated through connection. For example, a person with an integrated sense of their identity can connect the different parts of their life. An integrated and coherent autobiographical narrative, which is such an important indication of mental health is one that is connected. Like a story with a beginning, middle and end, the different parts are joined together coherently.

It is important to say that this joining together and becoming integrated, does not mean become merged without a sense of differentiation. Though, connection during unintegration (early infancy) may feel like being merged. For example, one infant in a group cries and within seconds they are all crying! But as integration develops, there is a growing connection alongside a growing sense of differentiation and separateness. Winnicott (1963) described the infant moving out of an initial primary merger with the mother, towards integration and separateness. The infant moves from absolute dependence towards independence. Dan Siegel (2012), also talks about integration as being differentiated but linked. He makes the important point that integration does not mean blended. Separation and differentiation are central to the process of becoming integrated. Healthy relationships are connected and separate at the same time. Siegel (2012) sums up the importance of this very well,

> …a summary of the entire field of attachment in one sentence, secure attachment is based on integrative communication, honoring differences promoting linkages.

Trauma and Recovery

Where there is a lack of connection during infancy, development is disrupted. As a result, the infant might not reach the developmental stage of integration. He could be described as unintegrated, fragmented or unconnected. The unintegrated traumatized brain is not functioning as a connected whole. Parts are fragmented, split off, shut down, not developed, dissociated, etc. Dissociation, which is a central feature of trauma, literally disconnects a person from himself and the world around him. The disconnection is a form of protection and it usually happens in terrifying situations from which there is no physical escape. As well as being disconnected from others, traumatized people are often disconnected from their own bodies. The body is a source of pain rather than pleasure. It also let the person down by not aiding his escape from trauma. Therefore, the body may be felt to be useless or a source of shame (van der Kolk, 2014).

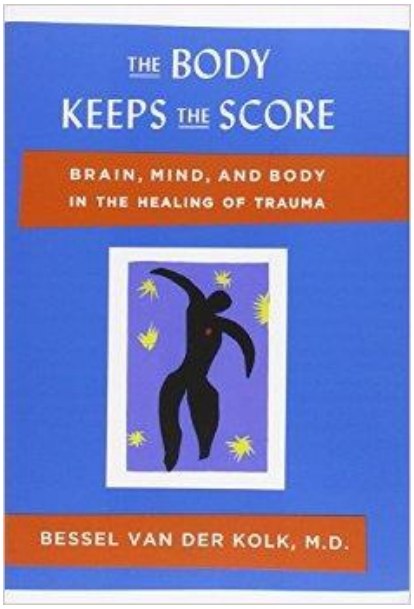
Among many negative impacts on the brain-body system, trauma interferes with the integration of left and right hemisphere brain functioning. Rational thought cannot be accessed in the face of overwhelming emotion. Emotional and social disconnection can begin a spiral that leads to further isolation and alienation. On the other hand, emotional and relational

connection creates a positive spiral. It leads to the conditions that bring about more connection.

An unintegrated person can't disintegrate because there is nothing to disintegrate from. In the same way, an unconnected person cannot become disconnected. However, an integrated person can disintegrate, and a connected person can disconnect. An unintegrated and disintegrating person can appear similar but are actually very different in terms of what is needed for recovery. If a person is traumatized, it is important to determine the point that recovery must begin from. For example, is it necessary to build connections for the first time or to heal those that have been broken? The answer can be reached through an assessment and understanding of attachment relationships and developmental milestones. Dockar-Drysdale (1990) has referred to this as "returning to the point of failure" or as the Psychoanalyst, Adam Phillips (1988) says, it is a

> …return to the point at which the environment failed the child. He returns to find where what he hasn't got came from, to the gaps in himself.

Bruce Perry (2008) also talks about the need for developmentally appropriate experiences in his Neurosequential model. The brain develops in a hierarchical manner and in a sequence. The provision of appropriate developmental experiences is therefore vital to the recovery process.



Regardless of the person's stage of development, the reality of trauma also means that the traumatic experience is not integrated into the personality. The trauma is disconnected from consciousness but remains present through disturbing and frightening physical sensations, flashbacks and nightmares. One of the aims of treatment is to enable connections to be made between these sensations and the events they are related to.

"Individuals who lack emotional awareness are able, with practice, to connect their physical sensations to psychological events. Then they can slowly reconnect with themselves." (van der Kolk, 2014).

The building of connections is central to recovery. This work can be considered on different levels: the individual's connection with himself, his own body, his thoughts, sensations and emotions (Dr. Caroline Leaf and others have referred to this as the integration of head, heart, and gut); his connection with others and the world around him; connections between the different parts of his history and identity.

I am highlighting the importance of connection, though the complexity of this work cannot be done justice here. Before connections can be achieved, safety must be established. Only when

the disconnected or unconnected person begins to feel safe will he be able to take the risks involved in connecting. Once the process of connecting begins the person is moving towards integration. The foundations of well-being can be considered as safety, connection, and integration.

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INTEGRATION IN LEADERSHIP AND MANAGEMENT (2015)

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most competent type of organization (Tomlinson, 2015).

During the years of my work with traumatized children, I have moved between practitioner, and management and leadership-based roles - moving back and forth between the two. Sometimes I wonder which camp I am in but have realized that I am clearly in the one that is about joining the two together. This ties in with another lesson from many years ago. For a therapeutic service to be effective, management and therapy need to be integrated successfully. Good management is necessary for therapy to take place and sometimes good management is therapeutic. The same could be said about any kind of practice in the human services. It can only be truly effective in a well-managed context.

I am sure many of us are familiar with the dynamic of management and therapy being at odds with one another. The same with business and care, and leadership and management. For example, in one organization, the Executive Director felt frustrated with therapists who would often say that they needed 'space' rather than make time to listen to his emerging visionary ideas. And I am sure the therapists felt frustrated that his grand ideas didn't help much with the immediate realities of their work. Vision is crucial to create an inspiring and important mission. So is doing the job at hand, however mundane or unpleasant it may seem. It is the integration of the two that is critical. I had a vision when I joined a therapeutic community for traumatized boys, of doing 'therapeutic work', which would help them to get better. I wondered during the first few weeks why much of my work evolved around cleaning toilets, being shouted and spat at, and looking for 'missing' boys in the surrounding countryside. It took a while to fully understand that this was part of the therapeutic work necessary for the vision to be achieved. Thankfully those 'in charge' knew this very well, as well as what was needed to support the task at hand. The vision was grounded.

An important question is why 'splits' such as those described above tend to occur. One answer put forward is based on the concept of social systems developing as a defence against anxiety (Menzies Lyth, 1959, 1961, 1970). To briefly explain - the nature of the work task is inherently anxiety-provoking and involves emotional pain. The difficulty is defended against by creating a more simple and primitive solution. The reality of the task is replaced with a more bearable but split solution such as, "we would be able to do this better if it wasn't for 'management interference'", etc.

For instance, it is easy for leaders to have a grand vision and not have to worry about how it will be achieved. It is easy for managers to become focused on methods and practices regardless of

whether they help meet the desired vision or not. Leaders with grand visions tend towards charismatic. Managers focused on methods tend towards bureaucratic. Charismatic leaders may blame the stifling, red tape, bureaucratic managers for failure. Managers may blame the unrealistic and 'out of touch' leader.

It also makes everyone's job seem easier as only one difficult thing needs to be mastered, rather than the more complex integration of two difficult things. Organizations may fluctuate between the search for a heroic leader or a new management system, as if either might provide a magical solution. This might provide short-term relief but in the long-term, it is ultimately self-defeating and unsuccessful. The system as-a-whole is dysfunctional. In this example, what is needed for effective performance is not the splitting of management and leadership, but the integration of them, whether within the same person(s) or between people. The functions of leadership and management may be separated but they need to appreciate their interdependence and work together in an integrated way. The same can be said for management and therapy, and business and care.

Splits, which are based on unconscious reactions to deep anxieties and fears are especially likely in the human (or people) services due to the core nature of the task. For example, trying to provide a service to people in great need (sometimes literally a matter of life and death), when it never feels that enough can be done. This is compounded by harsh financial realities such as those in times of 'austerity'. The sense of 'impossibility' and 'hopelessness' is difficult to bear for everyone involved. Leaders can defend themselves by becoming distant from the reality of the work. Those more directly involved can blame leaders for not caring enough about people and too much about finances. And everyone may be avoiding the painful reality of deep changes that are required in the organization.

In recent decades, where every type of business and industry has had to deal with a rapidly changing and more complex world, the same kind of anxieties and fears are becoming common in most workplaces. How many people can say with confidence they expect their job to last for 3 years? A 'job for life' has left the employment landscape. The life span of jobs at all levels has reduced massively and this is just one of the insecurities affecting the modern-day workplace. Survival on an individual and organization level is precarious. Constant change in a complex and highly competitive market is the norm. Without good management, which is in effect good technology, people, methods, procedures and policies, an organization will fail to achieve its vision. Without visionary leadership that is motivating, inspiring, creative and stretching – performance will fall short in today's demanding environment. To do something well, on its own is not 'good enough'. There also must be an outcome that can compete with what anyone else can do at the same cost or less.

What is needed is an improved capacity to face the very real difficulties involved in the work task. This means being more in touch with complexity, fears, threats, and anxieties. To achieve this, it is necessary to have a culture with structures and processes that enable these difficulties to be acknowledged and worked with. This requires capability and time, and the difficulty of putting it in place cannot be overestimated. Short term thinking will see this as an extra cost

and use that as an excuse to avoid it. When space is created to think about the difficult realities involved – this will be hard work, with potential vulnerability and conflict for all involved. Therefore, it might feel as if the process isn't helping. There may be a tendency to give up rather than a determination to work through difficulties. This requires strong leadership, belief in the process and perseverance.

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most competent type of organization. It can be argued that the key task of leadership is to provide the conditions in which organizational integration takes place. The difficulty of this is captured very well by Friedman (2007) in the title of his book on Leadership, "A Failure of Nerve: Leadership in the Age of the Quick Fix".

I will finish with a brief example that captures much of what I have said. A few years ago, I was on a course in Strategic Leadership for Social Care. As part of this, I had the fortune to visit Bromley-By-Bow in London, which had been heralded as an example of community regeneration based on social entrepreneurism. The picture is of the Bromley-By-Bow Health Centre. It is in Bob's Park named after the local man who led the transformation of derelict wasteland into a green space, which has become an inner-city haven. The Health Centre is a model of integrated health care.

We met Andrew Mawson who was the church pastor, who had played a lead role in the regeneration of the run-down community. He seemed without doubt to be a charismatic, visionary leader. He talked about the stifling bureaucratic red tape and the need to break rules, to get anything done. In his book 'The Social Entrepreneur', he also describes how he was impressed by Paul Preston, the businessman who successfully brought the McDonalds chain to England. Mawson says, 'the devil is in the detail' and describes how Preston succeeded by first focusing on every practical detail in just one shop. Down to exactly where the milk came from and how long it took to be delivered. This shows an understanding from the top of how the reality of the work and what is required must be integrated with the vision. The question isn't so much about styles of leadership and management, whether it is either or, but about successful integration between the two.

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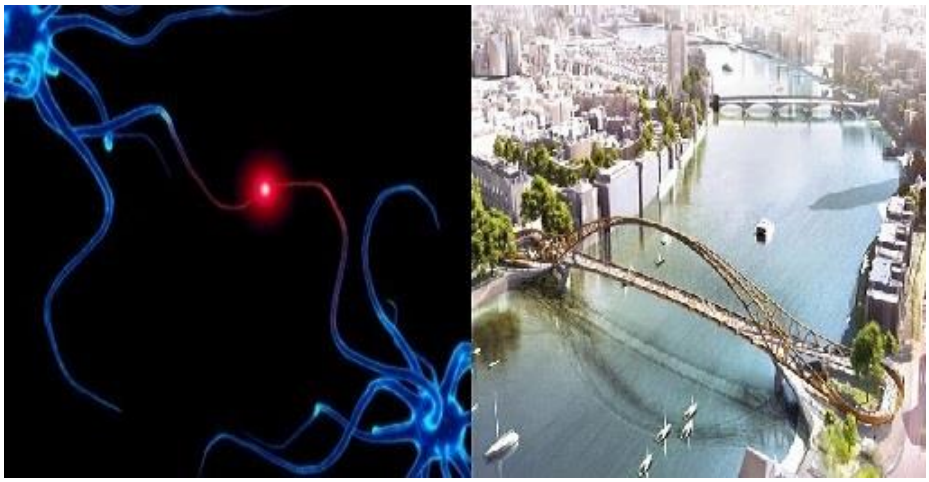
An interesting brief video with Andrew Mawson talking about social entrepreneurism and the challenge of creating something positive out of a nearly bankrupt economy as he put it.

> I think the most important issue is learning to work together, actually, and building teams of people who understand how to do that in creative ways. Because we have all got to move out of the silos that have been put down for us by the public sector and they are often there in business, and learn how to join things up.

Dr. Dan Siegel video - On Integrating the Two Hemispheres of Our Brains

INTEGRATING AND CONNECTING - THE ESSENCE OF TRAUMA RECOVERY ENVIRONMENTS (2015)



We as therapists are not really "shrinks"; we are "integrators". – Nelson et al. (2014)

In the previous two parts I have discussed: the concept of integration in child development; the need to integrate management and therapy; how integration as a concept spans over 70 years from the psychoanalytic tradition of Donald Winnicott to the neuroscience perspective of Daniel Siegel among others; and how connection is central to integration and our well-being. This part will consider the need for integrated and connected systems and environments for trauma recovery.

If neural integration is as Siegel says, 'at the heart of well-being' and trauma disrupts healthy development, then recovery is about completing the process of integration. A person or any living system that is integrated is one where the different parts work together in a functional way. For individuals, there is mind-body and sensory integration, and an effective balance where emotion and reason complement each other. The same analogy can be applied to social groups, such as families, teams, communities, and societies.

For children who are traumatized during the first year or so of life, integration may never have been achieved. For others who had healthier early development, the task may be about repairing disintegration brought about by trauma. Children who have suffered complex trauma need a healing approach that includes all aspects of their daily life. This is a total environment whole systems model. The same principle may also be relevant to many seriously traumatized adults. This is especially true when the trauma(s) took place in environments where disconnection, conflict and dysfunction were predominant. As Farragher and Yanosy (2005, p.100) said,

> Recovery from injuries perpetrated in a social context must occur in a social context. These centers, responsible for healing, must become therapeutic communities where

> recovering is more important than control, and compassion and empathy drive out fear and coercion.

The aim of recovery is to create connections that can be personally integrated. Connections can be thought of in relation to oneself, between internal and external worlds, in relationships with others, and the wider community. The level of connection that traumatized children need means that those who are involved in the therapeutic work must be highly attuned. Emotional attunement is receptive to connection and creates secure attachment. Referring to the plasticity of the brain, Nelson et al. (2014) state,

> …. the fundamental element in therapeutic efficacy is that therapist and patient successfully work together to create an integrated form of communication, which we propose is the essential experience that stimulates neuronal activation and growth of integrative regions of the brain.

The mirror neurons of a baby will begin to connect with an attuned caregiver from birth. The primary carer-infant relationship is of central importance as is the network of connections surrounding it. In the healing of trauma, just as in ordinary development 'it takes a village to raise a child'. Or as Perry and Szalavitz (2006, p.231) said,

> What maltreated and traumatized children most need is a healthy community to buffer the pain, distress and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child's relationships.

Networks of connections provide a potentially stronger level of support and emotional containment. This powerful network is then internalized and integrated by the child as part of his internal model. A good support network is the single strongest protection against becoming traumatized (van der Kolk, 2014, p.210). The architecture of the brain comes to represent the architecture of the social environment.

> Secure attachment promotes neuronal connections, helping to strengthen and integrate key brain structures (Stien and Kendall, 2004, p.8).

I was fortunate in 1985 at the beginning of my career to find myself working in a therapeutic community where integration was the central focus of the work. Our task was specifically stated as to enable emotionally unintegrated children to achieve integration. John Whitwell (1989) who was the Principal when I arrived, clarifies what this meant,

> The therapeutic task, therefore, is to provide the conditions within which the boy can begin to form an ego-boundary and become capable of managing his internal world in relation to his environment. At a minimum, he should acquire: the skills needed for some degree of independence; some ability to recognise choices and make decisions; and some capacity to manage transactions with other people in his environment (Eric Miller and Richard Balbernie).

The model of the community's approach was also strongly based on the belief that the way the whole organization functioned was key to the children's development. All relationships and roles in the community were considered part of the healing environment. The role of the maintenance staff and domestic assistants were considered equally alongside the work of teachers, care workers, and therapists. This is a key feature of trauma-informed environments. Everyone's role is important and therefore needs to be integrated into the whole system.

Einstein's view that 'example isn't another way to teach it is the only way to teach', provides a good principle for how we approach the task. If integration is the aim of trauma recovery, then we must practice integration in every aspect of our work. To begin with, the adults who are working with such complex children and young people, need to have a robust level of personal integration and resilience. The team working with the child needs to be integrated and coherent. Different disciplines need to work together rather than compete. The whole organization - leadership, management, care, education, and therapy must work together. The relationships with other stakeholders, such as referring agencies, families, local government and community also need to be integrated. Achieving all of this is a daunting task, not least because traumatized people tend to create further disintegration and disconnection rather than integration and connection. Just as with experience, Integration is never a fixed destination it is always work in progress.

A lot of the work to do with integration is about making and sustaining positive connections. Connections with the children, with ourselves and our histories, with our colleagues, with external agencies and the local community. To help think about these different levels of integration I will return to the work of Andrew Mawson. He is a social entrepreneur involved in the regeneration of communities in the East End of London. As well as being a social entrepreneur it could be argued that Mawson is an integrator and connector. For example, in Bromley-by-Bow he integrated health and social issues. The Bromley-by-Bow medical centre became a place where people didn't just go to see a Doctor, but to join groups and meet. Neighbors from different ethnic groups began to talk to each other, sometimes for the first time in decades. Elderly patients joined art classes and other social groups. As people became connected the community began to develop and lift itself out of decade's long decline, deprivation and depression.

When the 2012 Olympics were awarded to Britain money was invested in developing a water city in London. After the docks and associated industries had closed, the old river and canal system of London that used to be the lifeblood of the community had become unused and derelict. Ironically the once vital water system now became a barrier that kept communities apart and isolated. Eric Reynolds, Founding Director of Urban Space Development, talking of the water city project says,

> A key part of what we've still got to do is create a sense of connection. Again, if you go up this wonderful river westward you will find bridge after bridge, after bridge, after bridge, after bridge……If you put a road in there is a tendency for stuff to happen. Now London has expanded because of those lifelines.

Andrew Mawson continues,

"If you join the dots, that is a new city. And if you connect science and technology in an integrated way into that, that's a very exciting opportunity for jobs and skills for people of East London over the next 25 years……. The story is about recognizing these development nodes and understanding that if you fly into City Airport and look down from an airplane all you will see is water. And you will see the six and a half miles of waterways that connect the royal docks to all these development nodes."

A personal connection in this for me is that while I was working in a therapeutic service for traumatized children, I also spent an inspiring few days in Bromley-by-Bow. I am struck by the parallel of the importance of connection and integration on both the micro and macro levels. It is central to the micro-level of individual recovery from trauma and to the macro level of community regeneration. It is also interesting that the language of social entrepreneurship and neuroscience meet. Both the individual and the community are 'plastic', i.e. capable of recovery and growth, however difficult and traumatic their histories. Just as neural pathways develop in the brain and build a network of connections, the building of bridges in the water city symbolize a pathway to new growth.

Talking about the brain, Nelson et al. (2014, p.132) state that, "Integration enables the coordination and balance of different regions within a system". The same principle can be applied to other systems such as family, community, and organization. In work with traumatized children both the micro and macro levels are important, but it is when there is a synergy between them that there is the greatest potential for recovery. For a child, this synergy would be like having a safe and attuned relationship with a primary carer, within a healthy partnership between parents, within a caring extended family, within a safe and thriving community.

A significant part of my work in recent years has been in developing therapeutic models in residential and foster care for traumatized children. Strong models are ones where everyone whatever their role is involved in the process of integration and connection. For example, a therapist or carer might be doing what Siegel recommends – working to improve the integrative functioning of a child's prefrontal neocortex. While the task of the organization leader might be about building integrative connections inside and outside of the organization.

One of the main satisfactions for me in my work is in helping organizations create models that integrate different perspectives in a way that is culturally sensitive. In 2011, I co-authored a book with the Lighthouse Foundation who work with homeless young people in Melbourne, Australia. One review (McNamara, 2015) said,

> In Australia, the most clearly articulated model of Therapeutic Residential Care is that offered by the Lighthouse Foundation (Ainsworth 2012; Barton, Gonzales and Tomlinson 2012) that owes much to the Cotswold Community in the UK.

Before I began working with Lighthouse they had already integrated into their model, some of the Cotswold Community's therapeutic approach, where I started in 1985. This is an excellent example of how different perspectives from different times and cultures can be successfully integrated. Another review of the book (Steckley, 2013) said,

> From the introduction through the final appendices, I was struck by the constant and integrated presence of thinking, feeling and reflection as integral to meeting the needs of young people, whether at an individual or organisational level.....This book offers vision and motivation to those with requisite courage to work towards a more humane system of care for children and young people……Elements of neurobiological and social ecological theories of development, the Sanctuary Model, organisational psychology, systems theory and even anthropology are also well integrated and usefully applied at relevant points throughout the book.

The very process of creating therapeutic models if they are to be of any use to traumatized children who need to become integrated and connected, also needs to be one of integration. My first three parts on integration have moved between the micro-level of the individual brain to the macro level of leadership, organizations, and society. While this might seem a little awkward, I think it is essential. We can't consider the individual as an isolate. We are all part of a wider system. Well-being is about the integration of the individual, relational and collective levels (Prilleltensky, 2006).

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WHY WE ALL NEED AN INTEGRATION AGENDA (2015)

http://mowatcentre.ca/the-integration-agenda/

I was motivated to write this part after a colleague, Liz Glencorse, referred to the 'Integration Agenda' in Scotland. This is a Scottish Government (2011, also see Brown and White, 2006) initiative to integrate Health and Social Care services. Further initiatives to develop the agenda followed and included housing (2013). Similar agendas have been implemented in other countries. The picture above is from a Canadian initiative. It has struck me how much the concept of integration has grown in influence.

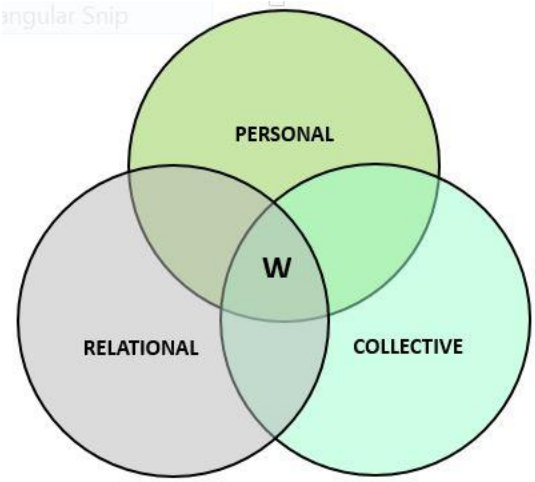
As said, my first experience of integration as a concept was over 30 years ago in my first 'proper' job. It was about enabling traumatized 'unintegrated' children to become 'integrated'. This was based on the work of Donald Winnicott (1962), who stated that a child is born unintegrated and becomes an integrated person, usually during infancy. Unintegration is normally a short-term developmental stage. Traumatic experiences such as abuse, and neglect can impact on a child's development in such a way that integration isn't achieved. Disintegration, however, can happen at any time in a person's life. Temporary disintegration is sometimes considered healthy. For example, following a significant loss. It is only a problem when recovery becomes stuck or exacerbated by further difficulties.

Previously, I have referred to Daniel Siegel's views on the importance of neural integration in relation to our general well-being. I would argue that well-being in this context can be considered at the individual, relational and collective levels. It is the integration of these three that is really at the heart of well-being.

Of course, the detail of what integration means is variable, but the concept is increasingly recognized to be relevant on the micro and macro levels. This makes perfect sense. It is difficult to become or remain an integrated individual in an unintegrated environment. Earlier I mentioned Andrew Mawson the social entrepreneur, who worked on integrating health and social issues in inner-city London. This led to improved community well-being, where people began to achieve both individually and collectively. He continued this philosophy of 'learning how to join things up' in the Water City Project,

> If you join the dots, that is a new city. And if you connect science and technology in an integrated way into that, that's a very exciting opportunity for jobs and skills for people of East London over the next 25 years…….

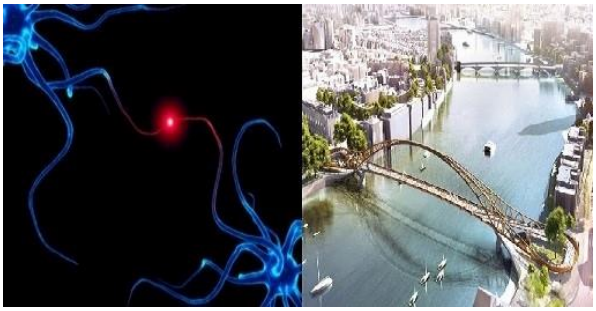
The psychologist, Isaac Prilleltensky (2006) has also made this point well.



Psychological Wellness is a psycho-ecological concept. It highlights the importance of promoting favorable conditions that nurture the personal, relational and collective well-being of individuals.

Overall wellness can only be achieved through the combined presence of well-being in these three areas – the central space on the diagram represented by the W.

Steven Johnson, the best-selling author of seven books on the intersection of science, technology, and personal experience, also talks about the connections between the micro and macro. In his 2010 TED Talk, '[Where good ideas come from]', he says,



"The network patterns of the outside world mimic a lot of the network patterns of the internal world." He claims that great discoveries come more out of connections rather than isolated 'eureka' moments and encourages us 'to connect ideas rather than protect them'. Johnson claims that 'Chance favors the connected mind'. It could also be argued that it favors the connected community.

Inevitably I see the relevance of integration to my work in services for traumatized children and young people. Because traumatized children are often in a state of unintegration or disintegration, the task of integration is at the center of the work. Recovery from trauma involves integrating traumatic experiences into one's personal narrative. Bessel van der Kolk (2014, p.222), suggests that this may be the prevailing goal of therapeutic work,

> …putting the traumatic event into its proper place in the overall arc of one's life.

For unintegrated children, first, this means there must be the development of a sense of self. Only from this position can experience become integrated. A child needs to know who he is before he can know what has happened to him. Development of self takes place through experience in a nurturing relational context, or as Dockar-Drysdale (1990) put it – The Provision

of Primary Experience. There are clear stages in the recovery from trauma just as there are in ordinary development. Kezelman and Stavropoulos, (2012) refer to the importance of phased treatment, first outlined by Pierre Janet in the nineteenth century,

> Phased treatment is the `gold standard' for therapeutic addressing of complex trauma, where
> - Phase I is safety/stabilisation
> - Phase II processing
> - and Phase III integration.

They also argue that the experience of the whole service, and not just the clinical intervention is part of the healing process,

> Neural integration is not assisted – indeed is actively impeded – by unintegrated human services which are not only compartmentalised, but which lack basic trauma awareness.

http://pixionary.blogspot.com/2011/04/cacophony.html

As integration is central to general well-being, I also hope that something can be understood of its wider relevance. Why is it important? On the micro-level of a human brain – the brain functions well when the different components are integrated (see Siegel video). For instance, effective decision-making takes pace when the emotional and cognitive parts of the brain are connected. The strength of intellect is undermined if it isn't integrated with emotion. We could use an orchestra as a metaphor – the brilliance of one part will be lost if all the parts are not successfully integrated. It is most important that the orchestra is in harmony, where differences complement each other.

The same can be seen in families, teams, organizations, communities, and societies. We know this well if we enjoy team sports. Without integration, any kind of development and achievement is likely to be undermined. As individuals, we need to constantly work on our own development, which includes our personal attributes, as well as how we relate and integrate with others.

However, integration doesn't mean merged. The distinction and difference of the constituent parts is what makes a strong whole. It is the way that difference is managed and connected that is important. For example, we could be living in a community where the neighboring community is different but connected; or where there is a wall separating the two. We know

which is healthier. Though there may also be healthy a degree of tension between the connected parts. The challenge for us is how to become better integrated. A good starting point is by putting integration at the top of our agenda.

My Scottish colleague who referred to the Integration Agenda, also remarked what a huge challenge this is. How hard it is to connect different parts and collaborate effectively. Again, this is true from the micro to the macro level. The challenge can be painful, individually, relationally and collectively. My first response to this question was one of deflation, thinking how impossible it is! However, it is the intent and struggle to move towards integration that is valuable. There is no such thing as a perfectly integrated state. Integration is ongoing, new experiences and circumstances constantly need to be integrated.

To bring this back to the unintegrated or disintegrated child. She is faced with a huge task and we know that it will be painful. We also know the potential benefits and the cost of not going on the journey of recovery. By working on the core issue of integration ourselves we provide a model alongside the child. It is the model of what is going on around the child that is most helpful to her. This includes the individuals that are closest to her, the relationships around her as well as the wider environment. If we are focused on integrating our own experiences, integrating better with our colleagues, between our departments, with the wider community and society – we are providing a model for health.

The way in which the concept of integration is becoming integrated in so many ways, is very exciting. I agree with the point made by Bessel van der Kolk's (2014, p.109), that "most research is me-search". We are most engaged when something has an important meaning to us. Bessel van der Kolk himself is a great role model for integration. In his work, he integrates, 'developmental, biological, psychodynamic and interpersonal aspects of the impact of trauma and its treatment'. His book, 'Psychological Trauma has been described as the first integrative text on the subject'.

If we can connect our own ongoing need for integration to the tasks we are involved with, there is more potential for growth than through anything else we could put on the agenda. We only need to think about the many ways in which better integration might benefit our own life and work. If we are working on integration, development, and achievement are likely outcomes.

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THERAPEUTIC COMMUNICATION WITH TRAUMATIZED CHILDREN AND YOUNG PEOPLE (2019)

Note: For the sake of economy the male gender is used. Though much of the paper is relevant to young people, the words child and children are also used for economy.

Abstract: *Communicating with a child is the most important task in facilitating healthy child development. This begins from birth and progresses and develops as the child matures. Often the communication is a joyful process with mutual satisfaction. The process can also be challenging at times for the caregiver and child. How they work through the challenges together is an important part of the development process. When a child is traumatized, perhaps not surprisingly, as trauma has been referred to as 'Speechless Terror' (Van Der Kolk, 2000), communication can become extremely difficult. This paper will begin by exploring the nature of trauma and how it impacts on child development. It will explore some of the central themes of working with a traumatized child, especially different aspects of communication. Understanding and responding creatively to the child's needs is key to restoring the child's development and recovery from trauma.*

The Impact of Trauma on Child Development

Trauma is like an emotional shock – an experience that is too overwhelming to process during or immediately after the traumatic event or situation. Normally, with support and over time the person naturally recovers from trauma and can integrate their traumatic experience as part of their personal history. The trauma becomes a memory that can be thought of and described. When someone is traumatized as in PTSD, instead of a conscious memory the trauma continues to exist in the present as physical sensations, such as fear, panic, and rage. The person may not be able to connect these feelings to anything that has happened. Such disturbing sensations and feelings become a threat in themselves, so all aspects of everyday life are organised to avoid situations that may trigger them.

Trauma during the early years can be particularly damaging because the child's brain is not fully developed. Therefore, the natural development process can also be disrupted and distorted. Trauma alters patterns in the brain. Chemicals such as adrenaline and cortisone are produced in excess, initially as a necessary survival response, i.e. to prepare a person's body to take flight from the threat. Trauma that is repeated over time, often in many different forms, such as physical, emotional and sexual abuse, as well as neglect – becomes what is known as complex trauma. This can have a profound effect on a child's psychological, biological and social functioning.

When this happens the changes that take place in the brain tend to become a fixed rather than a temporary response. Development goes on hold as the brain becomes unbalanced and constantly in survival mode. If a child is hypervigilant, constantly anxious, ready to fight or take flight, or alternatively 'watchfully frozen' to become invisible – he is unable to receive nurturing care and other experiences, which foster development. While there is an increased sensitivity to reminders of the trauma, there is at the same time a decreased sensitivity and interest in

ordinary everyday life. This de-sensitivity along with extreme reactions to reminders of trauma can cause many secondary adversities to occur, such as difficulties in;

- relationships and attachment
- getting on with peers
- sleeping and relaxation - due to fear, hypervigilance and nightmares
- healthy eating and nutrition
- concentration and memory problems
- imagination and play
- having fun and ordinary enjoyable experiences
- recognising a variety of ordinary feelings
- education and learning from experience
- self-esteem, especially to do with strong feelings of shame associated with the trauma.

These secondary adversities along with the original trauma combine to create a vicious spiral that can lead to all manner of psychological and physical disorders.

Difficulty with Feelings

One of the major adversities suffered by traumatized children is to do with their own feelings. The child is likely to have strong reactions to anything associated with his trauma. He might appear to be very emotional and sometimes violently so. Having frequent strong emotional reactions is exhausting and stressful in many ways. The child may not know what has caused his reaction. It may have been a sound, a smell, a tone of voice, the time of day or anything associated unconsciously with the trauma. Therefore, extreme reactions such as rage, often appear to come 'out of the blue'. These experiences are often frightening and surprising to the child, which then makes him anxious about it happening again. He becomes preoccupied with all his feelings as a potential source of anxiety, rather than having a useful or pleasurable purpose. Blocking out feelings becomes a way of managing the difficulty. Consequently, traumatized children are often less able to notice and correctly understand the ordinary feelings of others around them. This causes obvious problems in relationships but also in other areas such as learning and processing information.

The Importance of Safety

The first thing traumatized children need is to be safe and secondly to feel safe. Safety is the foundation for all therapeutic work with traumatized children. Being safe is significantly different than feeling safe and it is important to be aware of both. For instance, we might ensure that a child is safe from harm, but he might not trust us. To protect himself he will keep others at a distance by using various defensive strategies, which have been adopted as a survival mechanism,

- Behaving in an aggressive, hostile, rejecting manner.
- Becoming withdrawn.
- Numbing all feelings.
- Becoming manipulative to maintain a sense of control. Trauma is associated with terror, helplessness and having no control, so feeling in control can be especially important.

All these behaviours, which are attempts to survive and protect the self, prevent people from feeling connected with the child in a meaningful way. Trauma-based behavior is functional at the time in which it develops as a response to a threat. When a child or adult perceives a significant threat to their safety, instinctual survival mechanisms are triggered in the brain and body, such as fight-flight or freeze. While this is functional and protective in the short-term, if prolonged it becomes dysfunctional as it interferes with healthy development.

A consistent, predictable and stable environment plays an important role in helping the child to feel that things are familiar and safe. Safety is also created by being reliable and consistent, with firm but non-punitive boundaries. It is especially important for traumatized children to experience clear and consistent boundaries, such as, the expectations around daily routine and the rules of the home. It is important to maintain boundaries, however difficult and challenging the child is. Behaviour can be firmly managed in a way that also shows empathy for the child. Gradually this will help him to feel secure and to develop a sense of trust. As Van Der Kolk et al. (2007, p.424) explain,

"Since interpersonal trauma tends to occur in contexts in which the rules are unclear, under circumstances that are secret, and in conditions where issues of responsibility are often murky, issues of rules, boundaries, contracts, and mutual responsibilities need to be clearly specified and adhered to (Kluft, 1990; Herman, 1992). Failure to attend strictly to these issues is likely to result in a recreation of aspects of the trauma itself in the therapeutic situation."

An important part of the approach is to make it clear that we are 'challenging the behaviour, not the person' (Barton, et al, 2011, p.82). One might say, 'I don't like you doing that because it hurts people', rather than 'I don't like you because you hurt people'. Empathy can be shown with statements like, 'I know you are feeling very upset, but it isn't ok to hit someone'. However, a simple message like this may be confusing to a child, who has been abused by his own parents and/or others. If we say it isn't ok to hurt someone it may raise the question, 'why did my parents hurt me then?' This may be one of the reasons why the child resists our attempts to establish what seem to be rational and helpful expectations and boundaries.

The Daily Routine

The daily routine is a central part of providing a predictable environment that is so important in helping traumatized children begin to feel safe. It helps to reduce anxiety and the need to be hypervigilant. Dissociation is a common feature of childhood trauma and leads to the loss of a continuous sense of time. Regular schedules and routines are essential in helping to restore this (Van Der Kolk, Van Der Hart and Marmar, 2007, p.321).

To begin with, rather than being concerned too much with communication at a deep level the focus should be on basic matters such as letting the child know,

- How the daily routine will work, especially mealtimes, bedtimes, and waking. Healthy routines also help to reduce stress.
- The expectations around all aspects of living together.
- Who will be looking after him today and anything else that will take place?

Children may need reminding regularly of these things, as they may not be familiar with anything remaining consistent. The reliable daily routine and communication about it help to reduce anxiety and improves the ability to regulate emotions. Other helpful approaches include,

- Providing nurture and care without being too pushy or intrusive. The child may be very anxious about physical closeness with an adult.
- Paying attention to the child and listening carefully to his communication – verbal and non-verbal.
- Showing a healthy interest in the child, finding out what he likes, what he enjoys doing, what is important to him, etc.
- Doing pleasant activities and making plans together and generally building the conditions in which relationships can develop. Traumatized children often have significant relationship difficulties.
- Offering choices where possible. Having a sense of influence can be very important to traumatized children who have felt out of control and unable to escape frightening experiences.

Traumatized children often have their development disrupted at the age when the trauma began. For example, a 10-year-old who was traumatized as an infant, may have a similar level of emotional regulation as a 2-year-old. It would not be realistic to expect him to be able to think much about his feelings and to put them into words, when so much of his energy is used to manage overwhelming feelings and impulses.

An important task for adults working with such children is to co-regulate their emotions, by anticipating potential difficulties, explaining clearly what is happening and by taking actions to reduce stress. To help frightened and anxious children to feel calm, first the adults need to feel and act calmly themselves (Perry and Szalavitz, 2006, p.67). To maintain a calm and emotionally containing approach it is essential that carers feel supported.

One of the realities of ‘daily living’ is that important communication often happens in a spontaneous rather than planned way. When a child has been abused and neglected in his family home, all aspects of daily living may have associations with trauma. For example, mealtimes may have especially powerful associations for one child, while for another it may be bedtimes. This provides an opportunity to respond and potentially work through a traumatic experience. Ward (1996) has called this ‘opportunity led’ work. Every aspect of daily living is a therapeutic opportunity.

Carers Communicating and Working Together

Before children can be expected to communicate, the adults who are looking after them need to become effective at communicating with each other. If we believe it is helpful for a child to communicate and that this might help him understand and manage himself better – we need to role model our belief in this by doing it for ourselves. We need to be aware that some of the things we hear may be distressing for us, as well as for the child.

The support needs of those working with traumatized children are of vital importance. A central part of that support is providing those involved with the opportunity to talk and communicate with each other. Communicating with each other will make a difference in our ability to work with the children. Sometimes this can be done while working with children. The children can benefit from seeing the adults communicate and work things out together. At other times it may be in a special context, such as a team meeting or supervision. Unless the adults work on their own communication, they are less likely to be receptive to the child's communication. Unless adults can work on the painful issues involved, they are likely to defend themselves, and one way of doing this is by not hearing.

Thinking about the Meaning of Behaviour

All behaviour has meaning and can be considered as a significant form of communication. Babies and infants let us know what they are feeling and what they need without using words. An emotionally attuned parent can distinguish subtleties in what is being conveyed, e.g. tired, uncomfortable, scared, hungry, contented, etc., based on the infant's behaviour. It is only the parent's attuned and reliable response to this that enables him to begin the process of thinking about his feelings and needs, and then to find words to communicate with.

A child who is traumatized may never have developed the capacity to think about and communicate his feelings, or he may have lost this ability temporarily due to the impact of trauma. A common symptom of shock is not being able to communicate. A person who is in shock may appear to be in a 'frozen' state. It isn't helpful to push them to talk before they are ready or capable. Often what is needed is to simply be with the person, providing a sense of security and continuity – during a time that is also one of loss and insecurity.

A traumatized child who in many ways is in a prolonged state of shock – may have no or little conscious memory of traumatic events. Traumatized people often spend much energy in keeping thoughts out of mind, due to the potential link to the trauma and the pain that may be felt as a result of thinking. Therefore, thinking may be perceived as a threat and actively resisted. Van Der Kolk and Newman (2007, p.18) point out that premature attempts to talk about matters related to the trauma may only make things worse.

Physical Mastery

Traumatized children often feel stigmatised as if they are different from other children. They need a 'sense of normalcy' (Anglin, 2002) of doing normal, ordinary things like all children. Rather than just focusing on the child's history, it is important to do things in the present that are normal, fun, and enjoyable – as we would with a child who hasn't experienced trauma. It

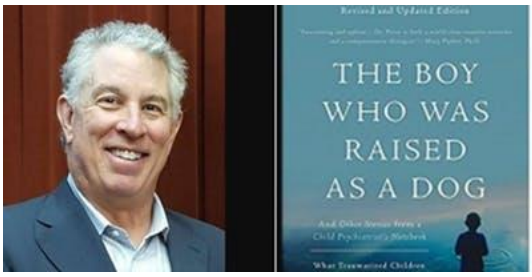
has been said that trauma can take a child's childhood away – we need to enable a child to be a child.

The traumatic experiences can dominate the child's sense of who they are, and they need ordinary experiences to create a more balanced and healthy identity. This can be done by playing games with children where they can use their bodies in a healthy way, also enabling them to develop interests and skills. For example,
playing ball

- running
- dancing
- playing an instrument, drumming, singing
- skipping
- riding a bike
- using hands to paint, draw and make things
- Older children may also benefit from activities that give them a sense of growing up and being more in control, such as, gardening, car washing, shopping, etc.

These activities can also help develop a sense of physical mastery, which stimulates development and self-confidence, as well as the ability to relate to others. Activity that involves exercise also helps to reduce stress and depressive feelings. This can be approached in a way that helps children develop what they are good at and like, and to also learn new things. Developing interests and strengths can improve feelings of self-efficacy, which may also be transferable to other areas of the child's life.

Communication through our Actions
All of what has been discussed so far is a necessary context for focusing on verbal communication. Communication is already taking place, through our actions. These actions demonstrate care and concern to the child, and that they are worthy and deserving. The hundreds of little caring things done repeatedly, gradually enable children to develop trust.



"I also cannot emphasize enough how important routine and repetition are to recovery. The brain changes in response to patterned, repetitive experiences: the more you repeat something, the more engrained it becomes." (Perry and Szalavitz, 2006, p.245).

However, we cannot expect that the child will necessarily accept our efforts. Often it will be quite the opposite. It may feel as if we are getting it wrong and failing, that it is a hopeless situation and a waste of time. Sometimes just as things seem to be getting better, they will get worse. Recovery from trauma is very much, two steps forward and one step back, or two steps back and one step forward! Long periods of time, months or even years can pass by where it seems like little progress is being made. For a traumatized child a little step forward can be the

equivalent of a huge leap. We need to be patient and to continually try and understand why things are so difficult.

Symbolic Communication and Play

Play is a form of communication and essential to child development. It is a very significant way that a child,

- relates to others
- explores, discovers and learns
- uses his imagination
- works things out.

However, traumatized children may have many difficulties with play and sometimes are not able to play. Often childhood trauma happens in a context of deprivation and the child may not have developed the capacity to play. The child may have been deprived of playful interactions with a parent, so his development is inhibited. Trauma causes hypervigilance, withdrawal, dissociation, fear and a lack of security all of which are not supportive of play. Play involves imagination, which may lead the child back to the trauma, so imagination is a potential threat to be kept at bay. Therefore, enabling a child to play can be an important part of the recovery process. Just as in ordinary child development, a traumatized child will only be able to play once a safe and secure base has been established.

Young children often communicate using symbols, for example, through play or through drawing. A child may convey how he feels by showing us the feeling in a symbolic way. For instance, a child who has a teddy may tell us that 'teddy' is feeling sad, or teddy isn't feeling well. When a child does this it is helpful to respond with the same symbolic language, such as, 'it can't be very nice for teddy to be feeling so sad – I wonder what has made him feel like that', or 'what can we do to help teddy feel better'.

It is important to work at the pace of the child, using the child's language. Play has been called the language of children (Vince Gowman). There are many excellent ways of engaging children in play without primarily using words - using toys, puppets, play animals and other figures, music, and dance. All of these can be used creatively and provide ways for children to express themselves. For instance, play figures may be used by a child to create domestic scenes. Toys and other objects can be used to represent different emotions. Music such as drumming can be an excellent way of expressing powerful feelings. All this kind of play and non-verbal communication, which as well as being enjoyable for the child, enables us to gain insights and to understand him better. To understand the child's play it can be helpful to have discussions in team meetings or supervision.

Working with Difficult Behaviour

Difficult behaviour can be used by the child as a way of controlling others. This type of control, which can cause us significant concern is often how the child tries to deal with his fears and anxieties related to trauma. To us, the behaviour may seem like a major nuisance. To the child, it might be how he survives and copes with his fear of being out of control. We might find

ourselves feeling suddenly angry or punitive toward the child. It is very important to think about our own feelings, how they change when we are with the child and what we might learn from this.

Some children try to disrupt adults who are talking together. From the child's experience, adults talking together might mean something bad is about to happen. Sometimes a child might feel the adults are more interested in each other rather than him. In his world, this might feel like being neglected. A healthy alternative to the child's previous experiences is role modelled by talking and thinking together about him and his needs, but also being sensitive to how he might feel about this.

Verbal Communication

Research has shown that parents who talk a lot with children during the normal routine of the day, tend to have children who also talk more and develop bigger, more elaborate vocabularies (Hart and Risley, 1995). Talking is built into daily life by,

- explaining what is happening
- commenting on things the child does
- discussing his interests
- asking questions
- exploring things together
- linking cause and effect
- naming feelings.

A healthy child is biologically programmed to respond and interact verbally,

> Ultimately, genes.... create needs which can be satisfied only by particular environments. Fish genes create organisms that need water. Monkey genes create organisms that need mothers to teach them how to behave. Human genes make organisms that need adults around in order to learn how to talk. (Glantz and Pearce, 1989)

Children who are traumatized, however, may not be used to talking or may have become defensive and wary of what they say. They may have very little vocabulary that can be used to express their needs and feelings. When talking with these children they might not respond, or if they do respond it might be in unexpected ways, for example by becoming aggressive. It is important to persevere and to talk about things in a way that isn't too challenging. For instance, if a child says something that we don't agree with or understand – rather than disagree, we can ask a question and explore things. If a child makes a statement, such as 'Peter hit Paul', we can say something like, 'I wonder how that made Paul feel', or 'I wonder why Peter did that'. The child might not have an answer, but we are making the link between cause and effect, between actions and emotions.

As a result of trauma-related difficulties, the child may not understand how his actions affect other people and how other people feel. To help empathy to develop it is important to both show empathy towards the child and help him begin to think about how others might be feeling.

Naming Feelings

It is important to help traumatized children to recognise and name their feelings. If a child is acting as if he is angry, one could say, 'I wonder when you behave like this if you are feeling angry', or 'you seem to be feeling angry today'. This gradually helps him to find ways of expressing feelings through words rather than by acting out. A child who can begin to say things like, 'I feel so angry with Peter that I could hurt him' is making significant progress. He can then be helped to begin anticipating and taking responsibility for managing emotions and behaviour - 'Remember last time when you felt like this and you had a big fight? What can we do to prevent that from happening?'. Helping children to recognise and name different feelings can also be the beginning of being able to remember parts of a traumatic event and most importantly, the feelings and meaning associated with it.

The Potential for Misunderstanding

While we are trying to find ways of communicating it is important to accept that this is fraught with difficulty. The difficulties can be very challenging and may cause strong reactions, such as feelings of frustration and hopelessness. As discussed, there are many reasons why communication can be difficult. Something that may seem as helpful as naming feelings, must be approached with careful attention to the child. Feelings may feel threatening to him. If he seems very anxious and defensive, we need to be in pace with him and not too pushy. If the child feels threatened, he may react aggressively, take flight or shut down.

A difficulty can arise due to a literal difference in the use of language. The child may have a limited vocabulary - he may not understand the words we use and become frustrated. He may also have very different associations with some words. One simple example is how love and hurt are often easily confused. If the child has been hurt by those who 'love' him, to love might mean to hurt and vice versa. Traumatized children have often experienced a very distorted reality. These distortions can be represented in their understanding of language. Words may have very different meanings. Some words might be associated with traumatic events and when the child hears these words it may trigger traumatic memories. The meaning of words may also vary in different cultures. Sometimes this may be quite subtle and can be confusing.

Children who have suffered trauma can be hypervigilant and very sensitive to the moods of others. They may pay more attention to the way something is communicated rather than the actual words used. Again, the child's perception of feelings may also be distorted. For instance, he may mistake someone who is thinking with a frown, to be angry. He may react to what he perceives our mood to be and not hear our words. Sometimes this can be bewildering and frustrating for the adult. Without a good level of thoughtfulness and care, communication can quickly break down. A breakdown in communication can quickly escalate to acting out behavior. Dockar-Drysdale (1973) in her paper, The Management of Violence, stated that,

"One could start by saying that the management of violence is its prevention. I mean that, since all acting out is a breakdown in communication, it is our responsibility to keep in communication with the children in our care."

Listening to Children

Often traumatized children feel that if they say something it won't be listened to or that they might even be punished. So, they think that communicating is a waste of time or even dangerous. Children who are abused are often threatened with frightening consequences should they tell anyone. A lot of support needs to be provided to help give children the confidence to communicate.

Really listening to children can be difficult. We might be distracted by other things and not paying full attention. We might feel anxious about what is being said. We also need to be open to children saying critical and difficult things to us as adults, being careful not to be defensive. It is important to remember that many children who have been abused, have experienced denial from adults who they have talked to. Whenever a child says anything significant it is important to show that his communication is taken seriously. This is empowering for the child who may begin to believe that he can make a difference by communicating. If we believe communication is important, children need to experience the positive benefits – that things can change for the better as a result of saying something. Feeling listened to, understood and taken seriously is a vital part of building self-esteem and resilience.

If we can really listen and be receptive to a child's communication, he is more likely to tell us important things. As well as listening to children we need to pay attention to the non-verbal communication and the feelings evoked in us. This may tell us as much about the child as the words he uses. Dockar-Drysdale (1980s) sums up the difficulty and importance of listening,

> It is a sad fact that people do not listen sufficiently to children and what they say. They often say very important things in a very simple way and grown-ups are startled, frightened or literally don't hear what they have said, so remarks pass unnoticed. And often if these could be heard and understood it would make a tremendous difference to children. I often say to therapists here that listening is the most important thing they can do. We talk about therapeutic listening, which means listening to only what the child says and not to be thinking of anything else while the child is speaking.

Different Kinds of Communication

We all talk in a variety of ways,

- Chatter – where we are just talking about everyday matters without much feeling attached.

However, it is also possible to chatter, with a real feeling of 'aliveness', which may be more important than the words. Part of communication can simply be about establishing a

connection with another. Chatter can be used in this way - it can also be used to avoid connection. It can be used as a protective shield.

- Talking about everyday matters with feeling – 'I really enjoyed our time together today', or 'that story made me feel really sad'.
- Talking about important personal matters, but in a matter of fact way without feeling, 'when I was young my dad used to hit me'.
- Talking about important personal matters with feeling, 'when I was young my dad used to hit me, and it made me feel really scared'.
- Talking about important personal matters with feeling and insight, 'when I was young my dad used to hit me - it made me feel really scared and sometimes I'm still scared of men'.

A healthily developed person will be able to communicate to some extent on all these different levels and understand the appropriate context for each of them. Most young children know the difference between things they would talk about with their parents, with friends, teachers, strangers, etc. In comparison, traumatized children may be very limited in their understanding. They may only tend to chatter or if they are able to talk about more personal and intimate matters, they may not know how to do this appropriately. For instance, instead of making social chatter with someone they don't know very well, they may say something too personal or intimate. So, as well as helping children learn how to communicate, they need help to understand its social function.

Not Communicating

While this is an important and valid consideration it also paradoxical. Phillips (1996) points out,

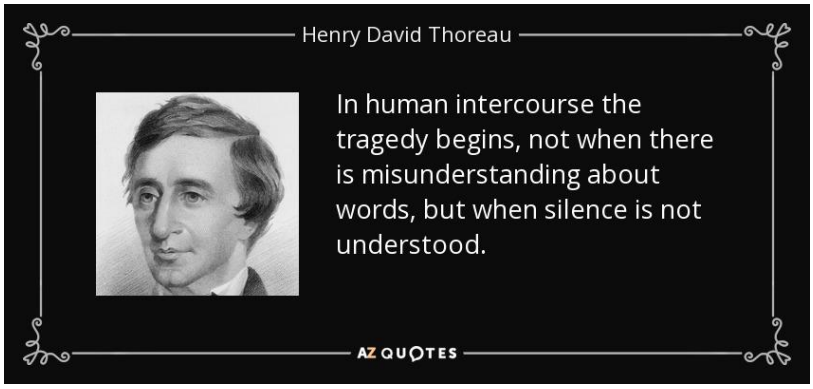
> It's impossible to not communicate. You cannot be for it or against it. You can only do it more or less well – by your own standards or by other people's – but you can't not do it.

Not communicating all depends on how it is perceived. For instance, does it literally mean talking or not talking? Winnicott (1963) explained that it is important to consider both 'Communicating and Not Communicating'. This can be especially relevant to traumatized children. For all of us, ordinary healthy relating also requires spells of being quiet, from which conversation can flow, followed again by quiet when what has taken place can be thought about or forgotten. There is a rhythm between communicating and not communicating. Traumatized children have often lost that rhythm, and either can't stop or can't begin.

Another type of not communicating is a reaction to, or a way of negating, a difficult feeling. For example, a child might feel angry and not talk. However, he might convey his anger through silence. Another example might be a child who feels happy but is afraid to show it, through fear of being rejected and hurt, and chooses to hide and not communicate the feeling of happiness. It is possible that the child might react so strongly that the happy feeling is completely negated.

A final form of not communicating is to do with the private and core self that would be too risky to share explicitly. There is an inner world, parts of which remain private. In relation to trauma, this core self-may be especially vulnerable to feelings of shame and humiliation should someone attempt to expose this hidden part of the self. The need to protect the core self is a necessary part of health and identity. We need to be very respectful of this in work with children who may have had their personal boundaries transgressed and violated, in such frightening ways. Not communicating may be a positive step for the child towards establishing a sense of personal boundaries and authority.

These kinds of not communicating are to some extent assertive and a choice. This is different from the occasions where a child wishes to communicate but is unable due to distress or not having the words. If we think this is happening, we need to consider whether it is best to be patient and wait, or whether we try to help the child communicate. If we have misunderstood and the child feels we are being too intrusive, the risk is that he becomes more defensive. On the other hand, if the child needs help and we don't say anything, he might feel we are ignoring the issue or turning a 'blind eye', as people often do when it comes to seeing or hearing about child abuse. Maybe a way can be found of asking the child if he would like help to tell us something. It can be difficult, and we are left with our judgment based on how well we know the child. Henry David Thoreau in 1849 made the interesting observation,



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The Child's Stage of Development

During early infancy, communication is primitive, through actions such as crying. Then words are used to express feelings and needs, then this is done with some recognition that others also have needs and feelings. Finally, the 'executive function' of the brain develops, enabling complex abstract concepts to be understood and communicated. This ability may only be fully realised in later childhood and continues to develop into adulthood.

We know that trauma can cause developmental delays as well as a regression to earlier stages of development. So, our responses and expectations towards his communication need to be guided by understanding the child's actual ability. If the child is very young emotionally it might be unrealistic to expect that much can be achieved by in-depth discussions. It might be better to focus on other ways of communicating and on developing physical mastery rather than talking. A child may feel better by playing a game or doing something rather than by 'talking about his problems'. On the other hand, if the child is reasonably well developed but always

seems to 'chatter', he may be avoiding something. This may be due to the potential distress involved, feeling unsafe or afraid of what might happen. Our task here is to help remove the block rather than put pressure on the child to say more. If he doesn't feel safe, helping him to feel safe makes it more likely he will then be able to communicate. It is also important to recognise that, whilst it may seem a child is chattering endlessly, if listened to carefully there may be details of what he says that have significant meaning. This may not be immediately obvious but through careful attention, we may begin to make connections.

If we think that there are important things a child is potentially able to communicate but is holding back, a thoughtful and gentle approach is needed. Once the child begins to share thoughts, as well as the painful memories being activated, other feelings will be brought to the surface, such as anger, shame, guilt and sadness. Trauma also involves loss, and this can be very difficult to acknowledge. The child's feelings might be very confused and distorted. For instance, feeling guilt about the abuse, as if it was his responsibility. Working through these issues, requires time, understanding and patience.

Summary

This article has explained the importance of communication in the context of child development. It has highlighted how trauma especially when it is complex, including abuse and neglect, impacts a child's development. Both the nature of the trauma and the developmental delays can cause serious difficulties in communication. This means that the work is challenging and potentially distressing, if not traumatic for all involved. The article has made suggestions of approaches and ways of thinking about communication that may be helpful.

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THE CAPACITY TO THINK: WHY IT IS SO IMPORTANT AND SO DIFFICULT IN WORK WITH TRAUMATIZED CHILDREN (2015)

I have used the image of Descartes the 17th-century French mathematician and philosopher because of his famous line, I think therefore I am. I am using this quote simply to state that the capacity to think is the distinguishing feature of being human. This capacity gives us great potential as individuals and a species. Conversely not being able to think causes great limitations.

It didn't take me long when I began work (1985) in a therapeutic community for 'emotionally disturbed' children, to discover the difficulties I would have in my own thinking. Out of the ten boys in our home, there was one who had earned the reputation of being able to drive everyone 'round the bend'. Whenever this 12-year-old boy approached me with a manic look on his face, the best I could do was hold my hands behind my back to prevent myself from pushing him away. Thankfully I was successful in that. I can't remember anything else I did or thought but maybe that was an important enough achievement. This is why we had regular meetings with our supervisors and consultant child psychotherapist to help us think about the children.

It seems obvious that not being able to think is a major and common difficulty. However, the huge numbers of people who have suffered trauma, especially complex trauma during childhood are often misunderstood. Their difficulty in thinking is unacknowledged and they are held responsible for their 'thoughtless' actions. Trauma causes many problems in thinking. For example, difficulty in linking cause and effect, inability to make appropriate decisions and plans, the misreading of people's feelings and intentions.

> Trauma results in a fundamental reorganization of the way mind and body manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think. (van der Kolk, 2014, p.21)

Despite the importance of thinking in child development, cultures have evolved where thinking is often relegated beneath other abilities. Sometimes with good reason. For instance, if we

need a working population that is going to sit by a conveyor belt all day long, obedience and conformity might be more useful qualities than thinking. Schools and parents might be encouraged to foster this culture: learning by rote; repeat after me; do as I say; tests based on memory. However, in today's complex world it seems that helping children develop the capacity to think should be the main goal of education, at home and school.

Real learning needs the opportunity to work things out for oneself. Clifford-Poston in her book 'The Secrets of Successful Parenting' asks,

What does a child need in order to learn?

- A secure base from which to venture into the world.
- Permission to be curious.

If curiosity and safety are central to learning, Einstein clearly did not think much of his education. He said that 'It is a miracle that curiosity survives formal education'. He also added, 'The value of a college education is not the learning of many facts but the training of the mind to think'. As safety and curiosity are so important to learning, it is evident how disadvantaged a traumatized child can become. Curiosity and imagination can feel dangerous to such a child. A child who is constantly on guard can't relax into being curious. Simply being curious may also have been a precursor to abusive experiences. Imagination, which can be a retreat may also be too risky as it leads to re-experiencing traumatic events.

The very nature of trauma means that the experience is overwhelming. Trauma is a profound emotional shock. The brain and body go into survival mode. During infancy, severe neglect can also be included as a trauma. When trauma happens out of the blue, such as a car accident, the people involved are likely to recover in time. When a child experiences multiple trauma, the traumatized state is likely to become permanent. The expectation isn't recovery and a return to normal. Trauma has become the 'normal' and the child is constantly on the alert for the next terrifying event. Usually, what helps someone to recover from trauma is one's own internal resources and support from others. Where a child not only experiences trauma but has little support the impact is multiplied. Where those who are supposed to protect and nurture the child inflict the trauma, the impact is unthinkable.

What makes complex childhood trauma so devastating is that it also happens at a time before the 'thinking brain' has fully developed. This part of the brain located in the cortex is often referred to as the executive function.

> Executive functions are processes that support many everyday activities, including planning, flexible thinking, focused attention and behavioural inhibition, and show continued development into early adulthood. (Knapp and Morton, 2013, p.1)

Of course, the executive function in an integrated person is also connected to the feeling, emotional part of the brain. Good decision making, for example, relies on the thinking and feeling parts of the brain working together in an integrated way. A child who is traumatized

early in life, often has an underdeveloped capacity to think. The brain develops according to experience. For a child to develop thought he needs to experience the care of a thoughtful caregiver.

> It is almost a truism that children learn to think by being thought about; that an infant's essential learning about him or herself takes place in the encounter of one mind with another from the very moment of birth. (Waddell, 2004, p.22)

The kind of thinking Waddell is describing is both conscious and unconscious. It relies upon emotional attunement. The 'good enough' parent is responding repeatedly to the infant, often without being fully aware of the detail and mirroring that is taking place. Fosha (2003, p.228) makes the link between this kind of attunement and the development of resilience.

> The roots of resilience.... are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other.

Without this, the child's resilience and development, in general, may be severely hampered. Lyons-Ruth (2003) found that maternal disengagement and misattunement during the first two years of life was strikingly linked to dissociative symptoms of their children in early adulthood. She concluded that infants who are not truly seen and known by their mothers are at high risk to grow into adolescents who are unable to know and see (van der Kolk, 2014, p.121). In other words, they will have difficulties in thinking.

However, in the absence of serious trauma, a little thought and attunement may go a long way. We must also remember the child's innate tendency towards growth and resilience. Wilfred Bion (1962) made the important point that the infant's first thoughts would happen in response to the gap created by absence, i.e. by thinking about the mother who is not there. This means that there is also a process of development that happens outside of direct interaction between a child and caregiver, but within the context of a secure base (Bowlby, 1969). This has something in common with Winnicott's (1958) concept of the 'capacity to be alone'. This ability to manage and even enjoy the sense of being alone, paradoxically as Winnicott points out, initially relies on the presence of another. The idea is that in the presence of a safe and reliable other, it is possible to develop a sense of one's own direction and thought.

A child who has suffered complex trauma is likely to both, not be able to think and to actively stop any thinking that might be possible. The child's thoughts can also become a source of terror as they link her back to the trauma. This may happen persistently through, flashbacks, nightmares, and physical sensations, such as panic and anxiety. To survive this exhausting onslaught the child's brain/body system may shut out both thoughts and feelings.

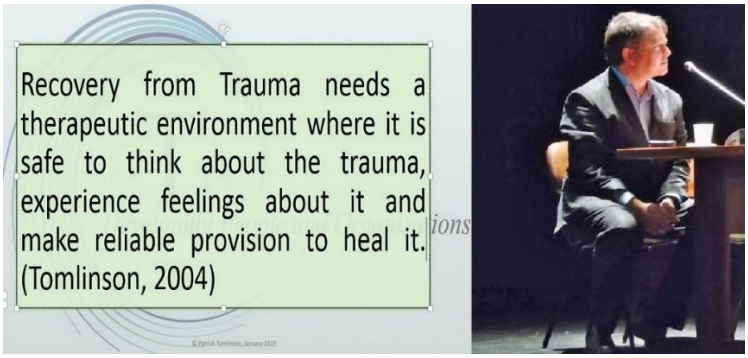
> "…they focus their energy on not thinking about what has happened and not feeling the residue of terror and panic in their bodies." (van der Kolk, 2014, p.133)

This happens purely as a primitive survival response. However, though feelings and thoughts may be blocked out of consciousness, the child's body continues to register the huge stress that he is under (van der Kolk, 2014). It isn't hard to see how this scenario is going to lead to a pile-up of secondary adversities for the child. Such as,

- Difficulty living in the present.
- Inability to use opportunities for nurture and learning.
- Problems in relating to anyone, including getting on with peers.
- Poor health due to unhealthy routines, problems with eating and sleeping.

The difficulty goes on and on in a relentless cycle. This is why helping such a child is so demanding. The earlier the difficulty started, the more severe and the longer it has gone on for, the harder it is. This is one of the reasons for the appalling fact that some 10-year-olds or even younger children have lived in 30 or more failed placements.

So, what are the key elements in enabling recovery to happen?



Safety is the starting point. The child must actually be safe and reach the point where he feels safe. This might take a year or longer and with plenty of ups and downs along the way. One reason while a settled and consistent placement is so important. To achieve this those working with the child must be able to think, individually and together. Thinking in this context means to be able to receive and notice everything that is going on with the aim of making some sense out of it. It means being able to hold bewildering realities, strong emotions, contradictory possibilities and to think rather than react. However, this is likely to be difficult for many reasons (Tomlinson, 2005),

- The child is likely to behave in a manner that is hugely demanding, challenging and confusing, which is physically and mentally exhausting. Thinking is hard when we are tired and anxious.
- Moving from a thoughtful to reactive state can happen very quickly.
- The child will do things that are extremely difficult to understand.
- The 'normal' response may not only not work it may make things worse.

- Understanding is required to see what lays beneath the behaviour. The helpful response may be counterintuitive.
- As soon as you think you've worked something out something else will contradict it.
- When we do think about a child, he may do everything possible to stop us.
- The child has stopped thinking because it leads to no good in his world. Therefore, our thoughts are perceived as a threat and something that may link him back to trauma.
- A traumatized child may associate adults thinking about him with adults abusing him. Ordinary caring thoughtfulness may be completely alien.
- The child may attack and reject our thinking in a hostile way. This may also be a form of testing to see if we will give up or retaliate.

It can be seen how thinking and understanding the child is essential on many levels. It could be argued that the child will not be able to think about himself until the adults working with and looking after him can. For the child's disassociated and unintegrated experiences to become integrated, someone else must be able to bear and hold those 'bits' of experience together. The reality that others can do this helps the child sense that her experiences may be possible to survive. Surviving the child's attempts to destroy the thoughtful care being provided offers the hope that the worst she has experienced can be survived. And therefore, that maybe she can also be survived.

This challenging work will impact on those directly involved with the child and anyone else who is involved, such as supervisors and managers. It is crucial to maintain an environment where thinking can take place. As soon as this goes there is likely to be another failure. It sounds clear, but the problem is that we are always on the edge of finding our own way out of the difficulty. Those involved must face very painful and sometimes shocking realities. One way of getting out of this is by adopting similar survival strategies to the child. Cut off from our thoughts and feelings. Distract ourselves from thinking. Focus on other things and close down the opportunities for thoughtfulness. If this happens temporarily to one person, others can step in and support. It is a serious problem only if it becomes the norm within the culture.

The symptoms of such a culture include,

- A lack of openness and a focus on control.
- A move towards a closed system, based on secrecy and denial, which are the typical dynamics of sexual abuse.
- A dismissal of thoughtful insights, which might be labelled as indulgent, or 'letting the child get away with it'.
- Frequent cancellation of all meetings, which offer an opportunity to think about the child.
- Quick reactive responses to situations.
- A lot of doing and 'busyness'.
- A tendency to blame and a lack of empathy.

As with the traumatized child, this begins to look like a traumatized environment. It isn't long before the secondary adversities of this also begin to pile up, causing far more extreme symptoms.

The capacity to think is central to ordinary child development. Complex childhood trauma greatly compromises this. To help a child recover from trauma and to resume ordinary development, an intervention based on thoughtfulness is essential. To provide this is extremely challenging both on an individual and collective level. We may give up and adopt a defensive response, which is likely to cause a failure. To prevent this from happening we have to be constantly working together on the difficulty. However, much thinking is required cannot be prescribed. It must be enough to match the difficulty that is involved.

In a strong culture based on these principles, it is more likely that not only can we survive but also offer traumatized children and young people the hope of recovery.

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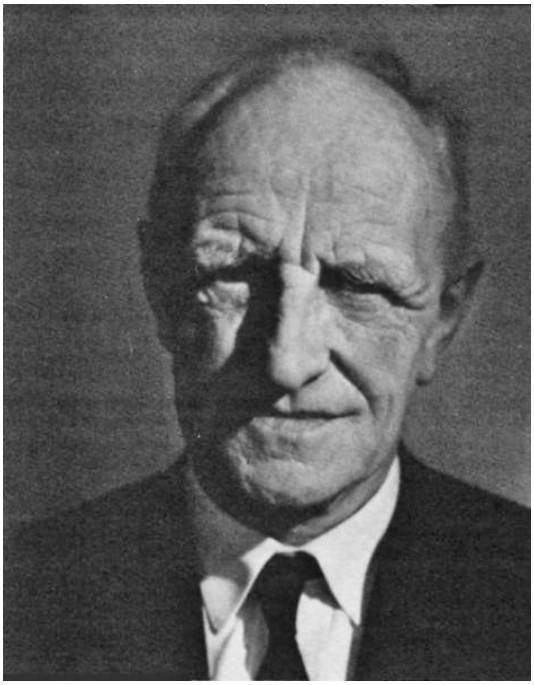
THE MEANING OF A CHILD'S STEALING AND OTHER ANTISOCIAL BEHAVIOR (2014)

Of course, this is a complex subject and there is a risk of making simplistic generalizations. So, the aim is just to give some food for thought that may broaden our perspective. The circumstances for each child and young person are unique as is the potential meaning of their behavior. That is an important starting point – all behavior has meaning, however bizarre and bewildering it may seem.

What prompted me to write a blog on this subject was a comment by a psychologist, who said to me, 'That while culture has a significant influence on behavior, stealing seems to be a universal theme across cultures, for children who are in care'. She wondered why?

Early on in my work as a care worker in a therapeutic community for boys who were severely traumatized by abuse and neglect, I was introduced to Donald Winnicott's (1984) concepts of the 'Antisocial Tendency' and 'Delinquency as a Sign of Hope'. These concepts were especially helpful then and they still are now.



The children's behavior in the therapeutic community could be extremely antisocial. The concepts provided a framework within which understanding could be made from what often seemed incomprehensible. Initially, a few simple points helped. Children who have been abused, hurt, rejected and who don't trust adults will relentlessly test the patience, stability and reliability of anyone who tries to care for them. This can be perceived as a necessary survival mechanism the child uses to hopefully arrive at the point where someone does survive him and becomes trustworthy in his eyes.

Unfortunately, many adults don't 'survive' and either they or the child leaves, so the pattern of rejection continues. Each time this happens the problem is made worse for the child. So, the adult's survival is essential! This is the case not only for an individual working with the child but also for the team. The child will also test the 'family group's' ability to survive together. Within the context of this difficult and often unpleasant work it can be seen, there is a seed of hope. It would be more worrying if the child gave up and became completely withdrawn. Usually, if a prolonged period of testing and challenging behavior is survived, the child settles and begins to accept the care he so desperately needs and wants.

Before beginning work in a therapeutic community, I had seen little extremely unusual behavior in children. Plenty of 'children being children', but nothing out of the ordinary. In the therapeutic community home, I began in, much of the behavior was extremely unusual to me.

One young person would eat the stuffing out of his bed cushions and was obsessed with the sewerage system. Another used to get out of his bed and sleep in his cupboard. Another ran off one night, found some old tins of paint in a shed and emptied them in a decorative pond. I'm not sure we ever figured out the meaning of all this behaviour, but we did try to think about it. Winnicott (1967) urges caution in expecting such a child to explain his behavior,

> The aggression is liable to be senseless and quite divorced from logic, and it is no good asking a child who is aggressive in this way why he has broken the window any more than it is useful to ask a child who has stolen why he took money.

With the boy, the paint and the pond, maybe it was just a series of random opportunities and impulses. However, the pond was in the center of the community so the fact that the water had turned a whitish color could not be missed in the morning. Ward (2011, p.5) gives a general explanation,

> In the first place this search for boundaries may be shown in the family, and in the form of stealing, disrupting, or doing other things which will draw attention to himself, giving him some sense (however negative) of agency in the world.

The young boy had certainly gained everyone's attention and maybe that was what he needed. However, an incident like this can easily go wrong, especially if the pond had fish it in it, which it did! The consequences of the action can become a bigger nuisance than the child intended. And instead of helping him to be understood which may have been his unconscious hope, causes a harsh reaction without understanding. Winnicott (1956, p.309) explains the nature of the difficulty and the hope,

> The antisocial tendency implies hope. Lack of hope is the basic feature of the deprived child who, of course, is not all the time being antisocial. In the period of hope, the child manifests an antisocial tendency. The understanding that the antisocial tendency is an expression of hope is vital in the treatment of children who show the antisocial tendency. Over and over again one sees the moment wasted, or withered, because of mismanagement or intolerance. This is another way of saying that the treatment of the antisocial tendency is not psychoanalysis but management, a going to meet and match the moment of hope.

As Winnicott explained, it can seem ironic that just at the point when things begin to feel hopeful the child's behavior can appear to get worse. On this occasion, we did manage to tolerate the boy's behavior and work with him in a positive way. Often thinking about why a child did something would offer some useful insight. This kind of thinking about meaning is central to the psychodynamic approach. Comparing this with a cognitive approach and a focus on developing strategies to manage behavior, Schmidt Neven (1997, p.4) says,

> However, in using a psychodynamic approach, one would view the problem in a different way. First of all, one would postulate that the destructive behaviour is in

> itself *an important communication*. It might, in the context of the family, be the only way in which the child is able to communicate something about what he or she feels. So we would ask the question 'What lies behind the destructive behaviour?' The other question we would ask is 'Why does this behaviour emerge *at this particular point in time*?' So the questions '*What does it mean*?' and '*Why now*?' are all-important.

Adrian Ward (2011, p.4) wrote about these concepts and considered them in relation to the riots that took place in England during 2011. In reference to Winnicott, he states,

> The first thing to be clear about is that he sees the antisocial tendency as being universal: in a refreshingly 'normal' way he acknowledges that every child has, in effect, both social and antisocial tendencies. At this point I must ask those readers whose own childhood was without blemish to 'look away now' – those who never deliberately swore, broke anything, shouted at their dear mother or pushed their sibling off his or her perch from time to time.

Interesting that Winnicott, as with the psychologist I mentioned, also referred to the antisocial tendency as universal. One of the tasks of being a parent or carer as Ward and Winnicott point out, is providing the child with clear and appropriate boundaries. At the same time, it is important to recognize and have empathy for the fact that healthy development requires the child to push against these boundaries. Sometimes the child might need to go over the boundaries to experience what it is like on the other side. The child psychotherapist Adam Phillips (2009), in his paper 'In praise of difficult children', explains the paradox this creates,

> The upshot of all this is that adults who look after adolescents have both to want them to behave badly, and to try and stop them.

Antisocial behavior becomes a more worrisome problem when it isn't responded to and contained within the family or caretaking setting. The child in this instance is then likely to seek boundaries outside of the family home. Still, there may be an underlying hope within the child that his behavior will alert his primary caregivers.

Ward explains,

> It is as if, in Jan Abrams's words, 'the individual is searching for an environment that will say *no* – not in a punitive way, but in a way that will create a sense of security' (Abrams 1996 p.54). This is largely an unconscious search of course, in which the child is repeatedly driven to seek out something which is instinctively felt to be missing. (p.5)

Many parents will have received the occasional cautionary letter from the school principal or even police, and this has been enough to alert the parents to the child's needs whatever they may be. However, when this type of scenario isn't responded to well the child's behavior may worsen. Over time he may become hardened to living in a world where he feels his needs can't

be understood and met. He may then begin to seek ways of gratifying his own needs. The antisocial behavior may take on a secondary gain, such as feeling excitement, power, and delinquent status. Dealing with this problem is far more difficult and highlights the importance of noticing and responding to signs of antisocial behavior early on.

This brings me back to the issue of stealing and why it is often one of the first acts of the antisocial tendency across cultures. One universal fact regarding child development is that a child cannot grow and develop, without something good and nurturing from adult carers. The child has an instinct for this and behaves in such a way as to elicit the positive response of a carer to his needs, normally the mother to begin with. This has been called 'attachment seeking' behavior. When a child loses something that felt good, however short or fleeting it was – he is deprived and wishes to return to the positive state that has been lost. Adam Phillips (1988, p.17) in his book on Winnicott explains that when a child in this situation steals, he is not specifically interested in the 'thing' he steals. He is stealing 'in symbolic form only what once belonged to him by right' and which has been lost. He is also 'alerting the environment to this fact' and testing the environment's tolerance towards the nuisance value of such behavior (Barton, Gonzalez and Tomlinson, 2011, p.95). This type of stealing can be understood as an unconscious impulse. It is such a primitive instinct that it can be expected to be a universal phenomenon of childhood deprivation. Maybe even the word stealing is not appropriate as it is so easily misunderstood in a negative judgmental way.

Often the most helpful way to respond is to consider that the child may be looking for his needs to be met within the context of a nurturing relationship. In my experience, once this happens the 'antisocial tendency' is likely to disappear at least to what is within the realm of ordinary child development. Ward (p.7) concludes that the concept of the 'Antisocial Tendency' and 'Delinquency as a Sign of Hope',

> …was and still remains one of Winnicott's most remarkable and profound insights…

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Adrian Ward's free pdf paper can be downloaded here, http://goo.gl/WUwLoq

I just found this blog http://goo.gl/nKxO9i and think it might be of interest to those who are interested in Winnicott. It does strike me how much some of his concepts still resonate so powerfully. This is on the 'Good Enough Mother', which I have often found to be a salvation!

Comments

Gulchekhra Nigmadjanova, Advocacy Advisor at SOS Children's Villages, Uzbekistan

I opened for myself Winnicott's Good Enough Mother book. CRC says exactly the same about parenting. And this is something many of us parents live with and apply in bringing up. For there is such a devoted mother or someone dear behind many successful children and adults too. How to raise understanding of this parenting, how to empower parents - of own or foster or caregivers to treat their children using this attitude and approaches - this is an issue.

Moses Wangadia, Programs Team Leader at Retrak, Uganda

I like the phrase deprivation. Working with street children in a long time I have seen and heard parents complain about their children becoming thieves and hence ending up on the streets. But what I have learnt about this is that it starts with a child being denied food at most because the child doesn't want to work, which is the order of the day in most homes where children contribute or participate at home in certain areas. Once this happens, the children are left with no option but to start looking out for where to get food and certainly having no source of income the easiest way out is to start sneaking to get what to eat either from home or around the neighborhood. Unfortunately, in doing this, some learnt that there is an easy way out where you don't work but get what to eat and it becomes a behavior. All this at a certain level has elements of deprivation. However, what I need to figure out is what causes someone to be averse to working or following instructions at home that lead to this deprivation. If it doesn't still lead to deprivation of parental attention.

Bonnie Murphy, Consultant, Autism / Child Abuse Advocate, USA

Excellent article for both clinicians and caretakers (parents/guardians) of children who display antisocial tendencies. My viewpoints are from the parent side, by no means am I professional, except in the way of "school of hard knocks" as I go on a journey with my son who has antisocial tendencies. I agree with you; that stealing is almost always universal among children who have been abused, traumatized, hurt or rejected.

Loved how you Referenced Donald Winnicott's (1984) 'Antisocial Tendency and Delinquency as Sign of Hope,' was especially interesting and his concepts appear to hold true 30 years later: Abused, hurt, rejected children tend to not trust adults and will test patience, stability, and reliability of anyone who tries to care for them. When a child steals an item, the item represents something of loss - it's a subconscious impulse.

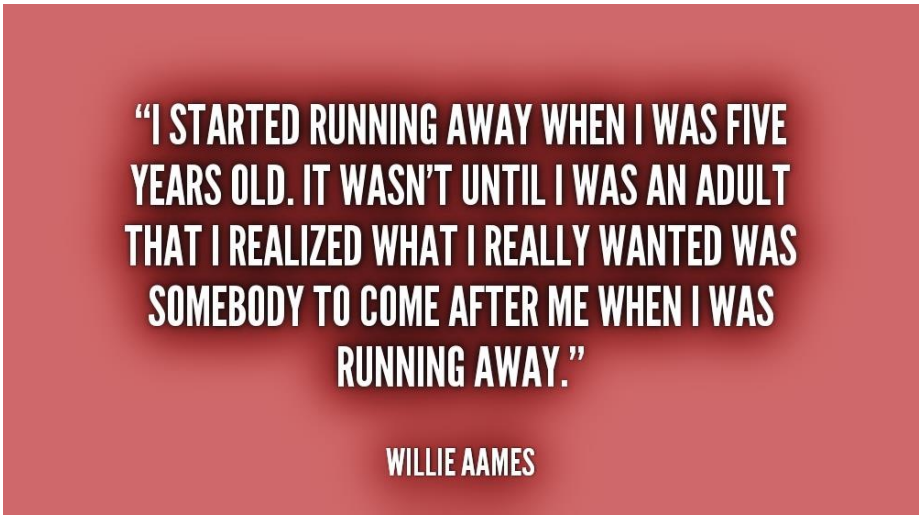
Another vital concept by Winnicott; A child tests the 'family group's' ability to survive together. Searching for boundaries in the family, a form of stealing, disrupting or doing other things which will draw attention to himself - giving them a sense of control. The child may or may not know why he is doing such behaviors only that it is self-soothing in ways that most people cannot understand. Over the years I have concluded that children of trauma, abuse, neglect, abandonment and rejection are only comfortable in chaotic environments - if no chaos, they will create even though it was what they hated when in an actual unsafe chaotic environment. It seems that breaking this pattern is most difficult. My favorite concept Winnicott illustrates is '.... the treatment of the antisocial tendency is not psychoanalysis but management....' This supports Jan Abram's words when she wrote about Winnicott's work: '...the individual searches for environment that will say NO - not punitive way, but way that will create sense of security....' Which comes back around to your concept: '.... One universal fact regarding child development is that a child cannot grow and develop, without something good and nurturing from adult caregivers...'

The flow of all incites; Winnicott, Abrams, and yours highlight very important concepts that all caregivers should be aware of. Families need access to such information/training when dealing with antisocial behaving child - it is a vital part of the child's success as he learns to trust society. I reiterate; I speak from personal experience, having dealt with these issues with my 12-year-old son for last eight years - we were completely blindsided by all these behaviors and many more. We knew that adopting an older child would have some issues but never in our wildest dreams could we have foreseen what we have gone through as a family.

Patrick Tomlinson
About the universal nature of anti-social behavior!

> I would there were no age between sixteen and twenty-three or that youth would sleep out the rest; for there is nothing in between but getting wenches with child, wronging the ancientry, stealing, fighting. (Shakespeare, A Winter's Tale, 1623)

REASONS A TRAUMATIZED CHILD RUNS AWAY? (2015)



I have been thinking about the link between trauma and running away. In work with traumatized children and young people, running away can be one of the most challenging and troubling themes. However, as a universal theme, it is one of the most important matters we need to find a way of thinking about and working with. We can't just 'lock' children up or ironically 'throw them out' after they've ran away.

First, I should make it clear that I am not implying that the American actor Willie Aames was a traumatized child. I use the quote only because I think it makes at least three useful points. One is that running away as with many behaviors can have different meanings beneath the surface. Secondly, Aames implies that his behavior was a form of communication. It also seems that no-one picked up on his communication in the way he was hoping for unconsciously. Thirdly, he makes it clear that his conscious view only emerged many years later. So, as a child, he didn't know why he was running away. If he had been asked, he probably could not have given a meaningful answer. Even though the quote says that he wanted someone to run after him, this doesn't explain why he had the impulse to run. Why did the impulse develop when he was five?

For most children, there is a point in their development where they realize they can run away. This may just be a sign that the child has a healthy curiosity about what else might be out there. The child realizes she has the potential to go outside of her parent's world. It may be a way of experimenting with crossing boundaries. To run away one must go over a line. This possibility, which is more an interest in exploration and discovery may enter the child's imagination and dreams even if it isn't literally acted out. Is the urge to run away a move towards independence? "Once I ran to you, now I'll run from you", as the lyrics to the song 'Tainted Love' say. The child might feel excited and slightly fearful about the possibilities.

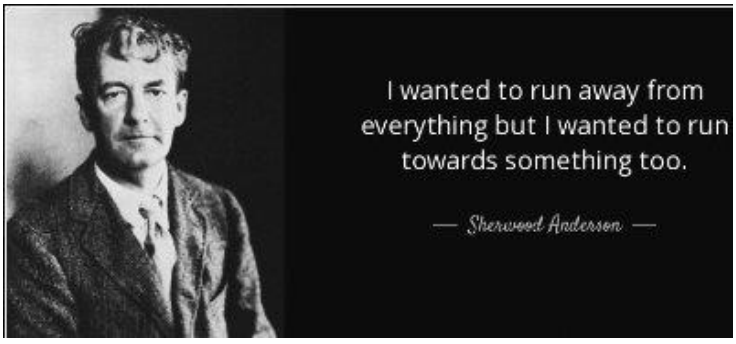
A traumatized child may have far more troubled connections with the impulse to run away. It is clear, one of the terrifying things about trauma is that it is inescapable at the time. The body is

unable to escape, leaving the mind and body unprotected from the full terror of what is happening. The only form of escape, especially for children who face repeated traumas such as abuse, may be to dissociate. In other words, their mind becomes removed from the body. As if it isn't happening to them. Physiological and psychological mechanisms kick in to reduce pain and increase the chance of survival.

As a result, the child's body might feel useless to him. He may feel let down by his body and ashamed of his 'failure' to escape (van der Kolk, 2014). We often see traumatized children who are lacking basic physical competence. Many have difficulties in co-ordination and can appear clumsy. Self-esteem deteriorates and the problem of having an incompetent body and mind grows.

As a child begins to recover from trauma, he will begin to gain confidence. He will become physically and mentally more capable. For the reasons I have mentioned, gaining a sense of physical mastery is extremely important for these children. Running might be one of those areas of mastery along with other physical activities. Their previously 'useless' bodies now begin to feel more capable. One upshot of this is that they can now experiment with escaping. If a small child has been unable to escape terrifying situations at the hands of an adult, as he grows bigger it must be liberating to be able to run away. The message might be, I am no longer powerless, and I can get away when necessary. Just the experience that it is possible might be enough. The child can't necessarily trust that there won't actually be a need at some point.

If a traumatized child feels empowered by being able to run away, in some ways it might be an important step forward. If this is the case, we need to be careful not to be punitive and harsh in our response. This would be a bit like punishing a victim for giving up the victim role. I would add that it is generally a good thing not to be punitive and harsh towards a traumatized child. This isn't likely to induce a feeling of wanting to stay. In fact, what we do on the child's return can be crucially important. How do we express our concern but also provide her with the space to discuss, explore and say anything that might be important? Does the child feel welcomed back? How do we feel about having her back? Sometimes people may feel relieved and angry at the same time?



Even if there is a healthy aspect of development in a child running away, those being ran away from are not likely to welcome it. So, what are the kind of questions to consider? One well known and key question is whether the person is running away from or to something. Or as the American novelist Sherwood Anderson said it may be both?

Is it possible that there is something going on in the living situation that the child is running away from? For example, is she being bullied? On the other hand, is someone luring her away? Are there unsafe, frightening situations that she is either running away from or to? Does the child just feel safer, freer and in control being away from people? Is she running away from risking the possibility of a good relationship? Is there something positive she is running to? Such as a wish to be reunited with family. Even though we might have concerns about the family the wish for connection is natural.

As I have said, running away is often a very difficult experience for those who are being left behind. It can feel that a child running away is rejecting the care being offered. On top of this, there can be a lot of worry and anxiety involved. When I started work looking after ten traumatized boys it wasn't long before I experienced a child running away. Given the children's lack of concern for safety and their vulnerability, the risks were significant. We were in a therapeutic community on a farm, about six miles from the nearest town. Sometimes by the time a boy who had run off got outside of the community, he would come back, already tired by his efforts! This was one advantage of the location. Running away didn't put the children in such immediate danger as it might in a city. There have been many reported instances of children in out of home care, getting involved with gangs, drugs and sex, etc. This inevitably causes huge anxiety for the adults looking after the children. The anxiety can escalate so that all attention is on stopping the child from running away and little on thinking why she may be doing it.

It is also worth paying attention to our feelings and thoughts while the child is 'missing'. What is the running away evoking in us? For example, is the child projecting some of her fears into us? Is she giving us a taste of what it feels like to be abandoned and run away from?

A colleague, Tuhinul Islam Khalil (2013) mentioned that in Bangladesh, children living in a large residential home where he worked were often running away and 'dropping out'. Contact with the children's mothers was not encouraged as many of them were sex workers. Tuhinul recognized that the children needed their 'mums'. He changed the organization's policy so that,

> Mum can come and visit any time they want. They don't even need appointment to come. So, it is like magic, within a month the dropout rate has nearly gone.

This was an excellent example of thinking about the underlying reason and meeting the need. Back to my days of trudging around the muddy fields looking for run-away children. Sometimes I might find the child and he would return with me. Often it felt like a game of cat and mouse. This could be exciting for the child and maybe sometimes for the adult. After a few hours, he would usually return on his own accord for a warm bath and food. Simon Bain, a resident of this therapeutic community in the 1970s, commented (2012),

> Although, you could say, I wasn't a success, the funniest and indeed my fondest memories are the 'running outs' we used to do, with the staff spending half the night chasing us.

This raises the question as to whether the need to 'run away and be found' can be built into daily life. For instance, hide and seek type of games or more adventurous orientation activities for older children. I imagine that hide and seek is a universally popular childhood game. Capturing why this game can be so meaningful, Winnicott (1963, p.186) said,

> It is a joy to be hidden and a disaster not to be found.

The child has a simultaneous wish both to be hidden and to be found. Symbolically this may represent the child's inner self being hidden but also wishing to be found. Some children might feel like no-one cares enough to look for and find them. They might feel they aren't even noticed and seen. 'Out of sight out of mind', as is so often the reality for traumatized children.

Sometimes when a child ran away, being the one to go look for him could feel like a preferable activity to some of the alternatives, such as cleaning the house or attending a difficult meeting. Of course, we couldn't easily admit this, but it highlights one of the possible dynamics. As adults, what might we have invested in the child running away? Might the child be running away for the adult? Is the child running away from something that he senses is going on between the adults? Thinking about what we do and feel in response to the run-away child may give us a helpful clue.

In one of the training sessions I attended in those early days of my career we watched a video of a well-known psychologist, Bruno Bettleheim, talking about his work in a famous institution. He said that sometimes a child could not be stopped from running away so rather than 'run after him' they tried to 'run with him'. I found this an insightful way of re-framing the problem. Maybe sometimes our job wasn't to stop a child running away but to make the running away safe. To be alongside the child.

Sometimes a child may run away on his own and other times with another child or group of children. This can raise additional worries and questions. Such as, is one or more of the children abusing another? What are they doing when they are away? Are they getting into delinquent activities? If they feel excited having adults on the run, do we make matters worse by joining in with the chase? If we don't, are we like the neglectful parent? What happens to any children who do not join in with the running away? Is all our attention on them distracted, so running away becomes a way of gaining attention? Is what we are providing in the home interesting, nurturing and stimulating so that there is a bigger pull towards staying rather than leaving?

Knowing the child's history may also give us important clues. Is there a pattern of running away in the child's life? Did important people in the child's life run away? Was the family always on the move? If the child did run away before what happened afterwards? Did she get punished or

eventually moved to another placement? Is the running away a form of testing to see what we will do?

Running away can also be a symbolic wish to escape fears and situations. These might be connected to the past rather than a reality in the present. A traumatized child feels as if the trauma or the possibility of it is still present. Is being on the move, a way of avoiding pain? If the child had someone alongside her to hold and work with her pain would the need to run away change? If we work on facing the pain, might the need to run away get worse? Thinking what the running may mean symbolically can be a helpful area to explore. A psychologist, Rudy Gonzalez explained a useful example to me. He had noticed in Australia that children in 'out of home' care would often be attracted towards a train track if there was one close by. Young people and adults who have 'behavior problems' are often referred to as being 'off the rails' or 'on the wrong track'. Rudy refers to Sharon who could often be found by the train tracks,

> We could have judged Sharon's behaviour as being only destructive, which may have resulted in a punitive response. In contrast, seeing the behaviour as an attempt to act out a positive desire which was to get on the 'right track' led to a more empathetic response. Through her behavior, Sharon had introduced the symbol of the train tracks. Travel metaphors such as trains and train tracks are full of symbolic possibilities – excitement, envy for those on the train, danger, change, escape, being on the move, a new life. (Barton et al., 2011)

I think that is a good place to finish, there is plenty to think about on this subject!

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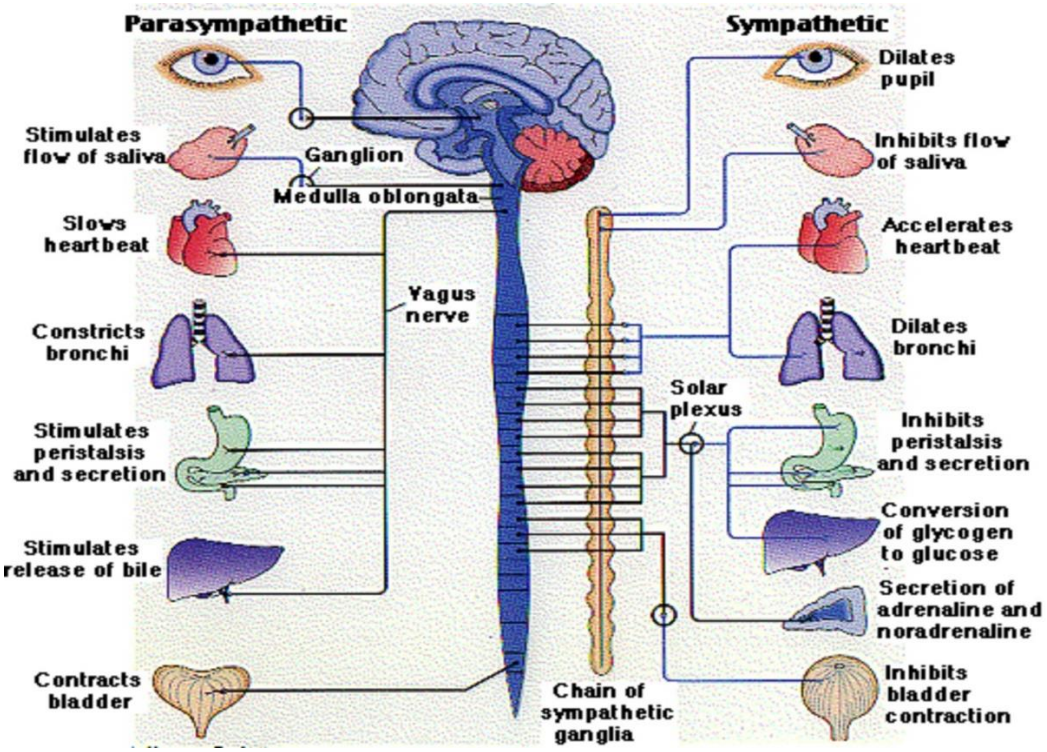
'ACTING OUT' BEHAVIOR OF TRAUMATIZED CHILDREN, THROUGH THE LENS OF POLYVAGAL THEORY (2019)



sengnduwengamuk.blogspot.com

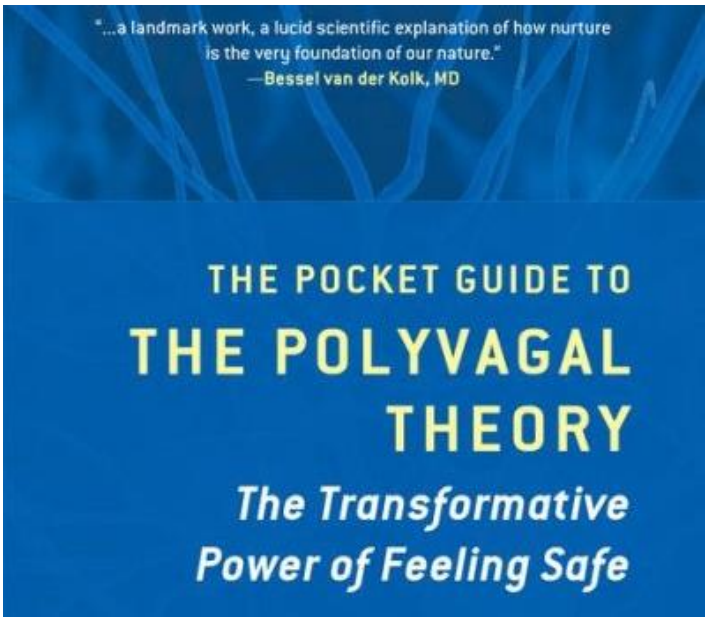
Recently I have been learning, or trying to learn may be more accurate, about polyvagal theory. I am thinking about its application in work with traumatized children and young people. Although, what I have understood so far is relevant in many other areas of life and work. I have been reading Stephen Porges (2017) – The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe. As the 2nd part of the title implies, this is fundamental to working with trauma, and hence my interest. If the title of Porges' book suggests easy reading, i would say it is not, but it is written clearly, and I am finding it very helpful.

Learning a new theory is always a challenge, but when a theory is connected to our own experience it is easier to conceptualize. It also helps us when a new theory fits well on the top of other theories, which we already understand well. Development is usually incremental. I believe in the practical implications and use of theory. As Kurt Lewin (1943) a pioneer in organizational psychology famously noted, there is nothing so practical as a good theory. Tongues (2016, p.80) succinctly states the usefulness of a good theory,

> A theory is an explanation, a set of ideas about how something works, and the practical application of good theory can be invaluable.

I think that polyvagal theory is very useful in helping us understand some complex issues. So, I am going to try and apply it to something I have been talking about recently – the meaning of

'acting out' behaviour of children who have suffered complex trauma. In particular, the phenomena of 'running away' behaviour, which I wrote about in a previous blog (Tomlinson, 2015a).



Porges explains that a vagal pathway (nerve) is part of the autonomic nervous system and poly means there are many of them. The vagal pathways function to protect safety. They alert the person to threat and mobilize a protective response. This happens at an unconscious level, which Porges refers to as neuroception. In other words, it is the nervous system that is identifying threats to safety, as well as opportunities for enhancing safety and well-being. Dana (2018) summarizes,

"Neuroception results in the gut feelings, the heart-informed feelings, the implicit feelings that move us along the continuum between safety and survival response. Neuroception might be thought of as 'somatic signals that influence decision making and behavioral responses without explicit awareness of the provoking cues' (Klarer et al., 2014, p.7067)."

When we are in danger neuroception takes charge and over-rides our thought processes. This was demonstrated to me vividly in a personal experience. I was on a beach in Israel where a group of soldiers had set up a temporary camp. Suddenly, I heard a loud bang behind me. Before I knew it, I was sprinting and ended up about 30 yards down the beach. I was safely in the sea before I stopped to turn around. Thankfully no-one was injured. There had only been a minor explosion of a small cooking gas canister and nothing more sinister. I remember wondering how I moved so quickly and so far without even thinking. Good job my neuroception was working well and gave the orders to flee! Problems arise when the vagal pathways have been impacted by trauma, especially of the complex kind. The neuroception becomes hypervigilant, misreads situations and may respond to safe situations as if they are dangerous. We know this well in our work with trauma.

Theoretical understanding of the centrality of safety in healthy development and treatment is not new. Bowlby (1952, 1988) explained the concept of how a secure base is the starting point of healthy development during infancy. In the treatment of trauma, Pierre Janet in the 19th century, outlined that safety/stabilization was the first phase of treatment followed by processing and integration (Kezelman and Stavropoulos, 2012). In work with traumatized children and others, safety is the starting point. The child must actually be safe and then reach the point where he/she also feels safe. Feeling safe is not the same as being safe. It might take

a year or longer of being safe before he/she begins to feel safe. And there will be plenty of ups and downs along the way. Before connections can be achieved, safety must be established. Only when a disconnected or unconnected child begins to feel safe will he/she be able to take the risks involved in connecting. Once the process of connecting begins the child is moving towards integration.

> The foundations of well-being can be considered as safety, connection and integration (Tomlinson, 2015a).

A brief look at Porges' breakdown of the autonomic nervous system, into three distinct functions helps elaborate our understanding of safety. The oldest part of the nervous system is the dorsal vagal circuit, which developed over 500 million years ago. It can be considered reptilian in its nature. This is part of the parasympathetic nervous system. The dorsal vagus takes hold when a person feels trapped and in life-threatening danger. The typical responses include freezing, becoming immobile, fainting and appearing dead. The aim is to be still, to avoid attack. And if attacked the heart rate and breathing are slowed, blood is withdrawn from the surface of the body to the organs. This is a survival, energy-conserving response making death less likely if attacked and injured.

Another feature of the dorsal vagal circuit is dissociation. This is where the person who is physically trapped in a traumatic situation becomes psychically removed from their body. Again, this is not a conscious process. Sometimes afterwards a person talks about being outside of their body, observing what was happening but not feeling the pain. It is also possible that they may have no conscious memory of the event. Dissociation is a protective function, but if repeated regularly it can begin to have serious consequences for healthy functioning. As Van der Kolk and Newman (2007, p.7) state,

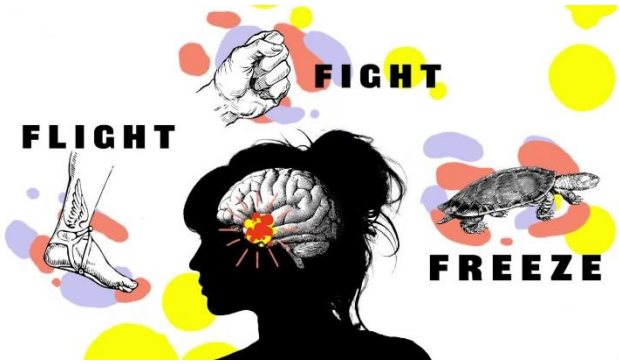
> …posttraumatic syndrome is the result of a failure of time to heal all wounds. The memory of the trauma is not integrated and accepted as a part of one's personal past; instead, it comes to exist independently of previous schemata (i.e., it is dissociated).

I was fortunate to begin my work at the Cotswold Community, a therapeutic community in England. It was for boys who had suffered complex trauma. The therapeutic approach was based on the work of Psychoanalyst and Pediatrician, Donald Winnicott. Our consultant Barbara Dockar-Drysdale (1958) had developed the concept of a 'frozen' child. This was one of the syndromes of deprivation (1970, 1970a), that children developed as defence mechanisms in response to repeated trauma, including neglect and abuse. A 'frozen' child usually had the most serious levels of abuse and neglect often from birth. I think the frozen child had much in common with a child whose dorsal vagal circuit is hypervigilant. Dockar-Drysdale (1958) explained her preference for the term 'frozen' rather than 'affectionless', which was also used at the time, because,

> …'affectionless' sounds final, but a thaw can follow a frost.

A thaw of something frozen inevitably means movement. This progression can also be linked to the second part of our autonomic nervous system, which developed 400 million years ago. This is the sympathetic nervous system and is mobilized in response to danger. As in a thaw, mobilization means movement and is a progression from the freezing function of the dorsal vagal circuit. The sympathetic nervous system prepares our body for action. Faced with danger this is in the form of fight/flight.

Accurate neuroception detects a threat from which there is a possibility of escape, as in my experience on the beach. Where neuroception is over-active, as is often the case with traumatized children, danger may be perceived where there is none, or the level of it is exaggerated. So, the child over-reacts, and fights or takes flight when there is no actual need. This can happen very quickly from a state of apparent calm and is often bewildering to those involved. However, we might all recognize our own 'trigger' points, which can lead to defensive over-reactions. (pic, Anxiety Canada, 2019)



Thinking of this in relation to running away, there may be different things going on. The child who runs away maybe in a fearful state and has sensed a threat, whether it exists or not. The aim is to escape. Another child in the same situation may perceive the threat to be even more serious, and he or she may freeze rather than flee. The dorsal vagal circuit for this child may be dominant and the first form of defence.

For anyone working with this, such as a carer, the fleeing child may evoke more anxiety than the freezing child, though the fleeing child may be healthier and less traumatized. This reminds me of Winnicott's (1956, 1967) concept of the antisocial tendency and delinquency as a sign of hope. The fighting/fleeing child is at least 'alive' and mobile. The nuisance caused by the child also contains hope, which provides an opportunity for us to respond and nourish. Children who have suffered inescapable terrifying abuse, often feel that their bodies are useless and a source of shame. It seems a natural and healthy consequence in the process of recovery that the ability to escape might be put to the test. Feeling that this is now possible can be seen as a hopeful development.

Clearly, we don't want traumatized children running away just to prove that they can. There is also always the possibility that the situation is not so benign and something real is causing fear. We always need to be vigilantly aware of any possibility of abuse or potential harm. Establishing and preserving safety is always the number one priority. We should make sure that the environments we provide for children are nurturing and emotionally containing.

We can also help the young person gain a sense of physical mastery in many other ways. For example, playing sports, bike riding, running, skipping, music and dancing. Games such as tag and, hide and seek, which allow a feeling of being able to escape might also provide an

excellent way of fostering a newfound sense of belief in a competent body. We can see that as Porges says, the mobilization of the sympathetic nervous system, can be playful and not just fight/flight. Simon Bain (2012), a resident of the Cotswold Community in the 1970s, seems to suggest this when he talks of his memories of running away,

> Although, you could say, I wasn't a success - the funniest and indeed my fondest memories are the 'running outs' we used to do, with the staff spending half the night chasing us.

Porges (2017, p.129) states,

> The difference between the fight/flight and play is that while mobilizing, we're making eye contact and engaging each other. We're diffusing the cues of threat with social cues, so we can utilize the sympathetic nervous system to support movement without moving into defensive fight/flight behaviors. When we involve the social engagement system, we can even use the oldest system, which is immobilization, and we can be in the arms of someone that we feel safe with.

The final and most recently evolved part of the autonomic nervous system is the ventral circuit. As with the dorsal vagus, this is part of the parasympathetic nervous system. It evolved 200 million years ago and is uniquely mammalian. The ventral circuit looks for safety and social connection. In this sense, it could be considered as a preventative and anticipatory part of the nervous system. It gives us the capacity to co-regulate (Dana, 2018). The neuroception involved is picking up cues for connections that will add to our safety and hence improve our potential for survival. Unfortunately for many traumatized children this function of the nervous system is shut down and underdeveloped.

Conditions of safety and repeated positive experiences are essential for it to develop and come into use. This will happen as the dorsal vagus and sympathetic circuits are less active. As freeze, fight/flight are reduced, moments of calm are increasingly possible. Connection is a hugely protective factor that promotes further development. Once connections are established potential threats are reduced. As Porges (2017, p.43) explains this important aspect of polyvagal theory,

"Moreover, and perhaps most important, the theory explains how safety is not the removal of threat and that feeling safe is dependent on unique cues in the environment and our relationships that have an active inhibition on defense circuits and promote health and feelings of love and trust (e.g., Porges, 1998)."

Once protective connections are established, these can be used to anticipate and prevent the activation of the dorsal vagal and sympathetic circuits. Once this begins the individual is more in the connecting and less in the defensive state. This begins a positive spiral where the person is on the road to recovery. Acting out, such as running away are now less likely.

I have outlined how the three parts of the autonomic nervous system may be activated and their use in promoting our safety, survival and well-being. Understanding the different functions is vital to effective treatment. For example, the sympathetic circuit of fight/flight, whilst being more difficult to manage may mean the child is in a healthier state than if he/she was freezing and immobile.

Using running away as an example, not running may be at both ends of the spectrum of frozen and connected. Stillness can be due to calm safety or fear. The difference between the two can be sensed by our neuroception – how we unconsciously read and are attuned to what is happening. The difficult job of responding to running away behavior offers the potential bridge between the dorsal vagal and ventral circuits. The fight/flight and playful mobilization of the sympathetic nervous system, however challenging may also contain the hope that Winnicott referred to over fifty years ago.

As Porges (2017, p.56) states,

> I want to emphasize that understanding the response, not the traumatic event, is critical to the successful treatment of trauma.

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CREATIVE PSYCHOTHERAPY WITH DEVELOPMENTAL AND COMPLEX TRAUMA
BY CAROL DUFFY (2020)

It is my pleasure to introduce this guest blog by Carol Duffy. Based in Mayo, Ireland, Carol is a child and adolescent psychotherapist specialising in play. She is also a clinical supervisor and trainer. She has over 15 years' experience working with attachment disruptions, trauma, and sensory regulation. Carol is also married and mum of three vibrant and wonderful children. As this blog shows, she fully understands the importance of safety, regulation, attunement and repair after ruptures in relationships. It also shows the value of play as a healing process. Carol describes beautifully how play and safety are so connected in therapeutic work. I hope you enjoy this thoughtful and insightful blog and please do share.

Patrick Tomlinson

Part 1

The deceptive simplicity of psychotherapy using play and creative approaches is quite paradoxical to explain. In many instances, it must be seen, felt and experienced to be fully understood. There is a wealth of science available to us now to consolidate what we as creative psychotherapists experience and contemplate so frequently and fluently in our work. Play and creativity are often cited as having transformative, therapeutic, healing and reparative potential, amongst many other qualities. However, when does playfulness become therapy? When does creativity, joy and spontaneous laughter become healing and reparative?

There is an abundance of research that indicates what we need to pay attention to. There are evidence-based strategies that tell us what to do. But none of these matter unless we pay close attention to the 'how' of what we do and realise that our greatest 'tool' is the use of ourselves. While we can describe a symphony of wonderful play ideas that are designed to activate wellbeing and interrupt trauma-induced behaviours - if we are not playful, then it's not play. It becomes more of the same...another intervention full of good intentions, that is not useful to the client. The intervention becomes part of the story of origin and cannot possibly interrupt it.

In the ninetieth session with my teenage client, I was simply brushing her hair while she imagined her future. Her future had hope, realism, and possibility attached to it. She imagined me in her future as our relationship had become something that mattered. She casually referred to it without flinching and without hints of fantasy. After 70 sessions a level of trust had developed, and she asked me to brush her hair. After ten more sessions, she engaged with me in thinking about her future. In the beginning of her therapy, notions of the future didn't

exist, or at least when they did, they sounded fantastical and impossible. The past sounded rosy, which of course it wasn't.

> "Everything felt fragmented, disjointed and at times it was very difficult for me to stay awake. I think this was due to her deeply embedded dissociative coping style. Our clients don't tell us how they coped and survived unspeakable terror; they show or project it into us."

In many cases having creative approaches available and a permissive environment is all they need. Their coping becomes visible in how they approach the play and/or you. But dissociation is more difficult to describe. The more entrenched it has become the more automatic it can be for the client. I noticed a heavy energy in the room, a sleepiness and a pressure so great that staying present in the moment seemed almost impossible. I imagined that for this client, staying present in her pain was simply unbearable and so she shut down. She had to shut down so much that now the coping had become automatic. This feeling of shutting down can also be felt by the therapist when they are truly attuned to their client. This has been a common experience of mine with those clients that have suffered profound and/or early relational trauma.

Early in the therapy, my energy and therapeutic presence were entirely focused on trying to just stay with her. Expanding her ability to even tolerate my presence, was underpinned by a visceral drive in me to pull away and a belief that I was useless. But none the less I stayed present, interested and tried to engage and communicate safety through my eyes, my voice, my body, and my self. I used my prosody, eye contact, body language and facial expressions to communicate interest. A desire to be with her and that she was deserving of unconditional positive regard.

> "Above all, I tried to communicate safety. Through my reflective presence, I tried to give her an experience of herself that felt whole."

This is what we do when babies are born. We reflect back to them their being. We look at them with interest and joy, and we balance it, so to not over stimulate. We watch for excitement, interest and fear and we respond in kind. We tend to do this automatically and often without conscious awareness. It comes naturally to many of us. But for those of us who never received this, the need to have the experience replaced somehow, is fundamental. This work requires a conscious and deliberate focus. Play also offers an invitation to engage that can disarm or bypass habituated defence/coping mechanisms like dissociation. I tried to be an external regulator and container for her experiences. This took work, hearty supervision, energy and a type of focus that is quite difficult to explain or fathom.

This is the work when we try to engage with young people who have suffered developmental trauma and attachment disruptions. The success of the therapeutic models we use rests heavily on *how* we deliver them. Or rather how we embody them. We use our *selves,* much like I described above. We give our undivided attention. We try to communicate a felt understanding

and reflect back interest, validation, understanding and at times an invitation to go a little further in our journey together. It is new ground for us both. As the therapist, you must exude and communicate that this is a safe terrain. Just like any parent of more than one child will tell you, it's a different journey with each child.

I saw my first movie in a movie theatre back in 1987. It was "Three men and a baby". I remember my young eyes seeing Tom Selleck cradle the little baby he was suddenly responsible for after he found her on his doorstep. The tragedy bearable within the comedy. He was reading to her from an architecture magazine. His friend criticised him for his choice of reading material and I distinctly remember him saying "it's not what I am reading, it's the way I am reading it that matters". My child's brain imprinted on that message, but it is only now that science has fully explained the resonance. Porges (2017, p.187) captures this very well,

> "Also, we need to remember that we live in a culture where people say, "It is really *what* I say and not *how* I say it that's important." But our nervous system is telling something different to us: It says, "It is not really *what* you say – it is *how* you say it"."

Our nervous system responds more to the tone and physical expressions than the words. The work of Bessel van der Kolk (2014) and his aptly titled book, 'The Body Keeps the Score', illuminates the way our bodies hold the memories of our trauma, as felt physical sensations rather than conscious memories. The work of Allan Schore, Bruce Perry, Daniel Siegal, and many others on the significance of regulation and a significant "other" acting as an external regulator highlights the potential power of the attuned therapeutic relationship.

When someone engages with us playfully and communicates warmth, interest, and safety, their tone of voice and facial expression can communicate a type of felt safety. When this is paired with the fun and joy of play it creates a potent combination of both safety and connection. This enables regulation by the "other" and in turn, begins coregulation and the beautiful tapestry of social engagement. The pleasure it brings causes our bodies to crave it again. As it patterns it can then become an alternative and healthy habituated response as opposed to an automatic defensive response.

From my perspective, this also closely matches what Jaak Panksepp taught us about the importance of play as one of our emotional circuits in the brain. The joy play brings counteracts the effects of stress and fear. And of course, others such as Donald Winnicott have for a long time emphasized the importance of play in childhood development and therapeutic work. Winnicott (1971, p.44) stated the centrality of play in therapy,

> "Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible, the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play."

Play amplifies our capacity to engage positively with others. This is a crucial therapeutic power of play (see Schaefer & Drewes, 2016). Play can generate positive emotions and promote bonding. Play is a creative, imaginative process. It happens in the space between two or more people. It is a shared experience, which also acknowledges separation and the boundaries between those involved. Play is a way in which feelings and experience can be expressed symbolically. Symbols and creative expression can communicate what cannot be put into words.

To describe the work of a psychotherapist these days who specialises in trauma or attachment, one will unavoidably be ensconced in the work of such amazing pioneers. However, the complexity and intricacies of the collective works of these people will only bring us so far. For again, it is not the 'what' we play or how brilliantly we can describe it for that matter, that will ultimately reach our harder to reach clients…it is the 'how' we play. Play and playfulness are felt experiences, that must feel 'real' to be meaningful. The simple description of finally reaching a place where I could brush the hair and nurture the adolescent child who now sat before me, did not and could not reflect the painfully slow at times pace that it took for such safety, regulation and trust to develop. Upon this, all other areas of her healing took place. This is where play and creativity became healing and reparative.

I once was asked, how *do* we explain what is happening, when it appears we are not really doing anything? My answer is that what may appear simplistic and 'nothing', reflects a vitally important interpersonal process.

> "To support such wounded people to tolerate your very presence and to experience safety and co-regulation is the essence of complexity, and yet is deceptively simple in many ways. It is at the root of trauma recovery and attachment repair."

Good relationships can heal and repair and are the foundation of good mental, physical and indeed social health. For ordinary child development and recovery from trauma, an attachment relationship is necessary. And what facilitates attachment is attunement. An attuned 'other' is necessary for regulation to take place. Once external regulation has happened over and over again, the capacity for co-regulation and subsequent self-regulation grows. This is now cited across the literature and indeed, as above, in popular fiction. Relationships are portrayed as the answer to so many of life's difficulties. Relationships can buffer, mitigate against stress already endured and protect against potential traumas. I often describe healthy relationships as being nature's own antibiotic and vaccination all rolled up into one.

The reason for the volume of documentation and publicity is because it's true. Relationships *are* that powerful and they *can* heal and transform the potential of people's lives in ways that can be unfathomable. Recently Hambrick et al. (2018) highlight that the wealth of our current relational health is the most powerful predictor of our future outcomes. This even surpasses the impact of any adversities we may have experienced. This warrants much optimism. We must harness the positive and powerful regulating effects of healthy relationships, which will undoubtedly lend themselves toward the capacity to thrive following adversity.

Part 2

What happens when relationships are the very thing that we fear? What happens when the greatest danger experienced by someone is also the vessel of the healing potential?

> "Nature's cure, sadly, is often also nature's cause."

For so many people, who have experienced the harsh environments of childhood trauma where the very people they turned to for protection were the source of their terror and pain, the idea of a relationship being the answer to their problems may seem absurd and dangerous. It may feel as terrifying as it would be to stand in front of an oncoming truck. Can you imagine that feeling? The pulsing of your heart, the beating in your ears, irregular breathing, the cold panic, the desire to run, kick, and scream, or the out of control impulses that may take over? The fear may take such a hold of you that you collapse and lose consciousness. Now apply that terrified state to the seemingly attractive and benign qualities that one may perceive about the relationships we offer to those impacted by complex trauma. This sadly is the lived experience that many traumatized people have for much of their life. The tragedy is that they crave and fear the connection they so greatly need. The Shakespearean irony here often results in a classic Shakespearean tragedy. We may even hear narratives such as, 'they were offered every support going' or 'they didn't want the help' or 'they couldn't be helped'.

It is this intersection we now must turn our unrelenting attention to. The intersection of where we attempt to support another through a relationship, and they are very scared of it. This is where and when, that the 'how' of what we do really becomes important. We know that when the body has been hijacked by overwhelming events, it becomes primed for defence, not for connection.

> "When trauma happens repeatedly it patterns as Perry et al. (1995) showed us, and our, "States become Traits"."

The connections in our brain that fire up in response to fear and threat, get used repeatedly and strong neural connections develop there. These essentially form the go-to patterns of behaviour in our brains. Areas of the brain which are not getting used, for example, areas that are better able to think, reason, feel joy and gentle pleasures, become a little more barren and less populated. The more populated areas become our driving seat and our 'government' will reside there. They direct our behaviours.

If the areas primed for defence or threat become most populated, they are also the least able to think, the least able to rationalise or contextualise. Unintegrated traumas from the past will feel present. Benign experiences that are happening presently, such as, a person offering a secure, helpful, and possibly even transformative relationship, will unavoidably remind that person of their previous other relationships. The overused and by now overactive defence mechanisms will kick in. They now have the most seats in power. They will overrule and shut down the parts of our brain that could actually help them contextualise and set this relationship apart. Without that capacity, this new relationship will melt into the same pot as all the others. Without ability to contextualise it, the threat is very real and present. The person will do what

nature intended in response to a threat – run, defend, attack or collapse – all of which are designed to enable one thing and one thing only…survival.

These responses are very important and protective in the context of a real threat but become unhelpful when they are habitually re-acted. We need to be respectful to these protective reactions *and* help the client feel safe in the therapy context.

"Porges (2017, p.87) goes as far to say, "Feeling safe is the treatment". "

Safety is certainly the first stage and lays the foundation upon which all therapeutic work takes place. Kezelman and Stavropoulos, (2012) referring to the pioneering work of Pierre Janet, the French Psychologist and Psychotherapist, in the field of dissociation and traumatic memory, in the nineteenth century, state, "Phased treatment is the `gold standard' for therapeutic addressing of complex trauma, where Phase I is safety/stabilisation, Phase II processing and Phase III integration."

And so, we must use ourselves to externally regulate and to communicate safety above all else. We cannot do this by trying to engage the parts of the brain that have been overruled. The parts that relate to rational thoughts and reason. We harness the curative and transformative powers of play to regulate nervous systems and engage the right, emotional brain with non-verbal emotional transactions that exude calm, consistency and safe presence. Presence that doesn't seek to change or alter the frightened self in front of us. But presence that seeks only to engage and to engage safely. Presence that recognises that if we can manage a shared smile or moment of joy together then we are on the path. Presence that remains available even in the mix of confusion and doubt. Many times, we will feel that confusion and doubt as strongly as our clients. Presence must externally regulate long before there is co-regulation and even longer before there is self-regulation. Presence that communicates, "I've got you. I am here. I will not leave you in this alone. I want to be with you no matter what. You will be okay because in this moment, right here and right now, I will paddle for us both and keep us both afloat." We use our supervision, self-care and support networks in the same way, so that we can stay regulated amid this. This is the only way we can hope to offer such external regulation.

The destination doesn't matter. Once we don't sink, it often takes care of itself. Reaching the equivalent transformative point where the offer of nurture is accepted, such as brushing hair, and where play becomes possible, means that we are well on the journey. Donald Winnicott (1990, p.228) using the metaphor of disentangling a knot, describes this process well,

> "It is emotional growth that has been delayed and perhaps distorted, and under proper conditions the forces that would have led to growth now led to a disentanglement of the knot."

Carol Duffy

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THE IMPORTANCE AND VALUE OF 'BEING' (2014)

(Bill Watterson)

For many of us, this time of year (holiday season) is a time for 'being' with each other and a temporary stop in our often-frenetic lives of doing. It can be a special time of being with those to whom we are closely bonded by family and friendship. However, as this potential opportunity is often at odds with our regular day-to-day life and work experience, we might just replace one kind of frenetic activity with another, such as excessive consumption!

The advent of a new year can be a time of reflection, which again can also be obliterated by hyperactivity under the name of celebration. It seems an appropriate time to write a blog about the value of being, as opposed to doing. The capacity to reflect has been shown to be hugely beneficial to our health, especially when it is built into daily life. I even read recently of a study that claims the regular habit of writing in a reflective way can improve the speed of recovery from some illnesses and injuries. Reflection can reduce stress, which improves the immune system, etc.

Increasingly, we hear about the value of reflection and concepts such as mindfulness are becoming familiar. The principles involved are not new and can be traced back thousands of years and are embraced in many fields, such as Buddhism. In terms of child development and of healthy adult capacities, the ability to reflect, to think about oneself, and to consider what others might be thinking about oneself is an essential part of being able to relate to others. Some researchers have argued that the ability to reflect on one's experiences is a greater indicator of health than how much adversity one has experienced. As Kezelman and Stavropoulos (2012) who have created excellent guidelines for trauma-informed services, state,

> It isn't just what happened to you that determines your future – it's how you've come to make sense of your life that matters most.

Digesting and making sense of experience requires a degree of allowing ourselves to be, to 'sit with' and to feel. Whereas, busily doing can be a distraction and a way of avoiding feelings and thinking. As a result, the avoided feelings and experiences associated with them, remain unprocessed and therefore unintegrated into our personality. The feelings are inaccessible as any kind of a useful guide or resource for the future. Learning from experience comes to a halt and therefore so does development.

Interestingly, I started a discussion on this subject on my LinkedIn group in January two years ago. I wonder whether the timing of the New Year is coincidental. The quality of discussion was excellent, and I think partly because the theme is so universal and not just relevant to our work with traumatized children. Some of the comments made by members of the group show how much this subject resonated with them,

"Imagine that, listening to understand rather than to just respond (teach/tell/direct) - incredible!" (Ian Nussey - Australia)

"….my role was just to be there listening." (Lorna Miles - UK)

Ian responded – "The special ingredient Lorna - genuinely being with…."

"The opportunity for free play, space and being with each other and adults was hugely important." (Judy Furnival - Scotland)

"…. being new to therapeutic care in a residential environment my strategies are at times very basic in the way that I go in and just be me in a relaxed manner as opposed to some that just need to be completely planned throughout each minute of the day, which in my opinion leaves no time for proper self-reflection." (Aaron Hamill - Australia)

"In today's society, every minute of every hour is organized which leaves very little time for children to be creative. ……. Always organizing their free time is not the best thing for helping children develop creativity, self-regulation and imagination. (Sylvie Demers - Canada)

"I agree that children need time to be rather than do. The problem, as I see it is that some children don't know how to be except within a trauma framework. Their frenetic activity might be a way of avoiding thinking and being." (Christine Gordon - Scotland)

With a group of young people I worked with, we used to plan our evening activities in a meeting after tea. The usual things offered, would be soccer, cricket, bike rides, walks, card games, crafts, swimming, etc. I decided to offer that I would spend a half-hour or so 'being' in the living room and those who were interested could 'be' with me. Naturally, this aroused curiosity as to what 'being' involved. I explained something like, just being together, chatting, playing if people wanted to, maybe listening to music, etc. It was less structured than usual, though still with some boundaries. After a while, being became a popular thing to do – if that isn't a contradiction! A general feeling of safety is necessary for this kind of possibility to develop. I

enjoyed these times and over the years have found that girls are better at this than boys – though I might be generalizing from a little experience.

Being rather than doing can be difficult as it allows time to think and feel. For people who are traumatized thinking and feeling is often frightening. Thoughts and feelings must be kept at bay and one way of doing this is through frenetic activity as Christine described above. The world of these children can become a desolate place without emotion. Being rather than doing, conjures up possibilities. There is a sense of uncertainty and not knowing, a lack of control. To a healthy person, this might be challenging but also potentially exciting - to a traumatized person it might be terrifying. Anyone who is close to a traumatized person is likely to pick up this fear and coupled with their own, can easily be swept into a whirlwind of activity as a form of avoidance. In the world of 'therapy', especially psychoanalysis it is stated how important it is for the therapist to tolerate a sense of 'not knowing'.

The concept of Negative Capability coined by the poet John Keats back in 1817 is often referred to. Keats described negative capability as the art of remaining in doubt *"without any irritable reaching after fact and reason" and "the willingness to embrace uncertainty, live with mystery, and make peace with ambiguity"*.

The British psychoanalyst Wilfred Bion elaborated on this, describing negative capability as the ability to put aside preconceptions and certainties, and tolerate the pain and confusion of not knowing. More recently the child psychotherapist and psychoanalyst Adam Phillips in discussing parenting has said,

".... that the parents, the authorities, are at their most dangerous when they believe too militantly that they know what they are doing."

Why is this subject of 'being', which allows the space for something unknown to unfold, so important? I think the key reason is that it is central to the process of our development, as individuals, groups, and societies. How we are able to be with ourselves individually and collectively is fundamental to our health. An infant is born into the world with a distinct lack of ability to be with and tolerate different emotional states. Anything that causes distress requires someone else to be with them and to emotionally contain the distress. As Donald Winnicott said, there is no such thing as a baby, there is a baby and someone.

The critical issue is what that other person does with the difficulties involved. Is she/he able to tolerate the feelings involved and to think about the infant, or does he/she also find the distress intolerable and feel the need to only take it away?

The difference for the infant may be between,

- a helpful/thoughtful response
- a relieving/thoughtless response
- an unrelieving/thoughtless response

The first changes the infant's experience in a way that might encourage him to develop his own capacity to think about his feelings and hence find thoughtful solutions to difficulties. The second might relieve the infant of his distressing feelings, but in a way that discourages thinking and encourages dependency on a quick fix. This is about taking away the distress rather than developing the capacity to sit with it and find constructive solutions. The third just makes matters worse for the infant and is likely to lead to the need for defensive protective measures, such as switching off from emotions.

An important question is whether distress or 'psychic pain' is perceived as something to be got rid of and/or relieved, or whether it is something primarily to be understood in a way that makes it tolerable. This question is often highlighted as the difference between parents, who are motivated by the desire to relieve their children of pain and those more on the side of helping their child learn to manage painful experiences. The same applies in other aspects of life, such as the workplace in general, and the helping professions. Do we want to rescue another from pain and difficulty, or be alongside them as they find their own way? These dynamics are well known in our profession in the form of victim/perpetrator/rescuer. The media also portrays Images of leaders as heroic figures coming to the rescue, with the answers to fix a problem rather than as people who work alongside others to find solutions (Ward, 2014). We can all wish for a 'magic wand'. Sometimes a solution might not be possible, and it is more about finding the best way to live with the 'problem'.

There may also be a cultural tendency to view all depressive feelings as a problem to be got rid of or solved. As one child who had suffered many difficulties that he had the need to feel sad about, said to me,

> "I need cheering down, not cheering up."

Facing real and painful issues rather than avoiding them is how experience can be integrated into our identities in a way that furthers our learning, understanding and development. Difficulty in being able to tolerate any pain or frustration is likely to hinder development.

Whether we are working directly with a child, or in a management/leadership role, resisting the temptation to become the problem solver can be difficult. Our need to get out of the difficulty and to relieve our own anxiety can be the primary motivating factor, rather than the development of the person(s) we are with. Generally, working something out oneself with the support of another is a more useful outcome than another working it out for you. It is hard to be alongside someone who is struggling, needing time and making mistakes. The external environment where others may hold us responsible for the outcome can add another layer of

anxiety. It might be felt that it is too risky to allow a mistake to happen, so the possibility is pre-empted.

The child and adolescent psychotherapist Margot Waddell (1985) has referred to the different ways of responding to human difficulties as one between 'serving' and 'servicing',

> The difference between the two modes might be made by the mother who serves, by being available by 'thinking' emotionally, as opposed to the mother who services by doing instead of thinking.

Waddell elaborates that "servicing nearly always implies action, with very particular overtones" whereas serving "may constitute not doing anything". However, as she explains, "not doing anything does not constitute doing nothing", and, "There is a 'world' of difference between 'standing by' and 'being a bystander'".

It can be misguided to consider doing as active and not doing as passive, when often it is not doing that is the harder and most useful option. For example, how long can we or should we tolerate watching and encouraging a child who is struggling to do something? How much satisfaction does the child get when he or she achieves the task and thinks, 'I did that myself!'?

Waddell explains how these same dynamics can be transferred to organizations and societies. Where on a collective scale becoming 'mindlessly busy' is a way of avoiding the real difficulties we are faced with. Sadly, this also deprives us of the opportunity to understand those difficulties in a way that leads to growth. This tendency has been clearly outlined by social scientists, going back to the 1950s, such as Elliot Jaques and Isabel Menzies Lyth (1979). These social scientists explained how organizations unconsciously develop defensive systems to protect themselves against the emotional pain involved in the task. For example, as Menzies Lyth (1959, 61 and 70) so powerfully described, the task of caring for patients in hospitals includes primitive anxieties related to the themes of illness, loss and death. One way of responding to these anxieties is to avoid them by depersonalizing the patient, and creating systems which don't allow 'professionals' to get emotionally close to the patient.

We may be familiar with the scene of a Doctor talking to his students about the patient in front of him, who is referred to as a number, or such and such case! While this might help reduce emotional pain (for the Doctor and students), unfortunately, it does not aid the patient's recovery. Emotional connection between doctor and patient has even been shown to improve recovery from the common cold (Rakel et al., 2009). Therefore, a helpful solution would seem to be one that enables the human connection between Doctor/Nurse and patient. However, an

approach that recognizes the pain involved also needs to provide appropriate professional support.

Rather than focus on the kind of response we might offer, Friedman (1991, 1999) talked about the importance of providing a non-anxious, calming, self-regulated and connected presence. He argued that this was the central task of leaders, from families to presidents and for therapists. He claimed this type of presence of the leader, parent, consultant or therapist is more important than any technique that might be used. From this perspective, a focus on technique or method, might actually be a symptom of anxiety and get in the way. As with Winnicott's facilitating environment, and Waddell's serving this type of presence enables an improved level of functioning and development. Things start working better, whether that is the development of a child, the performance of a team or organization, or the progress of a patient. At the level of president, society can be expected to function better.

It is often stated that modern lifestyle militates against the capacity to be in a moment without distraction. This is caricatured by the now-familiar image of two people sitting supposedly together having a meal, whilst gazing at their mobile phone. I was in a restaurant recently and noticed a mother feeding her baby, moving her focus between a television and 'smart' phone. A few and increasingly rare owners of bars and restaurants refrain from the introduction of TVs, etc. and promote the idea that a place just to be together might be of value.

A comment made by a boy in the therapeutic community of Finchden Manor (1930-1974) captured the essence of 'being'. When asked by a visitor, 'what do you do all day' – he replied, 'I don't know what we do, but it's a fine place to be in' (Harvey, 2006).

Tom Robinson the British musician-singer-songwriter who spent several years at Finchden Manor, claimed that it saved his life. Talking about life at Finchden, he said,

"As to what we did all day…. there was everything and nothing to do……you could just lie in the grass on the field staring at the sun reading a book……time seemed infinite……what Finchden offered you above all, ….it offered you respite, and there was a complete respite from all forms of nagging and pressure."

Some visitors to Finchden were critical, saying that the staff seemed to do little but 'watch the boys'. Finchden's founder, George Lyward responded that watching is one of the hardest things to do in life. He explained that the staff look for when the boys come alive, nurture the boys' talents and help them shape their future life.

Maybe it would be helpful for us to reflect upon why as Lyward said, this is so difficult – what gets in the way of allowing ourselves and the children we work with, to be? Comments most welcome – in the meantime – Happy New Year

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An interesting blog on the benefit and difficulty of being still, http://goo.gl/1tnupn

3 Blogs by Maria Popova,

"Young Delacroix on the Importance of Solitude in Creative Work and How to Resist Social Distractions", http://goo.gl/M7n01X

"Psychoanalyst Adam Phillips on Our Capacity for “Fertile Solitude”, http://goo.gl/i5SVJT

"Kierkegaard on Boredom, Why Cat Listicles Fail to Answer the Soul’s Cry, and the Only True Cure for Existential Emptiness", http://goo.gl/75vByp

Comments
Anonymous
Patrick, you have summarized an integration of existential and depth psychology. Gordon Neufeld addresses this same integration, speaking to both parents and therapists, urging them to understand the child's need to learn to recognize frustrating situations (not intellectually...not as a cognitive process per se) and respond differently by not doing anything except being there and allowing the frustration to provoke growth. The learning of that new response is adaptive, giving the child a sense of power involved in finding an alternate response, otherwise known as problem-solving. In my clinical experience, I see the failure for this to occur with many adults and children who we could not say have been "traumatized' but can say, with Erikson, that they have failed to navigate the developmental crises with sufficient positive experiences to develop the psychosocial virtue associated with each stage. Of course, virtue involves choosing to act in a certain way (doing) after being in a state of emotional conflict.

Ioana Boldis, Psychologist, Romania
Many good ideas in this blog, Patrick. I believe, as you said, that "being with" is very important. Even in therapy, people need this more than anything else. Because they need to learn by themselves. Not to receive instant solution. But they also need someone assisting them in developing skills for finding efficient strategies and solutions. It’s something like “be there with me in time of need and I’ll learn to calm down and get over it”.

An interesting thing that I’ve observed is that in the long-term relationships, where “being with” is a frequent practice or routine, people start thinking as a single brain. No matter if we talk about romantic relationships or parent-child or other relationships, “being with” creates some sort of in-depth connection and resonance. I don’t know if it has to do with empathy, limbic system, mirror neurons or other variables, it just happens. A good article about reflection and getting aware of what we need, not only about what we do.

SHARED ADVERSITY, SHARED UNDERSTANDING: FOSTER CARING WITH A DISABILITY
BY JON POWTON (2019)

Introduction

I am delighted to introduce this inspiring guest blog by Jon Powton. I came across Jon recently when I read an article in the Guardian, a national UK newspaper. He was featured in it about being a foster carer with a disability. Jon talks movingly of becoming disabled; of the adversities, prejudices and discrimination experienced; of the barriers to becoming a foster carer; of being a foster carer – the challenges and rewards; of the care system and politics.

The reality of exclusion of people with disabilities from foster care (and many other aspects of life and work) has gone 'under the radar' for too long. This is a great loss to us all. Jon is doing an excellent job in raising awareness. I hope you enjoy this thought-provoking article and please share.

Patrick Tomlinson

Disability and Adversity

Adversity is a word you hear quite often as a foster carer. It seems to sit hand in glove with the profile of many of the children who come into the care system. The adversity, hardship and horror that some children and even their families may have faced, can leave lifelong scars that few other people can truly relate to.

From most people's perspective adversity applies to us all in some way on occasions in life. We've all experienced low points in our own way. The death of a relative, or a serious injury that has made life difficult for a period - losing a job, the ending of a relationship or financial hardship. There are many reasons, but with time and support those scars do tend to heal, and often we can change our own circumstances to improve things. I suppose one of the main groups who can experience lifelong adversity in a similar way to 'looked after' children are people with disabilities or serious life-limiting illnesses and conditions.

I wasn't born with a disability, I grew up around it, and lived in a house with it all my childhood. My grandfather was confined to a wheelchair and lived with my parents, my siblings and I until his death when I was eleven. He died from complications caused by Muscular Dystrophy. The very same condition that I was diagnosed with six years later. This was a bombshell! It may seem naive considering the circumstances of my childhood, but no one ever thought that me and my brother would have the same condition. So little was known about when I was born back in the 70s. Nobody truly understood how it worked or how it transmitted through DNA.

It led to a hard time for me. Seventeen isn't a good age for anyone at the best of times. I felt anger and bitterness about this dream shattering news, the disappointment about my life goals being taken away and fear of my new future - all suddenly being piled on top of the insanity of being a teenager. It was not an easy time at all. In fact, it was the best part of a decade and a half before I was anywhere close to coming to terms with it, if we do ever actually come to terms with such a thing. Maybe it's more of an acceptance thing in the end, an acceptance of not being able to change it and its inevitable impacts!

Perhaps the hardest part for me was the memories I had of the illness that I'd witnessed first-hand in my Grandfather. The slow creeping decay as the condition develops and chips away at a person's function. The gradual fading away, the lack of dignity that this illness can cause in the end. I know that in some way this will inevitably be my fate. I knew it then, and I know it now, which makes the acceptance part very real and very significant!

I have seen both sides of disability, firstly not having it and being able-bodied, then having it and not being fully able-bodied.

> Caring for a life-limiting condition is not the same as caring with a life-limiting condition.

I have perhaps the unique perspective of both points of view. Now I am a foster carer, I'm the person with the condition doing the caring.

Inevitably as expected I became disabled slowly over time in an ever-decreasing spiral of capacity. I trained to be an engineer, and I worked in heavy industry for as long as my condition would allow. The fact that I was eventually 'turfed out on my ear' because I was disabled, I will omit from the tale, mostly because it sounds like sour grapes. I then spent several years trying to get back into work within my original skill set, and ultimately failing because I have a disability. I was often the best candidate in the interview until I mentioned my condition. Funny how things can change...

This was perhaps my first taste of disability adversity - the way employers run away from it and don't see beyond the heightened insurance risk or the perceived lower productivity. I have become gradually aware over time to how these new kinds of adversities creep up on you. For a person with a disability, adversity isn't something that stands alone. It comes with a whole host of other issues that pile additional weight onto it. Discrimination, bigotry, attitudinal prejudice,

bullying and exclusion also play a major part in day-to-day life.

It can present itself in many ways. Some are obviously cruel and intentional, like being laughed at and called names because you walk differently or look different, not being given equal opportunities and so on. Some are unintentional like events that don't have proper disabled access, toilets or parking. There are lots of reasons, many I haven't mentioned.

Society itself has a lot to answer for in the way people with disabilities are treated, especially considering that 1 in 5 people have a disability of some kind. Most people only see disability that is either extreme or obvious*. Most of us don't look like Stephen Hawking, but for some reason are expected too, and that anything less somehow doesn't seem worthy of the title.* Because of their own discomfort around serious disability, people form a negative opinion about it that they apply to the word in all circumstances. Most disability is in fact hidden, for example, diabetes, or a hearing or visual impairment.

> I can't tell you how many times I've been told to get out of a disabled parking space because I don't 'look' disabled. I have Muscular Dystrophy, not man flu....

I've recently become involved in a project to examine why more people with disabilities are not actively recruited to be foster carers, and why people with disabilities often don't engage with employers or events. This has allowed me to highlight some of the key issues around disability and the lack of proactive inclusion for disabled people in mainstream society. It is illegal in the UK to discriminate against gender, race, sexual orientation, religious denomination, disability etc., etc. We are all aware of the politically correct version of how it should be. We are unfortunately also all very aware of how things far too often play out in reality.

It is perhaps better to phrase it as,

> '*Not being excluded isn't the same as being included*'

As no one actively telling you can't do a thing, is not the same as someone actively engaging with you and telling you that you can. Albeit similar in terminology, in practice the differences are huge. As I said, I personally know what it is like to apply for dozens of jobs and be the lead candidate right up to the point I mention my disability. I know how it feels to be laughed at on the street. I know what it's like to not be able to attend events because it's on the third floor with no lift. This has given me the ability and the right to speak out about it from first-hand experience. I know what it's like to be a foster carer with a disability and be told I shouldn't be one!

Society doesn't engage with disability because historically, all the way back to antiquity a person's value is judged on their productivity. Even now, how many companies have a 'piece work' production mentality, where the more you do, the more you earn. It's called the pay packet society. This ethos is carried to this day into mainstream society. Perhaps in many, it's a subconscious thing, but in my experience often it's not. It filters down through generations

where disabled in real terms becomes a label that seems to mean lesser than abled. This paints all disabled people as incapable of anything and everything, in complete ignorance of their actual skill set!

This is the reason most employers don't want us. This combined with the obvious insurance factors, the health and safety aspects or the provision of support they need to put in place to facilitate disabled people in the workplace. Great word facilitate, great in hyperbole, not so good in reality.

How many disabled people's CV's are *'**Kept on File for further positions'...** We* all know what it means. It means *'**Not good enough**',* but it's just impossible to prove, so why challenge it.... I see very little facilitating in the wider world at a pace that meets the needs of disabled people. Let's face it, realistically as an employer why give yourself the hassle of employing Mike, when you can employ Bob who doesn't have a disability? Well, perhaps with a little more insight into disability, employers would see the hidden skill sets disabled people possess. Such as, the constant ability to adapt, the drive to overcome challenges, the determination to prove themselves equal, the compassion for others, the pride at being productive and of value, the loyalty they show to the companies who give them equal opportunities. The strength of character and all the things you're all going to list that I forgot. We don't live in the 1870s. This is 21st Century Britain, A former superpower, a former ruler of most of the known world, a former industrial powerhouse, former a lot of things. Surely our great past should have given everyone enough intellect and skill to quickly find a way into the future where this country leads the way in getting the most out of everyone's ability, even those who can't climb stairs or lift heavy things. How much better off would we all be if we stopped writing 20% of the population off before finding out where their value is?

It would be remiss of me not to talk about fear, the fear people have of disability. I have met people who have asked me if they can catch it, today in the 21st century, CAN I CATCH IT....seriously, if that is still a thought that people have then not enough inclusion is going on. I have two children living with me who have been with me for eight years, from being very small children. They don't even often see disability or notice it in people that often. They have become so included in disabled being normal that they just see people as people. They have no fear of a person with a learning disability, facial disfigurement or a person in a wheelchair. To them, like it should be to us all, disability is normal life, and disabled people are not to fear or mock, they are to help and involve. This is what inclusion brings - natural equality and compassion.

No-one chooses to be disabled, no child's first choice is to be fostered.

I do understand fear of disability. Even as a person with one I still have it; I quite honestly find very severe disability a little unnerving. This is purely because I feel vulnerable, and is a failing in myself, that I try to overcome. For example, I was once pushed over and injured by someone with a very profound learning disability, not deliberately I must add, but due to my own lack of balance and my condition, I couldn't prevent it. This was enough perhaps understandably, to

create unease in me around people with those issues, I struggle with their unpredictability. For most, it's their own lack of exposure to disability as children that plays into their lack of understanding and unease around it. It is and always will be human nature to fear what we do not understand. Some people just don't want to get over it, they just can't deal with it, and look at people with a disability like I look at spiders. Though if we endeavoured to bring disability to people more often and earlier, not just when the Paralympics is on, perhaps we can fuel acceptance in new generations. I will however never accept spiders.

The question as to why disabled people don't engage is tricky. Like everyone who judges disability as a thing, we also critically judge ourselves, I know I do. We can and do create some of our own problems and build upon our own reluctance to have another go at things in the face of more ridicule or further rejection. We can also have an elevated sense of entitlement on occasions where we all think the world owes us special treatment. Some people with disabilities have this as a permanent personality trait. The vast majority do not, for me it comes and goes. It would be ridiculous to say that I do not have my own fears of myself, and of my limitations and of my future. I suppose I do on occasions allow them to impact me negatively. The key bit of that is 'on occasions' not permanently and I constantly try to rise above it, but I accept it is harder for some than it is for me. These fears make me reluctant to engage too, and I battle with myself to do so. I think the battle is the war I need to win in myself to change things. So, I push aside the fears and anxiety as best I can, and throw myself headfirst at life and the role I now have. Win or lose I am determined to try because the children I care for are more important than I am. They are what matters most to me, not my limitations. I do it for them and want to change the world for them. Like anyone who sees themselves as a parent, foster parent or otherwise we all want the best for our kids!

It is at this point I must sing, (***If somewhat reluctantly as I'm not here to plug***) the praises of the fostering agency I work with, the National Fostering Agency (NFA). After engaging with me about disability and disability recruitment into fostering – NFA changed their training venue in my hometown because it had no disabled access. This was entirely of their own doing when they realised the situation, and they actively engaged with me to find a more suitable location. This follows on from the amazing support they have given me from the very first conversation I had with them when I wanted to foster!

It's proactive engagement like this that feeds into a better future for everyone. The children who need safe, happy homes; disabled people who feel valued and relevant; and the staff who gain insight and experience around disability and its issues, which helps them have a more inclusive and positive view of disability to carry forward throughout their careers.

I was asked when writing this to show some ways in which I have met the challenges I have listed, and that has proven difficult to answer. To be honest, I don't have a strategy as such, I try to face things head-on. I do have a sense of humour, but I feel the same hurt and anger as any other disabled person when I get mocked in the street or judged as incapable. Shouting and screaming isn't the answer, I tried it, and it doesn't work, but neither is hiding away a solution. I just get on with it. I try to be the best and most engaging person I can be, and change people's view of disability one person at a time. I hope that's enough. It'll take more than me to change the world, but I can change my bit of it. I still get annoyed on occasions and tell people they are being stupid and ignorant, but only after I try reason and common sense. Some people are just too moronic to recognise it. I have a low tolerance threshold for stupid, sorry.

> I do try to show people that a condition or a limitation isn't a definition. I'm not defined by my Muscular Dystrophy, I'm affected by it.

It may seem ridiculous to some, but my condition gave me some things back for all it took away. It gave me compassion, mental strength, and a dogged determination to be seen as the same. Not to mention an understanding of 'adversity' that I can use to relate to the children whom I care for. Like them, I know what it's like to suffer at the hands of others. Those experiences gave me the strength to overcome it and that's what I need to give them.

Adversity is not a disabled dance troupe, nor is it owned by the disabled, though perhaps they do have a stake on the longevity of how they experience it. Adversity is suffering, it's pain, it's depression, fear, shame, it is turmoil and it hurts like hell. Exclusion isn't the solution. Tolerance is a skill that must be learned by us all, me included. Exposure to the things we fear and lack understanding of is the only way to learn about them and overcome them. But I suppose there is little point in me preaching to the converted. So, I suggest if you are a disabled person reading this, go and engage, challenge misconceptions, challenge bigotry with intellect. Go and do the show and tell at school, openly talk about it, you are the expert on the true meaning of disability. Sow the seeds of future acceptance by challenging the current ignorance!

Becoming a Foster Carer

If you want to find true value and acceptance, then perhaps go and foster and use the skills you have that no one else recognises. I have seen first-hand what it feels like to see children accept and inherently promote disability as normal. It's an amazing thing to see, and it's an amazing skill to give them, to not be afraid and to overcome what life throws at them, not just with resolve and determination but with pride in themselves.

> I foster because of my abilities, not my disabilities.

But I recognise that I have gained some unique skills and reference points about life because of the experiences disability has forced upon me. It is the emotional competencies of a foster carer that are most important. Disability only comes into if it seriously affects the job demands. I have just tried to find the silver lining on my cloud.

I would expect many people who read this to think, 'That's not for me, I can't do that, I don't want to lose my benefits, I don't want to look after crazy damaged kids.... etc., etc.' This is the point where I need to set straight some of the misconceptions people have about kids in care. The children and young people in care don't have the skills that you have. They don't have the ability to process life in the way you do, why would they, nobody ever taught them how. They don't have the benefits of the upbringing you had from your parents, or the strengths you found in the life you may have had to forge for yourself. They are victims, they are not the cause of their situation. It was caused by all of us, all the people in society who turn a blind eye to the failings in ourselves and the systems we put in place.

> Poverty and lack of social mobility, poor education, substance abuse, lack of options and inequality. These are the problems that create the situations that usually bring children into care.

And yes, some people just are not fit to be parents through their own failures, but that itself always has a deeper routed cause often based in the above!

The children I have met in the course of my fostering career have been varied and different. Some have bigger things to resolve and deal with than others, but they are all affected by the failures of others. They are affected by the same stigmas and attitudinal prejudices that we as disabled people face. Many resonate with the same fears, angers and self-loathing that I had. Most importantly though, they do have the ability to heal, they just need our help to do it. Some of the most amazing and most surprising people I have ever met are looked after children. They are not bad. Some have just experience bad things that they have normalised. Some have experienced things that would break us. They have not only lived it for years, they have somehow survived it.

I agree fostering is not for everyone, but that's not to a person's detriment. It takes courage to admit you can't handle it, but I believe it takes more courage to try. It takes more to give yourself to it, to make any difference you can to these children no matter how small, no matter how ungrateful they appear at the time. In the end, it's valuable, one day they will recognise that value and maybe that little bit of horror you changed will help break a cycle for the next generation. Their children won't be victims like they were, because of the skills you gave them.

I realise the thought of losing benefits is always a big issue to disabled people, and everyone thinks they are going to end up on the streets selling the 'The Big Issue' newspaper. It's just not the case. Fostering is hard, it can be thankless, and it is often emotionally draining. To many, disabled or not, it has little appeal. The UK government recognises this obvious fact and have tried in many ways to make doing it viable and rewarding. This is why fostering falls into a special category called 'home-based therapeutic care'. This means that disability benefits are not affected by being a foster carer, you can foster and still claim what you claim. There may also be significant tax breaks. Wherever you are, I would always recommend you get independent professional advice. You may find out that your financial worries about fostering

are unfounded.

Over the years people have said to me that fostering is easy money, or money for nothing, and have questioned how hard can it be? *The answer is,*

> *it's absolutely hard enough to be massively under-subscribed. Hard enough to break your heart on occasions.*

It is in no way like looking after your own birth children. Imagine the hardest parts of raising your own children, then times it by sexual abuse, starvation, neglect, attempted murder, physical abuse, foetal drug and alcohol addiction, psychological abuse, torture and sexual exploitation or trafficking.

Do you think children without problems come into care? That they are in care because they have not experienced one or many of the above, and it's just a holiday. No child comes into care because their home life is good.

The Challenge and Reward of Being a Foster Carer

To those who criticise foster carers, and there are many who do, or those who question a fostering agency's business model's morality, saying it is wrong to profit from fostering - I don't know, I don't run the business. Personally, I would suggest no more so than it is to profit from being a Physiotherapist or a Dentist working in private practice. Is it wrong to run a profitable business in the human services? Or is the profit the reason the businesses are successful? Surely if the outcomes for children are good, then the cost is worth it. In England, there are many Local Authority Children Services in crisis or struggling. You don't tend to find it with tier one independent agencies.... just a thought. Isn't the private sector driven to do better, to succeed? Surely the motivation for any business to work is its ability to provide the best service and be better than its competitors!

It is easy to say it's easy, easy to belittle by those who don't do it and don't understand its realities. I would suggest if it's so easy then please go and give it a go for a year. I won't even say I told you so, when you realise just how spectacularly you are wrong!

Be warned though, to any of you who think fostering is just some sort of path to easy money or some sort of job for old rope. You will very quickly find yourself wrong and it's probably not for you. It's not a job for anyone without huge commitment, dedication and perseverance. It is a professional and difficult role, for which you must be trained. The very best is expected and

demanded of you and it's 24/7/365. It takes great mental strength, drive and determination to succeed to do it well. Fostering is a Job that very quickly becomes a vocation for those who love it. Vocation or not we are professionals, who play a major role in the rehabilitation of children's well-being. We are at the vanguard of caring for and slowly fixing those who society disavowed, abused and mistreated. Nobody has ever remained a foster carer for the money. Any that set out with that in mind will not last. But it is impossible to do it without money - self-esteem doesn't pay the mortgage, the rent or the gas bill. Moral high ground doesn't put food on the table or allow me to clothe, feed, transport, take on holiday, pay for school dinners, trips, toys, Christmas, birthdays etc. No fostering allowance pays for the love and care and attention I give my children, that's free and always has been. The fostering allowance merely facilitates the provision of a home for them to live in and the required necessities to allow a normal life for the children.

To the disabled person, if you do consider it, you should not expect special treatment because you have a disability. You will be (and rightly so) assessed like everyone else and surely that's a good thing. You will succeed or fail based on your ability to meet the needs of a child, not your disability. If you fail, then that's because you cannot meet those needs. Be realistic and be prepared to be treated like everyone else. A lot of able-bodied people can't meet the needs of a child either. Hand on heart it's the most rewarding thing I have ever done. It actually matters. It's worth it and it changes lives. To me, it is a privilege to be able to look after other people's children and change their futures for the better. So, if you believe you can do it, find out. Currently, in the UK there is a need for 10,000 foster homes. There are 13,000,000 people with disabilities. 0.07% of the disabled community who could solve the national tragedy of foster care shortage. Less than one-tenth of one percent! There are also big foster care shortages in many other countries, such as the USA. The same principle applies.

Fostering has given me a purpose beyond myself, it has given me back a sense of self-worth that the world tried to beat out of me. It has made me a better person and I am stronger because of it. I would recommend it to anyone who wants to challenge themselves and rise above the stereotypes and labels society wants to put on you. But most importantly, help give a future to these children and young people.

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See Jon Powton LinkedIn Profile for links to relevant articles, etc.
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THOUGHTS ON THE ATTITUDES TOWARDS ABUSE OF CHILDREN (2014)

This is a huge subject and I am just going to make a few comments about my experience. Though these experiences may to some extent seem random, I think they are also connected by a theme. My first experience of work with children who had suffered abuse and neglect was in 1985. I was shocked to see how their early lives had so terrorized and deprived them of the experiences essential for healthy development.

Because of abuse and neglect, a 12-year-old child might have the functioning level of an infant. He may not even have reached the level of emotional or neural integration normally achieved in the first 1 – 1.5 years. These children's development had literally been frozen. Their emotions were also highly dysregulated, and they can fall into an overwhelming panic or violent rage in an instant. At the other extreme - still watchfulness, emotional detachment and withdrawal may be the predominant mode of functioning. One thing that surprised me at the time was the fact that children like this existed, as I had no idea. It was and still may be a human problem that is hidden away. I knew about various disabilities and their consequences, and there was plenty of media coverage – but nothing on these children traumatized by those who were supposed to protect them.

> The single most significant predictor that an individual will end up in the mental health system is a history of childhood trauma, and the more severe and prolonged the trauma, the more severe are the psychological and physical health consequences. (Kezelman and Stavropoulos, 2012)

It has been said that the dynamics of abuse are secrecy and denial. Kezelman and Stavropoulos (2012) refer to the 'culture of silence that continues to surround child abuse'. They explain why this may be so,

> The many constraints which still militate against open discussion of child abuse compound recognition and addressing of violations the scale and magnitude of which, were they to be acknowledged and confronted, would both raise questions of complicity and comprise grounds for deep national shame.

I recently read that it was published in the 1950s that one in a million women had probably experienced incest as a child. Apparently, the text where this was stated was still widely used in the training of psychiatrists in the 1980s. Some researchers these days put the incidence of child abuse within families as closer to one in four. Why is there such a huge difference in 50 years? Is child abuse on a huge increase or is it just being reported more, or both? We also know very well the historical controversies that have existed in the relational sciences, as to whether reports of child abuse by adults in treatment are real or phantasy.

> Professor Middleton comments that *`[i]t is hard to find a comparable example in society where something so damaging to so many could exist undisturbed for decades under the gaze of those professional bodies who would be assumed to have*

qualifications and motivations to bring clarity and to be at the forefront of addressing such a pervasive threat to the mental and physical health of fellow citizens'. (ibid).

On the one hand, it seems that progress is made in the exposure of child abuse. But it doesn't seem that it is becoming any less common. Some westernized countries may have been ahead in terms of surfacing the problem. I was in India 7-8 years ago and sexual abuse was just beginning to be talked about in the media. Since then there has also been a big movement to expose the violence towards women in India. I gave a talk to 100 or so social work students at an Indian University. During the talk, I referred to a child I worked with who had a severe panic attack when I made a simple request, like asking him to finish his breakfast. It turned out his mother had made a similar request and then hit him so hard on the head with a stick that he needed hospitalization. One of the students stood up and said she didn't see why being hit caused the boy such problems in the future. She added 'we've all had a good beating' to which everyone laughed.

I explained that the beating, while some would argue is never good for a child, might also depend on the context to determine how much damage is done. For example, if the culture is one where hitting children is common, at least the child feels this is normal - my friends also get hit. Another factor might be whether the 'disciplining' action takes place in what is a generally loving family environment – where the parents are concerned for their child. Or is it part of a more neglectful environment? Are the parents' actions more based on their own difficulties rather than the child's needs? The severity is another factor – violence that requires medical treatment cannot be right under any circumstances. While physical discipline might be considered by some to be ok within a cultural context, I don't think that anyone would argue that sexual abuse is.

Maybe because it simply isn't ok – discussing sexual abuse tends to become difficult. Besides abhorrence towards the abuser, few other views are expressed. Sex offenders are routinely hated and despised. They are often portrayed as evil. I remember visiting a sex offender in prison. On the way to the prison, the taxi driver was keen to know why I was making a prison visit. When I alluded to the reason, the conversation immediately ended. After the visit, I was wondering why the prisoner I visited came into the room, after the other prisoners. He sat on his own, wore a colored band and left before the others. I realized it was probably for his own safety. Having anything to do with sex offenders or even children and young people who have been abused, can be uncomfortable and one's motives might be questioned. This is highlighted by the difficulty that can be involved in having a conversation on the subject with someone who has been abused. Too much interest might be felt to be intrusive and voyeuristic. Too little might feel like turning a blind eye.

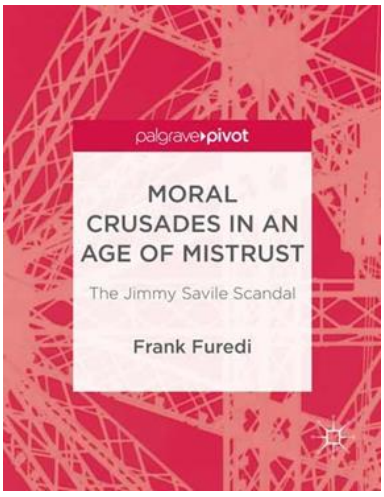
Recent sexual abuse scandals in the UK involving, dead or elderly celebrities have caused an outrage. Some of the most popular family entertainers, it turns out had been abusing children. The outrage has been towards the individual perpetrators, followed by the organizations that failed to be sufficiently protective or even colluded. It is as if the moral outrage about abuse can be vented towards these cases, but we can't have a rational discussion about what is happening

in our own neighborhoods. A few years ago, when I was opening a new children's home in a residential neighborhood, we met each neighbor, so we could build a positive relationship. One neighbor could not let go of the question, 'but have these children been sexually abused?' He was fearful of this, as if the neighborhood would be threatened and at-risk by having an abused child living among them.

In response, I focused on the fact that the children we were looking after, all had needs due to their difficult childhoods. Our job was to meet those needs, so that they could develop and prosper. The neighbor kept persisting with his question. In the end, I said that according to the statistics maybe 1 in 10 of the children in this neighborhood were abused. After that, he abruptly dropped the whole issue.

Thinking about the conversations with the neighbor and taxi driver, I am struck by the fact that I just allowed the conversations to end. I could have asked them their views on what I had said. Maybe the underlying feelings, such as anxiety, fear and hostility led me to rather not talk and therefore collude in a small way. One of the inferences for anyone who is close to sexual abuse, whether personally or professionally, is that they may be complicit with the abuse. Therefore, anyone who talks about it, rather than to just utter disgust towards a perpetrator runs the risk of being judged in a similar way. It is common in working with traumatized children, to be treated as if one is an 'abuser'.

What I am suggesting with the examples above, is that the problem of abuse gets projected in an extreme way and this is part of the denial dynamic. I have come across many worthy organisations who aim to tackle the problem of abuse by focusing on the pedophile, 'lurking on the street corner'. The emphasis on stranger danger continues, though evidence suggests that the most likely threat to a child is someone close to them, especially a parent. We educate young children on how to avoid being lured by a stranger. Do we educate children on what to do if someone in the family is abusive? Maybe this reality just touches upon too many taboos and challenges the idealization of the family that is prevalent in many cultures.



The sociologist Frank Furedi wrote the book 'Moral Crusades in an Age of Mistrust: The Jimmy Savile Scandal', in response to the scandal of the deceased UK TV celebrity Jimmy Savile and the retrospective discovery of his serial abuse of children.

My understanding of Furedi's argument is that the erosion of our trust in authorities leads to a high level of uncertainty, which makes us feel anxious. We then project some of our anxiety onto children, who are increasingly perceived to be vulnerable and 'at risk'. Interestingly, numerous countries have gone through the same process in the last few years. Erosion of trust; exposure of corrupt politicians, church, bankers, etc.; media exposure of scandal in relation to child abuse; as the moral panic

grows, there are then 'witch-hunts'; discovery of institutional abuse; national outcry and government inquiry; followed by recommendations on how to better protect children.

These are necessary and appropriate concerns. However, as Furedi argues our difficulty in really thinking about rather than reacting to the issues involved, leads to some very unhelpful and destructive actions. It also undermines the potential to make real progress. A slight illustration of a moral panic was when a pediatrician in Wales had bricks thrown through his living room window by angry neighbors. Someone had referred to him as a pediatrician, which was mistaken to mean pedophile!

Wrongful arrests are on the more serious side of things. I know of one service for children that was closed, due to the wrongful accusation of a link with a pedophile ring. The sensationalized media headlines were followed by the withdrawal of children from the service. Two years later, after the service had closed, children unnecessarily removed, staff wrongly arrested, and careers ruined, the Judge concluded the trial by praising the work of the service.

How do we know, when denial is appropriate and when it is a cover-up? Conspiracists might argue that Judges, Police, Politicians, Churches have a lot invested in supporting denial. This dilemma and lack of trust is exactly what Furedi suggests makes this such an important and difficult problem.

Ultimately, what we want is no children suffering abuse and the potentially devastating consequences. How will this be achieved unless we become more able to have rational discussions about the problem? How do we become more capable to think about this difficult subject and what it means?

Reference

Dr. Kezelman, C. and Dr. Stavropoulos, P. (2012) *The Last Frontier: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery,* Australia: Adults Surviving Child Abuse (ASCA), This document can be downloaded here, http://goo.gl/t9o3lA

Comments

Sean Ferrer, Director - Strategic Marketing, England

Patrick, you have written a highly thought-provoking, and courageous piece here. I use the word courageous, because the fashion these days is to portray all sex offenders as incarnate evil, so abhorrent that the mere mention of the label provokes a raft of negative commentary. The fact that you have not engaged in the standpoint is to be commended.

Neither you, nor I, condone such offences, but I feel we both recognise that progress in our understanding of the phenomenon of sexual offences, especially against children, is continuously impeded when it is drowned out by a collective wail of disgust. Moreover, anyone who fails to express his or her own disgust when exploring the topic risks being branded in some way complicit, or supportive of such damaging behaviour.

Jonny Matthew, Consultant Social Worker and Criminologist, Wales
Good stuff, Patrick - very thought-provoking! Your comments about those who help being in some way viewed suspiciously, is very true. After many years of working with harmful sexual behaviour in teenagers, I've experienced this many times. Worse still, at times, I've colluded with this suspicion by moderating my own comments in line with what I perceive to be the likely stance of skeptical others. I guess part of this is the desire to avoid "freaking out" the uninitiated!

Sean's point about the prevalence of sexual interest in children is perhaps the next taboo for society to assimilate. The thorny issue of sex offenders as victims with reactive behaviours is another. Not that this is permissive or excusing in any way. Neither is it remotely suggesting that all victims do or may become perpetrators - that would be ridiculous. But we do have to face the fact that those who commit sexual crimes were very often victims themselves - meta-analytic research is really clear on this.

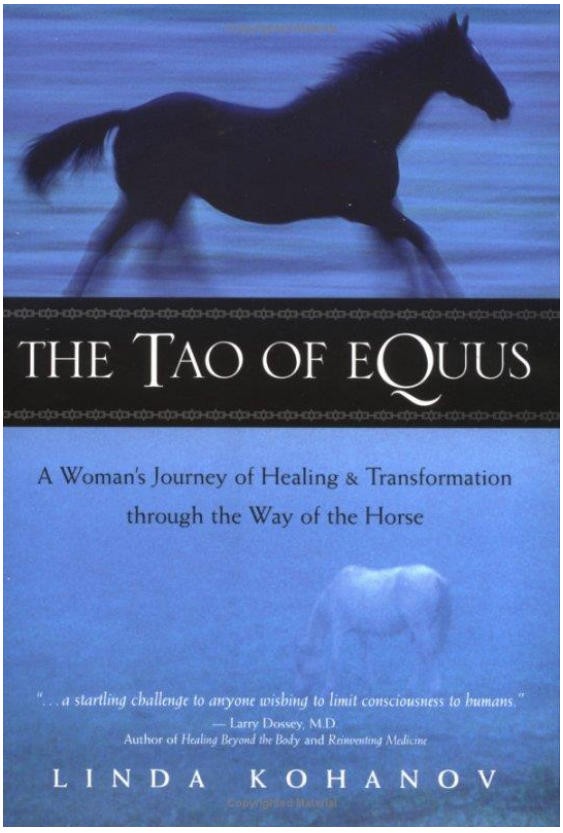
WHY HORSES CAN BE SO THERAPEUTIC IN WORK WITH TRAUMATIZED CHILDREN AND YOUNG PEOPLE – PART 1 - BY DEBBIE WOLFE (2014)

The first 14 years of my career was in a therapeutic community for boys who were traumatized due to abuse and neglect. The Cotswold Community was situated on a 365-acre farm. I have often wondered how much of the boys' healing was gained from living on the farm and spending so much time doing activities and being outside.

In more recent years, many research studies have highlighted the benefits of therapies that connect people to the natural world. For example, wilderness therapy, equine therapy and the therapeutic use of pets and animals. As well as these types of activity contributing to the recovery from trauma, we also know that they can be generally helpful in reducing stress and improving other health conditions. I believe many of these approaches are what Bruce Perry (2004) has termed 'biologically respectful' because they connect people to their genetic predispositions.

I invite people who have particularly interesting and innovative perspectives the opportunity to write a guest blog. This is the first guest blog and I am delighted to introduce Debbie Woolfe and her organization Stable Relationships, which is based in Telford, West Midlands, UK.

Patrick Tomlinson



Stable Relationships is an organisation that has recently been set up to enable more children, young people, staff and carers to have access to emotionally intelligent, therapeutic and training activities involving horses.

All our programmes combine the theories of child development and trauma with the practicalities of equine-based experiential learning. Many of our activities are based on the Epona approach (Linda Kohanov, The Tao of Equus, 2001).

Horses are prey animals, so their first response is that of fight, flight and freeze. They communicate non-verbally by picking up on the energetic waves of emotion in their herd, to stay safe. This makes them hypervigilant and excellent at reading the emotions of anyone they interact with. Our approach is based on the knowledge that we need to be calm to build relationships and learn. Horses are most able to complete tasks successfully when

the people working with them are able to be emotional leaders. This usually involves the people becoming calm as the first step towards any activity.

Horses respond to their environment and people interacting with them in similar ways to traumatised people, which makes them excellent at helping staff who work with these people.

Through the work with horses, staff are better able to understand the impact they can have and develop new strategies to improve their working practice. For example, we do an activity where a staff member approaches a horse with the goal of it touching them on the back of the hand. The horse is loose in a space. The person has to become aware of their own feelings of excitement, vulnerability and fear within the challenge, and manage these feelings to become calm. They also have to notice tiny movements within the horse, such as a flick of the ear or a swish of the tail. When they see these things, they understand how sensitive a horse (and the children/young people they work with) can be. They develop practical strategies for approaching in a way that promotes maximum calm. Self-awareness is a large part of the course and staff have reported it impacting their personal as well as professional lives.

Part of our young person course involves them setting boundaries with horses. As a horse approaches, they notice and rate their feelings as it moves. They are taught how to stop a horse coming closer than they want and are given the opportunity of experiencing and regulating their own arousal levels and emotions as it approaches. For young people who have experienced various types of abuse or who struggle to regulate higher levels of emotion, this experience can be highly empowering.

We also take horses out to schools to teach emotional intelligence sessions. Children work through various tasks to help them feel calm, observe and become aware of the messages behind their emotions, and learn how it feels to be trusted and trustworthy. One activity involves leading horses through various obstacles. The horses need to have a high level of trust in the young person to face obstacles, which may feel challenging to the horse. For a young

person to achieve the task successfully they need to be calm, take things at the pace of the horse, keep the horse safe, communicate effectively with it and encourage it.
Finally, we offer creative curriculum sessions for young people who may struggle to engage with classroom-based types of learning. The outdoor environment with all its noises, smells, space and practical learning opportunities is excellent at engaging young people in learning. Our horses recently helped us teach Macbeth to a group of young people from a special school for children with emotional and behavioural difficulties. After orienteering to find and read parts of the Macbeth story, the horses were painted with Macbeth symbols, and ridden, once the young people had answered Macbeth quiz questions.

Stable Relationships is in its very early days. However, we have seen the amazing impact our work has. We are lucky enough to regularly see young people work so well with each other and their horse. Often these are young people who are having major difficulties in their relationships due to very challenging behaviour. We are privileged to regularly see young people who won't walk past a horse, riding one a few weeks later. We are inspired as we see staff and carers who are demoralised and exhausted realising that they are more powerful and effective than they ever imagined. All our horse-based work is experiential and due to this, knowledge becomes wisdom at an accelerated rate.

Here are a couple of brief anonymised examples of our experiences,

Ben
We have a young person Ben who has been doing our course for 6 weeks now, so he is halfway through. He attends a special school and his referral form said he has autism and depression. When he started, he was very withdrawn and the first week he refused to leave the cabin, to even walk past the horses, never mind work with them.

As the weeks have progressed, he has become far more confident with the situation and the horses. He has developed a stronger relationship with his carer and is able to ask her for help when he needs it, which was one of his key objectives. During the early weeks, the carer did most of the horse-based activities and Ben watched, seemingly not too engaged. However, as the weeks have gone on, he has become much more involved. He now takes the lead with all the horse-based activities, asks questions, and speaks to everyone involved about his internal processes and views. His carer has reported that he doesn't seem depressed anymore, and he tells her that visiting us is the best part of his week.

During his last session, we were working on rating our own stress levels as we worked with quite a large horse (actually the largest we have). The carer rated herself as having higher levels of stress than Ben. At first, I thought he may not have been entirely honest, but the horses always know! His task involved leading the horse around various obstacles that she hadn't seen before. She is quite a flighty horse and was much less willing to go with his carer. The carer was trying to stay calm and talk gently to the horse, encouraging her to move with her. She did go, but was very hesitant and unsure and kept freezing, before continuing. When Ben had a turn, she went willingly. She tried new obstacles and was completely engaged and attentive to Ben

throughout the whole task. He was so calm and focused, and that impacted on the horse. It demonstrated very clearly that it is a person's internal feelings that have the biggest impact on horses, and people around them. Ben had been truthful about his levels of calm and it had been clearly shown by the horse's response. For him and his carer, having experienced that level of calm in a potentially challenging situation was an eye-opener. We were able to discuss other potentially challenging situations, away from the horses, where Ben now thought it may be more possible to stay calm. He just needed to re-create the feeling that he had just experienced. He could recall the experience he had just had and recapture the feeling of calm. It was also a big breakthrough in terms of his self-esteem. He is well aware of how far he has come, from not wanting to walk past a horse, to leading around the biggest one at the stables.

Amie

Another example comes from a school we visited last week. We take the horses to work with groups of up to 8 children for a 2-hour emotional intelligence programme. Amie who is 8 years old has had 4 placement moves since June. Her teacher reported that she had very challenging behaviour and showed no fear or concern for others. She worked well with horses and was excellent at spotting the emotions in them. When it came to the end of the session, she was hugging her horse and didn't want to leave it. We gave her some time and she gave the horse a carrot as a good ending. However, it seemed to impact her teacher more. She started to cry because she said she had never seen her show feelings for any other being before. We are used to seeing these reactions, but it is always a humbling reminder of the power of the horses, and the differences they can make just by being themselves.

Debbie Woolfe

For more information please contact: contact@stable-relationships.com
http://www.stable-relationships.com/

References

Kohanov, L. (2001) *The Tao of Equus: A Woman's Journey of Healing and Transformation through the Way of the Horse*, California: New World Library, http://goo.gl/OagIZ4

Perry, B.D. (2004) *Maltreatment and the Developing Child: How Early Childhood Experience Shapes Child and Culture,* Margaret McCain lecture on September 23, 2004, http://goo.gl/ftcCzD

Further Reading

This is a book on Equine Therapy that may be of Interest -
The Listening Heart: The Limbic Path Beyond Office Therapy, http://goo.gl/3WVawx

And an interesting website - LEAP Equine Facilitated Psychotherapy & Learning, http://www.leapequine.com/

Comments

Jenny Huston, Qualified Therapeutic Foster Carer and Person Centred Counsellor, England

I have horses and many other furies that over the years of fostering have proven to be a gateway for my children and young people to start their journey of trust again. I feel they can teach/show us so many things and provide a great sense of belonging, responsibility and empathy without any words spoken.

Further Reading and Information

Here is a further blog by Debbie on her therapeutic work with children and horses
http://www.ukfostering.org.uk/news/why-horsing-around-may-just-help-your-child/

A brief video about Stable Relationships from the UK Channel 5 TV channel, showing horses and children in a school, https://goo.gl/F8xWY4

A Few books recommended by people who read this blog,

Emma Speaks: A Journey into the Soul of an Animal Friend, http://goo.gl/YvMWw7

Horse as Teacher: The Path to Authenticity, http://goo.gl/5y8dvO

The Children of Raquette Lake: One Summer That Helped Change the Course of Treatment for Autism, http://goo.gl/9S2WB5

WHY HORSES CAN BE SO THERAPEUTIC IN WORK WITH TRAUMATIZED CHILDREN AND YOUNG PEOPLE – PART 2, ONE YEAR ON! - BY DEBBIE WOLFE (2015)

DR MIRIAM STOPPARD

Helping to keep you fit and healthy

Ponies help children rein in their emotions

Children having a pet is something I'm a great believer in. They teach a child about responsibility, love and even how to handle grief.

Sadly, many families aren't in the position to have a pet – even less a horse – which is why I'm so keen on initiatives some head teachers are taking to introduce children to ponies at school. Not an easy job but horses are very special – they can even be used to treat children with autism.

The reason is that horses are extremely sensitive to human emotions. They're expert at reading our moods and helping us handle difficult ones.

The school's scheme is small-scale and has been running for six months. And as well as pupils visiting stables, horses have been taken into inner city schools too. Debbie Woolfe has set up Stable Relationships, a company that will arrange pony visits to schools and is based in Telford, Shropshire.

Debbie believes that horses are sensitive to human emotions because in the wild they were preyed on by other animals and learned to protect other horses in their group.

She explained the animals pick up on human emotions and are good at telling how people are feeling. If a person is pretending to be calm but is scared, horses know something isn't right.

Debbie says: "We've had great feedback from the schools. Children need to get the ponies to trust them so we've been teaching them to be trustworthy.

"Most of the children have been excited and have talked about nothing else. With horses, they learn to control behaviour – you can't have emotional outbursts."

During one school visit, pupils stood in a circle with the ponies, listening to stories and identifying emotions, before taking turns to lead the animals to cards that showed pictures of different feelings – these were attached to playground railings.

They talk about accepting negative emotions and recognising that such feelings don't last for long.

The ponies were calm while the children groomed them, put beanbags on their backs and took turns to lead them around little obstacle courses.

Children who were shy of the ponies became more and more confident handling them.

These sessions inspire children to build relationships, build their empathy and learn how to manage their emotions by thinking how their behaviour will affect a pony.

Pets as Therapy, a charity, works in a similar way by taking dogs and cats into hospitals, homes and special needs schools. Visit petsastherapy.org or stable-relationships.com for more details.

They can tell how people are really feeling

Introduction

A year ago, Debbie Woolfe, founder of Stable Relationships wrote a guest blog on her work in providing Equine Assisted Learning to children and young people, https://goo.gl/RreOKx

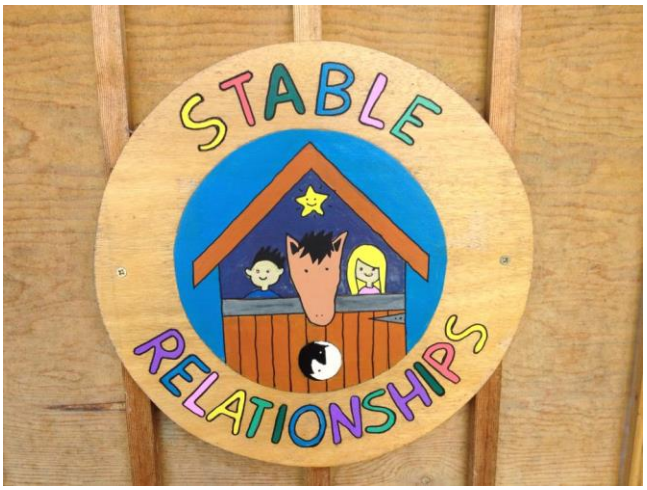
I explained then my reasons for interest in this subject. During the last year, my research has continued to confirm the view that therapeutic work with children and young people (also adults), which involves the use of nature has great potential. During the same time, Debbie's venture has shown great innovation, which has captured the interest of the media in the UK. In the last year her organization, Stable Relationships has been featured in two national newspapers, TV and radio. She has taken her horses and team across England and into inner city schools, where many children had never previously been able to see and touch a real horse. This is a great TV clip, seeing the children's responses to meeting horses in their school https://goo.gl/YSCZKr

As I said, research supports the relevance of this work. Bessel van der Kolk (2014, p.80) states,

> In the past two decades it has become widely recognized that when adults or children are too skittish or shut down to derive comfort from human beings, relationships with other mammals can help. Dogs and horses and even dolphins offer less complicated companionship while providing the necessary sense of safety. Dogs and horses, in particular, are now extensively used to treat some groups of trauma patients."

And,

> After multiple suicide attempts, Maria was placed in one of our residential treatment centers. Initially, she was mute and withdrawn and became violent when people got too close to her. After other approaches failed to work, she was placed in an equine therapy program where she groomed her horse daily and learned simple dressage. Two years later I spoke with Maria at her high school graduation. She had been accepted by a four-year college. When I asked what had helped her most, she answered, "The horse I took care of." She told me that she first started to feel safe with her horse: he was there every day, patiently waiting for her, seemingly glad upon her approach. She started to feel a visceral connection with another creature and began to talk to him like a friend. Gradually she started talking with the other kids in the program and, eventually, with her counsellor. (p. 150-151)



Debbie's new blog describes her journey of the last year and shows how 'Stable Relationships' is such an apt name for her organization. Relationships are central to the work, between her team and the horses, between each other, with the children and their carers, and between children and the horses. The horses become the focal point within which, learning and healing relationships can take place. Debbie explains important aspects of the work that involves horses. However, much of what she describes is also about the importance of relationships and role modelling. This comes through in her blog and infectious enthusiasm. I hope you will find her insights, as I do, to also be of wider relevance to therapeutic work with children as well as other spheres of 'people work'.

Patrick Tomlinson

The last time I wrote a blog for this site I had been running Stable Relationships for about 6 months. We are now a year and half into our journey and, to date, it has been an amazing and challenging experience. In this blog, I would like to share some of the challenges we have faced, and the lessons we have learnt. I would also like to thank Patrick for his encouragement and helpful support.

As I type, I am sat in our cabin. It is a beautiful log cabin with wooden floors and still a hint of the wood smell that was so prominent when it was first built. As I look out of the quaint paned glass windows I can see dew-soaked, tufty grass fields, filled with majestic horses, grazing peacefully. It is a windy but sunny day and the shadows dance on the ground as they are cast and commanded by the leaves of the old oak tree overlooking the cabin. It is, by far, the most beautiful place I have ever worked; and as the leaves turn yellow, then orange, then red, making the trees into longer-lasting mini balls of rainbow, all around me; I can't help thinking how lucky I am to be a part of Stable Relationships.

It is just a part though. It is my business, but it feels like it runs through me, rather than is run by me. I am part of a team. A large team, with many horses, organisations, young people, and direct colleagues. Anyone who knows me well will say that I like to be in charge….and really don't like to be told what to do. I tend to ask for advice but then act in accordance with whatever I had already decided to do, before I even asked. Being part of this team has changed that about me. A colleague described our immediate team of four, as lone wolves. I would say that was true when we started. All four of us probably preferred to just get on and do things our own way. It isn't true anymore…we have had to learn to work together.

A horse herd has various roles within it. However, these roles are not set in stone and sometimes they swap. Each horse has a value to the herd and if they tried to survive alone, they wouldn't last very long. Our team has developed in the same way, although horses know this and behave in this way naturally; for us, it has been a steeper learning curve! Creating programmes that are engaging, educational, and focused has been a mix of equine knowledge and pedagogy.

Individually, I know about children, young people, and teaching, and my colleagues know about everything to do with horses. When we started, we were more rigid in the roles we had. As we have developed, we have all learnt about the other aspect. I have learnt that playing 'Duck, Duck, Goose' (or 'Horse, Horse, Pony'), the popular children's game where one child chases another round the outside of a circle, is not the best game, when horses are part of the circle - even if they are really, super calm horses. However, my colleagues have learnt that there are many circle games that horses and children can play together…and we all now work

together to think of new games that are equally fun for horses and children. Working creatively as part of a team has been one of the biggest and most unexpected pleasures to date. It is how horses work, effortlessly, but for us, it is an ongoing learning process.

It has sometimes been challenging. At times it has been a clash of priorities, values, and worlds. I really dislike conflict, as do most people! That may be where some of my lone wolf-ness comes from. I'd rather get on and do something myself than have a conflict with another person. I'd rather avoid a disagreement than work through something because I'm never sure what the other side of a disagreement will look or feel like. However, this avoidance has also had to change. The horses leave no room for pretending things are fine if they are not; in the same way that a traumatised child or young person will know if you are having an 'off' day. It was clear to all our team that we needed to be honest about our feelings in the same way that the horses are. If we wanted to teach 'Emotional Intelligence', we needed to be emotionally intelligent. Not just when we are with young people, but also at the core of our business, and the core of ourselves. Of course, that is an ongoing process, but our awareness of it, and commitment to it means that we have had to learn to deal with challenges head-on. I have learnt what is on the other side of conflict, within this herd anyway.

The EPONA approach (Kohanov, 2001) teaches that a horse will experience an emotion honestly, work out the message behind the emotion, change or accept something, and then let it go…or go back to grazing. For example, in a situation where there may be a conflict, if one of our team hasn't liked how another has acted or responded to something, it is often easy to let the feelings build in the hope of avoiding the conflict. However, the feelings stay as energy that can be picked up by horses, young people, and ourselves. They make us harder to read, less clear, and less effective in our work. When we are able to act as a horse would; address the issue, change or accept something and then let it go, we are once again clear to work effectively. I have learnt that through experience.

On some level, I guess I thought that if there was conflict within our team, it might last forever and possibly be the end of our team. I have learnt that feelings really don't last forever, if they are managed. Ignoring them seems a sure way to make them intensify though. It has come as a bit of a revelation that dealing with uncomfortable feelings like those felt in a situation of potential conflict, when they are still quite small, means that they pass much quicker. Happily, to date, our team is getting much better at this and we have all experienced that on the other side of conflict, we are all still here.

There was a situation a while ago that made me feel pretty angry. I don't often feel strong emotions relating to the way that young people are managed when they are not with me and

so I was surprised by how strongly I felt. The feelings led to a lot of reflection though, so I'm sure they were useful! A young person had to leave his session early but had not been told previously. This meant he spent the whole morning looking forward to his horse time, to be told at the point of riding, that he had to leave. The reason he had to leave was that one of his relatives had died a few months earlier and that day was the day his social worker had decided to tell him. Understandably he became very distressed when he was told he had to leave. I'm sure he would have become even more distressed when he was told the news about his relative.

It made me question why the situation had been handled as it had. Could he not have stayed an extra hour to have his horse time? Why had he not been told about leaving early previously? I wondered if it was maybe because no one felt able to help him manage his emotions. Maybe they wanted his understandably, heightened levels of frustration, confusion, sadness, and anger to be kept at bay until the very last minute, so as to keep things calm for as long as possible? As adults working with traumatised children and young people, we do try to keep things calm. 'Calm is where we can learn and make friends', I tell the young people I work with. However, through the conflicts I have had to face head-on, I have discovered that calm is on the other side of managing emotions…not avoiding them.

If something scares a horse everyone around that horse will know about it. They make a fuss…they run fast or they fight. It isn't hidden. They also get over it pretty quickly once they realise it is safe or something has changed. Watching that boy have to leave his horse session just made me question whether it was him who couldn't manage his emotions very well, or whether it was others around him, who found it too painful to have a brave conversation. A conversation that would maybe have contributed to a big emotional response, but also might have been short-lived, teaching that feelings don't last forever. A conversation that was full of potential to see that calm can be on the other side of emotional chaos, and that maybe people are capable of going back to grazing just like horses.

Our journey has been one of challenging priorities. I believe we are all changed and are all a little more understanding of each other's worlds. Often this learning has been comical (to the other people anyway)! I have found it funny that on entering a barn filled with horses and people a colleague said, 'that must be your work experience person over there - the one with the green hair'. It was actually a member of care staff and my work experience young person was the one dressed very smartly in horse clothes with her hair tied back neatly. Perceptions of a troubled teenager! They have found it equally comical when I turn up to work wearing fashion cowboy boots in the middle of winter…'How is it even possible to work in this cold?' or when I

complain about my hat not fitting over my hair and end up getting sunstroke instead of wearing it. Apparently, these are things you just know if you work with horses?! On one occasion, a colleague asked if an entire car park of teachers could stop teaching and move their cars so that our horse lorry could get into the playground. He was as surprised as I was about the sunstroke, that teachers can't just stop teaching to move their cars.

As I said, we have all had some steep learning curves. In the same way that horses do though, we have learnt to accept the strange goings-on of each other's worlds. Occasionally now, I look like I know what I'm doing when I lead a horse or tie up a hay net. My colleagues definitely look like they know what they are doing as they sit in a classroom, on little people's chairs, and act out a puppet show about the fight/flight/freeze response to a group of children.

We have been teaching emotional intelligence. We have been teaching how to work well in a team, how to develop good social skills, how to manage feelings, how to trust and be trusted, what happens in our brains when we have big feelings, and how to feel calm. As I reflect on the last year and a half, I am aware that the horses have always had these skills and have been leading us every step of the way. We are following them as they create their magic and continually show us how to be better people, a better team, and only then, better teachers who can hopefully help to make a better difference through our work.

Debbie Woolfe

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* (See, e.g., B.M. Levinson, "Human/Companion Animal Therapy," *Journal of Contemporary Psychotherapy* 14, no. 2 (1984): 131-44; D.A. Willis, "Animal Therapy," *Rehabilitation Nursing* 22, no.2 (1997): and A.H. Fine, ed., *Handbook on Animal Assisted Therapy: Theoretical Foundations and Guidelines for Practice* (Academic Press, 2010).

Further Reading

Horsing around in Childhood Really can Change your Life - First Evidence-Based Study to Measure Positive Levels of Stress Hormones in Children in Touch with Horses

http://equusmagazine.com/blog/horsing-childhood-wsu-evidence-cortisol-stress-hormone-16393

Stable Relationships Media Links

https://youtu.be/GpzWUwdxPhc Link to BBC Radio Shropshire Interview, Oct 2015 – Debbie and children talking about feelings, flight/fight/freeze and calming

https://www.youtube.com/watch?v=c8pEDy8wy4U&feature=youtu.be Link to Channel 5 News Report, June 2015 - some great comments by Debbie and children on horses on the subjects of relationships, feelings and being calm

http://www.thetimes.co.uk/tto/education/article4437669.ece Link to The Times Article, May 2015)

https://www.youtube.com/watch?v=U0M5PO6x7IE – Stable Relationships - Our First Year! A picture Video

https://goo.gl/pHoKuq - Article, How Interacting with Horses can Engage Reluctant Learners

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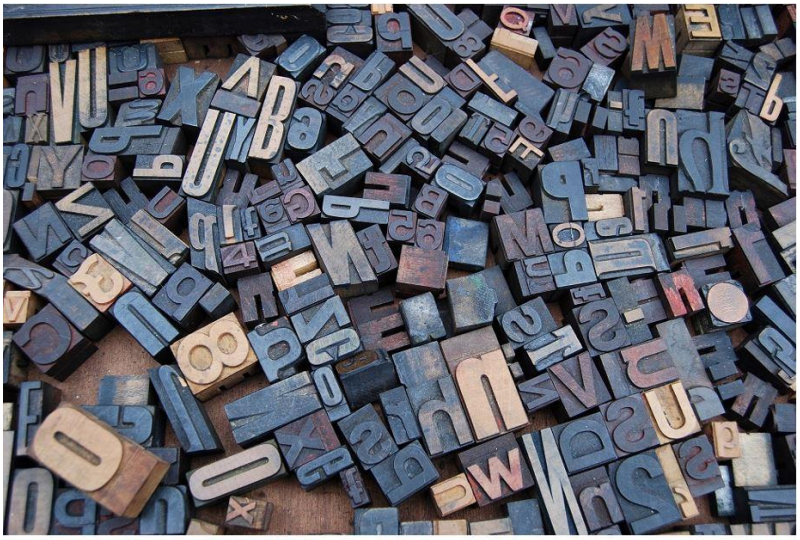
COMMUNICATION, COLLABORATION, COMPLEXITY AND WORD CLOUDS
BY MARK WADDINGTON (2017)



Amador-Loureiro www.unsplash.com

Introduction

I am delighted to introduce a guest blog by Mark Waddington, who is an organizational consultant based in the UK. He is researching for a PhD in collaboration and complexity. In working with Mark, I have learnt much from his perspective on issues, such as communication, collaboration and complexity. He has provided much 'food for thought' and exploration.

It is well-known that communication happens at many levels. The psychologist Albert Mehrabian (1972) claimed through his research that only 7% of communication is through words, 38% through verbal affect and 55% through body language. The detail of these findings has been elaborated during the last 50 years, but the general point remains the same. The actual words we use are significant but not as much as other aspects of communication. This also means that a significant part of communication is unconscious. Much of our verbal affect and body language happens beyond our awareness. A simple exercise of listening to a recording or watching a video of oneself, can be a disturbing experience! As psychoanalysis has shown us, even the words we consciously choose are also influenced by less conscious factors. The 'slip of the tongue' is universally understood.

So, on the one hand, the subject of communication is well researched, as is collaboration and complexity – in groups, organizations and societies. However, what is striking is how much, despite the vast research we tend to not pay enough attention, individually and collectively. Maybe, sometimes it is too challenging and potentially painful. Awareness leads to change, and human change is usually a slow process. The study of language can be revealing of what is happening, in ways we are often unaware of. As Mark says, it really is worth checking out what words get used and those that don't.

Mark Waddington's focus is on inter-agency collaboration. These relationships within and across organizations, and sometimes across communities and societies, can be full of anxieties and tensions, which easily lead to conflict. Mark provides a way of looking at what is happening in these relationships, using word clouds. The word clouds in themselves are fascinating. More importantly, they draw attention to ways in which we might improve our awareness and effectiveness, in those most challenging and complex situations.

I hope that you will find the series of articles interesting and useful – thank you Mark!

Patrick Tomlinson

The Sorites Paradox - *Reflections on my first year working as a consultant in the human services.*

The Sorites paradox, or the paradox of the heap, has been puzzling us for nearly 2500 years. It describes a scenario in which a heap of grain is repeatedly diminished, one grain at a time. When there are thousands of grains, the loss of one more does not stop us seeing a 'heap', but there will come a point where the heap comprises just one grain. At this point, most folk would agree there's no heap.

The problem is that technically the same heap remains. We could sort this and define 'heap' at a minimum of 1000 grains, but 999 is pretty much the same. Usually, this vagueness is not a problem – we can all have different ideas about what a heap might be, and get by with a bit of common sense. However, if you ask the same question about baldness the territory starts getting trickier. Here issues of sensitivity begin to make thinking a little more complicated. The question of how many hairs might be lost before the thing called baldness happens is not just about counting – it is entangled with potentially complicated issues around appearance, identity and age. The worldwide hair loss industry reportedly turns over more than £1.5bn pa. By the time you arrive in more anxious territory, such as, thinking about complex and vulnerable young people, it is much harder to be confident we understand each other or, that we might reach an agreement about what is happening or what might help. Somehow this problem of vagueness can permeate thinking in ways that paralyse progress. Anxiety can drive a frame of mind, hoping 'somebody does something', alongside a sense that decision making lies elsewhere in a professional network. The vagueness allows everyone to be a little unclear what the problem is, or indeed what should be done and by whom.

As I consider my experience, as a consultant and doctoral researcher, working with professional networks. I am struck by the stubborn persistence of vagueness. In my view, there is an alternative, which often lies in a leadership model that affirms differing and sometimes

contradictory viewpoints across a group's membership. Often this affirmation can be achieved through relatively straightforward questions and a determination to take the time to establish all views. The ensuing clarity may well bring its own discomfort, but also the prospect of a collective confidence as to how the land lies.

Sorites II - Paradox or Polarisation?

The lovely thing about the Sorites paradox is that it tells a story that helps disagreements make sense. A group of people is likely to contain a group of viewpoints and there's a fair chance that some will be in contradiction. The big question is whether these contradictions can be helpful. Let's assume these people have become a group to sort out a problem, even if one contradiction might be that they do not agree exactly what the problem is. The group can deal with contradictory viewpoints in various ways.

A **Polarised** P**osition**, where two or more group members with differing viewpoints behave as though their viewpoint is most compelling and compete for supremacy.

A **Paradoxical Position,** where contradictory viewpoints are accepted as a paradox by a group who will then puzzle together as to how best to achieve resolution.

Of course, it is also an option not to acknowledge contradictions at all. They could be **Passed Over** for a variety of reasons:

- Group members might be so keen to fit in that they will only display behaviours and thoughts that they imagine will be acceptable to the group.
- Membership of the group might presuppose a common viewpoint and be exclusive of differing views.

The task of the leader is to steer the group between these positions and set a course that maximises progress toward a resolution of the group's problem. There are strengths and vulnerabilities associated with each of these positions:

A supreme group member in the **Polarised Position** might be experienced as Charismatic and Inspiring or as Autocratic and Repressive.

The **Paradoxical Position** might be experienced as inclusive and enabling, or creating a chaotic talking shop where nothing is ever decided.

The **Passed Over Position** provides an uncluttered environment for decision-making but also the space for miscommunication or even dysfunction that could be experienced as sabotage. Simone Weil (1970) famously stated, "When a contradiction is impossible to resolve except by a lie, then we know that it is really a door". Leadership is all about operationalising this statement rather than going mad!

Success in this enterprise is very much tied up with the ways in which people talk and think together. My research examines discourse in complex collaborative networks, and I believe it is possible to improve the chances of a good outcome, through observation and understanding of the ways that organisations talk to themselves and each other.

Sorites III - Doing Things Differently

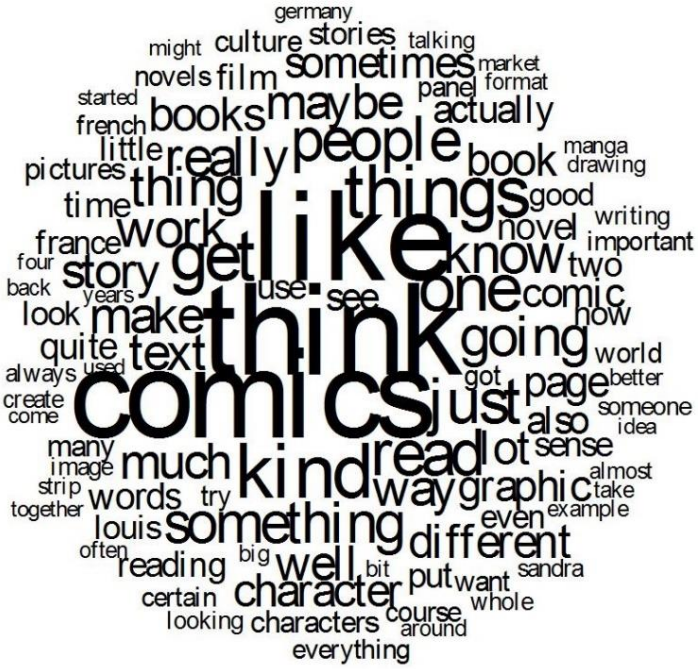
My last two postings describe how when people work together, the phenomenon of vagueness generates contradictory views, and how leaders can help a group navigate these tensions.

When a contradiction is, "impossible to resolve except by a lie", we're describing a stuck situation where the words we have available, appear not to have the capacity to help us move on. So, when Simone Weil goes on to say, "we know that it is really a door", she makes something clear about those words that will need to change if things are to turn out differently.

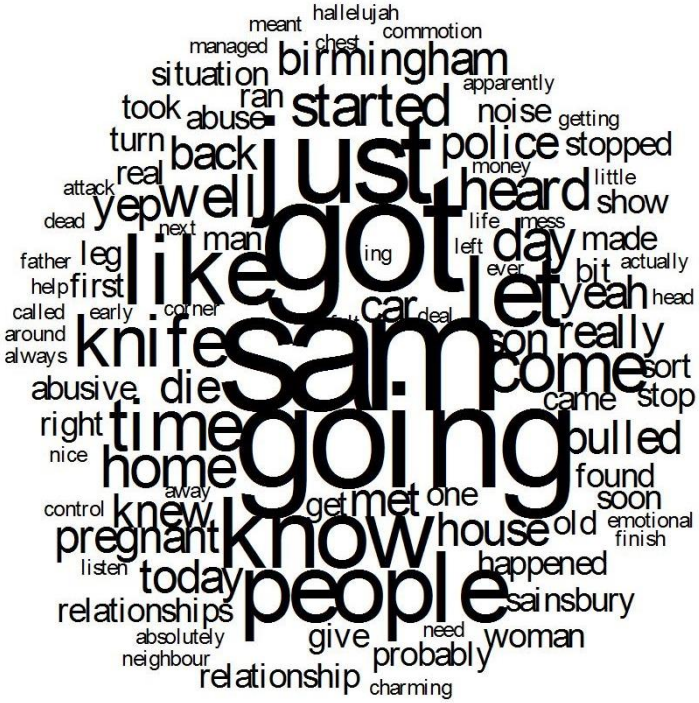
Words are the fundamental tools used when people talk and think together, though there are many other ingredients - eye-contact, intonation, speed of delivery, etc. This posting is about the words, especially in the context of organizations. It really is worth checking out what words get used within an organisation, and those that don't. My research and consultancy roles have allowed me to observe the language being used in different settings and it is striking how much it varies. Let me show you why this matters.

Here are two, word clouds taken from collaborative and oppositional discussions. One is a group of artists discussing graphic novels with an enthusiastic audience who are all having rather a nice time. The other is from a daytime TV tabloid talk show that has been described as "human bear baiting". The discussions are transcribed and then an algorithm identifies the top hundred words of three or more letters (leaving out 'the' and 'and'). The more a word is used, the larger the font.

This cloud really speaks for itself. The group are thinking about comics and the word 'like' features in two ways - one to do with enjoyment and one to do with comparison. The next frequency of use - 'kind' and 'thing' are words used to guide lines of thought. Crucially the words join people together in a collaborative task to construct something, which in this instance is a good experience.



The next cloud also speaks for itself – this really is about winding people up. Most strikingly, the word "think" is absent. The name in the middle belongs to a vulnerable witness. The human bear-baiting description was used by a judge in a legal case following a physical assault that took place during a different episode of this programme.



Imagine what life would be like if one of these clouds contained your top hundred words. The

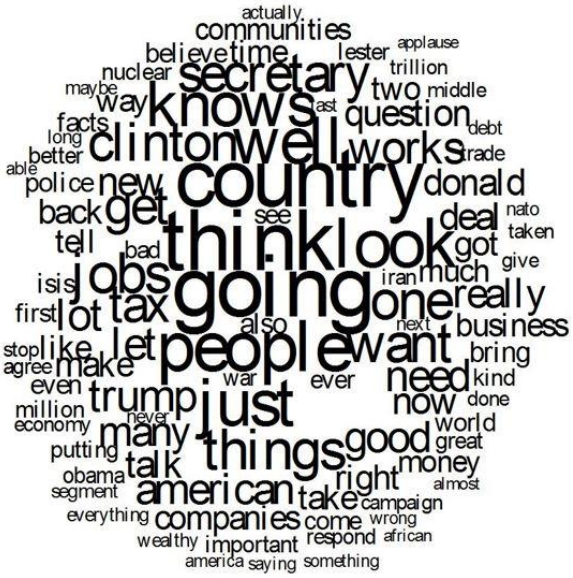
first cloud would give you the capacity to be charming, have fun, make friends; the second might well lead to a criminal conviction.

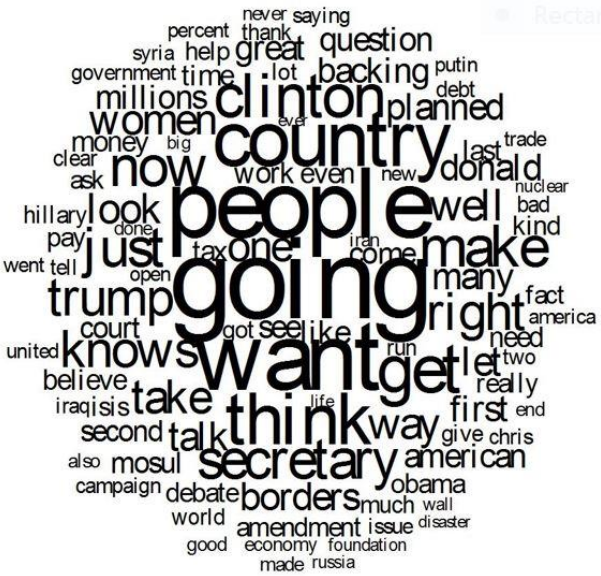
I've deliberately identified oppositional and collaborative discussions to illustrate how language affects thinking. The language used in most organisations will sit somewhere between these extremes and generally we have a choice of more than just a hundred words. None the less, most folk will be able to recall moments when communication headed toward one of these poles. Word clouds provide a snapshot of organisational culture in real-time. They are co-produced by everyone involved in a discussion. They can help us consider communication processes without pointing a finger of blame. This can be a helpful route to navigate the anxieties that often accompany work to enable an organisation to do things differently.

William Bout www.unsplash.com

Donald Trump, Twitter, Complexity and Brevity

Here are word clouds from the first and third presidential debates. They show the top hundred words spoken.





I've deliberately made them small to focus, twitter-like, on the main words, and to show a change of tone. Crucially, while the words ***'think' and 'know'*** reduce, the words ***'going' and 'want'*** increase. Focus transfers from thinking and knowing, to wanting and going. The word '***going***' is the pivotal word in the somewhat intemperate daytime TV programme, discussed previously.

As a doctoral researcher, I focus on subtleties, and the careful construction of rigorous argument to achieve an understanding of process. I am struck by how quickly these changes have happened. This contrasts with the longer time it can take to marshal data and develop rigorous argument.

Word clouds have many helpful, interesting and practical uses. They are one of a variety of methods available to examine organisational discourse. Rather helpfully, it is pretty straightforward to gather speech data and process it in this way. So, if you asked me, we could prepare one fairly quickly and potentially capture these kinds of changes.

Often, we are unaware of our own language and how the organisations we work in are changing and developing. Analysis of the words we use can provide insights into our cultures and offer ways in which we might influence them. Imagine the difference if the word ***'helping'*** replaced ***'going'*** on these clouds. How would that impact on politics in the USA? How would an equivalent change affect your organisation? It might be profitable to consider ways in which this could be achieved.

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A TAXI DRIVER'S TIMELY COMMENT ON BRAIN PLASTICITY (2014)

Since I started writing blogs a few months ago I have realized that there are some things worth writing about that may just be like a mini-blog – of which this is one.

I was recently travelling by taxi to give a talk in Sydney on childhood trauma and recovery from it. I'm never certain exactly how I will start off a talk and usually just see whatever occurs at the time. The taxi driver was a man in his mid-20s from Nepal who had been living in Australia for 3-4 years. During the two weeks I was in Australia – I heard some fascinating stories and interesting views of many taxi drivers, from Pakistan, India, Kazakhstan, Iran, Greece and Turkey among others. Occasionally we sat in silence for most of a journey, but generally, a conversation ensued.

The Nepalese driver and I were talking about different weather climates. How it could be very hot during Sydney summers, cold but not too cold in the winter. He said that Nepal had a moderate climate, warm most of the year-round. I mentioned Ireland, maybe unfairly, where I said they have a few warm sunny days a year and it rains a lot of the time. I had recently been told by an Irish friend that it had been raining every day for 2 months! However, I said people get used to what is normal for them and probably don't mind so much.

Just before I got out of the car the taxi driver said, 'the human being is like rubber'. An excellent and timely observation on the plasticity of the human brain, which I would soon be talking about - in relation to the potential for recovery from trauma. Possibly, it was also a reflection on how immigrants might adjust to their new environments. It also showed me that just by listening and paying attention, we can be provided with insights and gifts when we least expect them! Maybe those are the best kind of gifts. His comment definitely helped get my talk off to a good start.

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