

Using What We Know For Sure to Keep Hope Alive

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Let me start with a story.

A couple of years ago I was driving to my Saturday training with Foster Parents and a song popped into my head. I don't think I had heard the song in over 50 years, and to my amazement I was able to remember every word in the song. I sang along and didn't miss a beat. The story is worth telling because I can barely remember what day it is anymore, or what I had for breakfast. And yet here in the recesses of my tired mind were all the words to a song I hadn't heard in half a century and assumed I had long forgotten.

With this in mind, I am newly in touch with a concern I've had for quite a while about professionals in Child and Youth Care thinking they have to know the latest trend, the newest approaches, what we know today that we didn't know yesterday. I'm concerned because many things are true today that were also true decades or even centuries ago. Good parents in the Stone Age were probably similar to good parents today. The earth has been round for a long time.

Good practice does not have to be based on something new. Good practice is good because it's good, not because it's "new". With that in mind I feel compelled to write about not what's new and true, but what's old and true. There are many things (ideas, principles, practices, insights) that anyone reading this article already knows. Just because you already know it doesn't imply that it's no longer valid. I'd like to talk about principles, ideas, "truths" you've learned over the course of your career that are as true today as when you first learned them.

If perchance you've gotten caught up in wanting to know the latest trend in child and youth care, you want to be on the edge of new frontiers of learning, you think "evidence based practice"

has to be based on something current, let me entice you back to practice principles that have always been true. I believe "hope" can spring as much from something old as from something new. So you can put your pencils and pads away. No need to take notes. Like a long forgotten song let's review together notions of good practice that have been around since I was a pup in the field. If you have moments of feeling hopeless about the healing power of your work with kids and families it might be because you've forgotten to remember what you already know; remembering can keep kindling the fires of hope in your heart.

Granted, there's a lot new under the sun; but there are some things under the sun that have always been there.

It's not that I don't like new. I'm so old I used to have to get up out of my chair to change the channels on the television. Now I can **talk** to my remote, which actually listens/obeys better than the kids, and has never once said to me: ""What if I don't want to change the channel to NBC".

Kind hearted people have been taking care of other peoples' children for centuries. I'm afraid there are some basic principles of child rearing that we can actually forget in our efforts to sound professional and erudite and on the cusp of the latest. But we have evidence-based practice from the stone-age. We know what children need to be happy and healthy. Abraham Maslow reminded us of the "six basic needs of children" over 50 years ago and those needs are still true.

We can read so many books and go to so many workshops looking for "the latest" that we overlook what has helped children thrive and heal in a multitude of settings in a multitude of countries over a multitude of centuries.

I suggest that we can mix new ideas and what we're learning from new research with what we've always known. Although I have to cover things in an orderly fashion, the points of knowledge I will review are not rank ordered, and all are equally

important. I offer 12 points of accumulated wisdom to store in your hope chest: wisdom acquired from studying children and families in and out of child welfare.

1. Programs don't create the mental and emotional wounds our clients have; people do. Programs don't heal people we are working with; people do.

Relationships cause the harm; relationships are the cure. We talk about "therapeutic programs" but it's not the programs that are therapeutic, it's the people working in the programs. Despite all the writing and talk about various treatment "programs", it is crucial that we put our faith in the people; not the program. Whatever time we are investing in creating, developing, and evaluating various programs would probably be better spent investing in and developing our direct service staff, supervisors, foster parents and volunteers. The children are longing to have a healing relationship with a person, not with a program.

The good news here is that the ingredients of successful relationships haven't changed since the beginning of time. For those of you who are worried about keeping up with the latest in the field, here's the latest –there's nothing new about relationships.

The same things that make relationships work away from work make relationships work at work. Trust, respect, caring, affection, honesty – the ingredients of successful relationships between adults are the same ingredients of successful relationships with children and youth – yes, even children and teens with significant mental and emotional challenges. In a family, meeting kids needs cause them to grow up healthy. In treatment, meeting kids needs when they have not been met is the repair work we do to help them heal. Granted, it is more work and requires more creativity to meet needs for kids who have given up having their needs met by others. But it is what it is. Needs not met – people not healthy.

And so we feed and shelter them; we keep them safe; we find ways to let them know they have a home with us and belong; we love them; we give them new life skills to feel confident and competent; we help them grow into their best selves.

Our challenge is that we are trying to form relationships with people who have learned what makes relationships NOT work. Building relationships with betrayed, hurt, distrustful, and demoralized children and youth is a long, slow, tedious, laborious task. That's why we call it child care **work**.

Child abuse and neglect affects the part of the brain that thinks, and the part of the brain that feels, that we often call the heart.

We are in an explosion of new knowledge about the brain, thanks to the invention of marvelous new brain imaging technologies. I urge you to keep current with all of the new research and the insight it offers. It expands our understanding and promotes empathy.

But we've always known about the part of the brain we refer to as the heart. We know what causes it to break; and we know what it needs to heal. The harm done to the heart doesn't reveal itself in imaging technology; it reveals itself in behavior. What the heart doesn't need to heal is a behavior management program. A therapeutic program simply provides structure for clients to receive what they need from people. The healing ingredients are not program ingredients, but relationship ingredients.

The same is true for programs we develop for parents and families. Sending parents to parenting class won't guarantee that they will become better parents. Evidence supports that most adults who hurt their children are grown children who were hurt. Giving harmful or inadequate parents what **they** need, as well as teaching them how to give their kids what the kids need, will make the class effective. Not the lesson, or the workbooks and power-points, or completing the required number of sessions.

Positive relationships with those conducting the classes and therapy sessions will make parents receptive to these tools and will help motivate them to try them.

The key ingredients in any healthy relationship haven't changed since people started having relationships:

- Acceptance
- Warmth and caring
- Trust
- Honesty
- Respect
- Forgiveness
- Flexibility
- Give and take
- Honoring differences
- Having the necessary "courageous conversations"

The dictionary says that hope is the feeling that what is wanted can be had. Hope can be ours because the ingredients of healthy relationships do not have to be invented, they are tried and true. Bring these ingredients to work each day in your heart; that's where **our** tools are, not in a briefcase.

2. Clients need Love.

Love is not **the** answer, but it's an answer. Love is not enough, but it's a lot. Love isn't everything; but it's something. Love doesn't necessarily cure the head, but it always cures the heart.

Love and sex are not the same, but you'd sometimes think they were in our field since we've become so afraid of using the word with regard to our relationships with our clients. Every so often there are again long, international conversations on the internet about whether or not it is "appropriate" to use the word love with our clients. How would we feel if the people we saw every day, who shared all of our important life events, who laughed with us and cried with us, who put us to bed and woke us up, who ate with us and played with us, never told us they loved us?

A long-time colleague of mine named Laurie Kahn, former CYC now clinical therapist working with formerly abused adults, recently published a book titled *"Baffled by Love"*. It contains many vignettes of interactions between her and some of her clients. She tells the story of a client walking out the door after a therapy session who turned as she was leaving and said "thank you, I love you". Then she added: "You know, it wouldn't kill you to tell me you loved me too." This turned out to be a transformative moment in Laurie's relationships with her clients, as she examined the professional norm of avoiding the word love with clients.

Sex will contaminate our relationships with our clients; love will not.

Of course it is more important to show love than to say it. We show love to those in our care when we respond to behavior in counter-intuitive ways: responding to an angry or aggressive child with tenderness, welcoming home the runaway with a cup of hot chocolate and a hug instead of a lecture, praising an effort that was not successful but that was tried. We show love when we come back to work the day after a hellish day and try again. We return "hoping" for a less challenging day, although having no good reason to expect one. Although we never know! Sometimes we get surprised when we are shown that treatment done in love actually works.

That people need love has always been true. It's not part of the new frontier. It's true that the word love has been misused by people who hurt others in their family. But that's all the more reason to teach those we care for what the word really means. It won't kill us.

3. You don't always have to know what to say

You don't have to be a therapist to be therapeutic. It has been my experience that although the word is liberally bandied about when I ask people in training what the word actually means there

is an uneasy silence, which is very unfortunate. The word **“Therapeutic” means “healing”**. Physical therapy is done to promote healing in the body. Psychological therapy is done to promote healing in the heart and mind. There are no credentials required to engage in therapeutic relationships with children and teens. The only requirement is the will to do it. **Anyone can do it.**

I’ve had kids talk to the cook who wouldn’t give any of the rest of us the time of day. I’ve seen kids confiding in Jose, the lawn man, who gives them unconditional positive regard because he doesn’t know what they’re saying. The kid can’t wait to “hang out” with him again the next day, although he avoids formal “therapy” like the plague. Kind and well-meaning foster parents with no advanced education often provide marvelous healing to terribly damaged individuals, not because they always say the right thing, but because what they say is said with love and good intention.

One of my favorite memories is of an interaction I witnessed between our most aggressive, unkind, provocative kid and a brand new staff member. On her first day our “princess” decided to put the new staff person through the standard initiation – see if they can get someone to quit on the first day. She started in on her with close approach, getting right up in her face. She wanted to know how she liked “getting her ass kicked”. The staff member stumbled and muttered and the kid began to tell her how stupid she was and how she’d never last. Blah. Blah. Blah. You’ve all seen it. I was afraid to leave the doorway given the girl’s history, but I didn’t want to disempower the new staff person by interfering so I stood nervously by in the ready position. All of a sudden the girl threw up her hands, muttered a curse word, and walked away, leaving our newest recruit red-faced and trembling. I followed the girl to thank her for not hurting our newest staff. She replied:

“Let me tell you something Fox, she’s bad. I mean she’s really bad. But she was trying really hard so I cut her a break”.

Competence in our work is a combination of attitude and skill: one without the other is not enough. Our new staff member was certainly not rewarded because of her skill, but all of our clients are experts at recognizing attitude.

Most of our child and adult clients have hypervigilance, a symptom of PTSD. This gives them an uncanny ability to see into us and they can spot a phony from a hundred yards. From years of having to "read" people for their own safety the kids can see into our hearts. What they find in there is more important than what comes out of our mouth. Hire for attitude; train for skill.

4. Listening is the most important communication skill.

No one does things for no reason despite what you may have heard ("she does that for no reason at all"; or, "there's no good reason for you to act that way").

I believe I owe my longevity in the work because of the first supervisor I ever had. I was 24 years old and my experience with children was as a camp counselor at a Christian camp. I was raised Baptist and had never heard the first words that were addressed to me on my first day at work in a treatment center for teenagers. I was frequently overwhelmed by the behavior and equally overwhelmed by the "case histories". Every time I would go running to the Director with the latest tale of outrage due to a client's behavior he'd say: "Let's pull the file". He would review with me what brought the client into treatment and how their history of profound abuse or neglect "explained" the behavior I was seeing. It saved my life and my career because for all of my fifty plus years in the field I always found it to be true. There's always a "good reason" for the clients to think, feel, and behave as they do. Let the kids tell you who they are and why they are as they are.

As behavior "detectives" rather than just behavior interventionists we are most successful in redirecting harmful behavior into effective strategies when we understand what the behavior is

telling us. Slapping consequences onto unacceptable does not give us the information about a motive for behavior; listening does.

Michael Arlen has said: "One of the greatest acts of love is to pay attention".

5. You can't fix kids who are hurt by hurting them and you can't fix kids who have been controlled by controlling them.

While punishment may have some effect on well-tended children it has been shown to have little to no effect on those who have already been unjustly punished through abuse and/or neglect.

When we accept this, the problem we face with our attempts to avoid ineffective responses that are "punishing" – i.e. designed to cause emotional pain –and instead attempt to apply "therapeutic (healing) discipline" is that it is more complicated and takes longer than punishment. Since CYC's are often stressed, overwhelmed with caring for multiple clients in the same space, and sometimes poorly trained, it requires an ethical commitment on our part to put in the time and the effort. (I've written on this topic in an article entitled "Teachers or Taunters: The Dilemma of True Discipline for Direct Care Workers with Children", *Journal of Child and Youth Care Work, Vol.3, 1987, Spring.*)

It falls on the ethical CYC to consider carefully whether a young person will suffer more harm with an intervention that is being proposed or considered. Why do we put an emotionally damaged child with ADHD or PTSD in time out. They will spend their time thinking of ways to pay you back or believing that they are "bad" for not being able to control their symptoms. And they certainly will not "grow up" sitting in a chair or in their room for five minutes, or ten minutes, or a day.

Why do we send children who can't manage the stress of going to bed because of ADHD, PTSD, poor impulse control from neglect,

fear of being alone in bed from experiences of sexual abuse to bed even earlier. Really?

Why do we “ground” kids who runaway. They do not have a problem with leaving, they have a problem returning. You do not learn to return by not being able to leave. Why don’t we engage with them to uncover the reasons for their impulses to run – to leave. What are they running from? What are they running to? How does leaving from or going to make sense to them? How can we help them learn to stay home, or come home?

We are training our young people for the game of life. You can’t hope to win a game if you haven’t learned the skills required to be successful. How can they hope to win if we don’t spend the time and effort to teach the skills they lack.

For both staff and client, Hope comes from feeling confident and successful. As practitioners we all know the hopeless feelings that result from interventions that are not successful. We promote hope for ourselves when we take the time to help them learn to manage their pain more successfully.

6. There is no manual.

This fact can be both frustrating and a relief.

It isn’t possible to write a book about every person alive. That’s what it would take to give us the key to the puzzle that is an individual client. There are no identical examples of maltreatment, and there are no identical responses to maltreatment. Any “how to” manual would certainly leave some situations out, and would surely leave most unique individuals out.

Do yourself a favor: Stop looking for the manual. Your supervisor does not have it. It’s not in a drawer, or cabinet, or library. You have probably wasted some time hoping that someone else – some teacher, some expert, some author - will give you the key,

the answer, the correct path to healing for a particular young person or parent. Sorry. I may know a lot, but I do not know the particular circumstances or the particular child/teen you are trying to help. Any successful intervention will have to be tailored to what exactly happened to them, and to whom exactly they are.

What we learn is that the time would be better spent getting to know the secrets locked securely in the mind and heart of your client. Only by getting to know **them** do you stand a chance of figuring out how to motivate them, why something isn't working for them, or what new approach to try.

It is as important to read your clients as it is to read books.

7. Faster is slower

The appearance of **change** is much easier to achieve than real change.

I first learned this in 1969 when I worked in a correctional school run by very rigid nuns. I had total control over the day to day life of my 20 delinquent charges. It was up to me what they could and couldn't do, what they got or didn't get, and they couldn't get away from me because they were locked up with me. Everyone in the facility settled for compliance and appearance of change as good enough, and I started to be impressed as well. I was surprised by how "cooperative" they usually were, given that they were adjudicated delinquents. They got along by going along.

And then I watched kids leave the program and return to their gang infested neighborhoods, racist schools and unhealthy families. I saw them quickly fall into their familiar patterns, ending up pregnant, truant, and in some cases dead. I became deeply disappointed and bewildered. Much of my writing since that time has been influenced by the heartbreak I experienced when I confronted the reality that conformity was not treatment. Prisoners released early for "good behavior" are not necessarily

“good”. What they are is manipulative. And what we can be, if we take the easy way out, is duped.

Treatment is change; not mere compliance and not the appearance of change to manipulate the system. Real change is extremely tedious and full of relapses, which should be supported and not punished. We all know about relapse. Ever been on a diet? Tried to quit smoking? Tried to keep your New Year resolutions? When kids relapse they show us they are trying to really change, and it’s as hard for them as it is for us.

There are some things we know that we wish we didn’t. One is that compliance is not an indicator of change. Going along to get along is a manipulation, not treatment.

Children and families traumatized by poverty, community violence, domestic violence, addiction, abuse and neglect cannot be healed in short term, get `em in get `em out models. We have not failed, and the clients have not failed, when we are not given or don’t take the time required to repair the mental and emotional injuries we are called on to treat.

Hope is nourished when we bite into reality and dig in for the long haul. Discouragement is nourished when we look for the easy fix. You know this from your own experience. We know better than to get sold on “short term treatment” for long-term wounds. There is no quick and easy fix!

8. With our clients, anger is almost always a cover for grief.

You don’t need a child and youth care worker if you have not experienced abandonment, loss, rejection, humiliation, feelings of insignificance, feelings of worthlessness, and feelings of helplessness. These are the fruits of child maltreatment.

Loss is the one thing all of our clients have in common.

Most of them have lost their innocence; a good number have lost their homes, neighborhoods, friends, schools, siblings, pets, and favorite pillow. I can tell you also from my extended time in rehab as the result of a traumatic leg injury, that even after being rescued from overt harm, one of the results of living in congregate care with unrelated adults taking care of unrelated kids in intimate quarters - they've also lost a lot of their dignity.

When we try to do treatment by taking things away (punishment), of course they become angry. Why do we want to take things away from kids who have already lost everything in an attempt to get them to "shape up". They will shape up when they get, not when they lose. Even when we say "I'm giving you a consequence" the consequence is more often than not some kind of loss. We are not here in CYC work to take things away; that's already been done. What makes us want to take even more? What can we give them is the question?

Of course, the most important thing you can give them is yourself. How about a consequence of having to spend time with you! Don't ground them to their room; ground them to yourself.

Instead of rushing our hostile, aggressive, angry clients into anger management I suggest we provide more grief counseling. Why not apply the proven benefits of empathy. Sit with them and let them tell you all that they've lost. Let them know that you understand that anger feels more powerful than grief, but it doesn't make the grief go away. Crying might help more than throwing a chair. Can we teach ourselves to look behind the fury for the silent tears!

9. Although we often write our treatment plans based on limitations and weaknesses, **focusing on strengths is much more effective.**

Experiences of abuse and neglect, experiences of being powerless to change the behavior of adults who are harming you, cause our clients to feel weak. Of course we witness many previously

powerless victims cover these embarrassing feelings of helplessness by desperate displays of bravado and acts of aggression and even violence. How can we help them learn to feel strong and be strong?

As part of my Physical therapy regimen I am put on an exercise machine and pump away with my arms and legs to strengthen them. Some of you may have had the pleasure of working out on what are called "New Step" exercise machines. As I exert away every so often a "message scrolls" across the top: "Good Job!"; "Keep Going"; "Good for You"; "Great Workout". Even a machine knows enough to build in praise and encouragement as someone who is weak attempts to build up their strength.

Imagine if what popped up on the screen were repeated examples of what was wrong with me. "Is this the best you can do?"; "You call this a work out?"; "Not doing too well today are we?"

If you "hope" you can win it's not because someone has pointed out everything that will prevent you from winning. Listen to yourself as you talk to the kids, even when they are displaying signs of weakness. Are you busy pointing out what they already know in terms of all the things they are struggling with? Or are you building into your daily interactions messages of encouragement and praise?

Hope requires faith, confidence, and a reasonable expectation that you will be successful.

One observation I've had over the years is that sometimes the flip side of what makes a particular kid unbearable is what also makes them wonderful. Just like walking down the street or driving in the rain, we can see what we decide to look for. We know we should remember to tell them the ways in which they are wonderful as well as all the issues we think they should "work on", but it's easy to forget when we're annoyed with them.

Hope - "confident desire" – will be built with praise and encouragement. Try it; they'll like it.

10. Self-awareness is as important for the work as a college education.

To be effective in relationships with vulnerable clients (adults and children), and to manage the interactive stress effectively, it is as important to know who you are as to know who they are. If you begin the work not knowing who you are, you will learn from them: Because they always figure us out. Survival for victims is dependent on becoming finely tuned to the one who causes harm. Battered wives, children who are beat, children who are sexually abused, children who watch their mothers leave the house and "know" it will be a while before she comes home – each of these can spot a phony from across a football field. The well documented symptom of "hypervigilance" results in a uncanny "knowing" of others.

The client should never know more about us than we know about ourselves.

Being open and accepting with who we are will help them be more open and accepting with who they are.

Most importantly, knowing who you are will keep you humble. Humility and compassion have always helped and healed more people than being up on the latest standards of practice.

Think of those who have influenced you and whose manners and messages continue to influence millions:

The Prophet Mohammed; Jesus of Nazareth; Pope Francis of Rome; Mother Teresa of Calcutta; Gandhi; The Buddha
These people are not followed because they had money and advanced degrees from prestigious universities. Their compassion and humility is like a magnet. Yours will be the same.

11. Laughter heals

We're asked for "evidence-based practice" and there's no debate here. We are fortunate to have vast amounts of research to support our general tendency to be silly and thoroughly enjoy things that people in other professions wouldn't "get" at all!

Here's what we know for sure from trauma research: Trauma produces an over-supply of cortisol and other stress hormones. Being traumatized, and working with traumatized people produces large amount of stress and stress related hormones. Laughter produces an over-supply of endorphins: endorphins counter-act cortisol. So laughing and finding humor in very unexpected places and situations is not only NOT "unprofessional", it is a requirement of our profession. So the next time you're in a staff meeting and everyone gets the giggles which spread quickly around the room, and someone sticks their head in because it sounds like you're all high on pot, just reassure them that you are engaging in a professional exercise.

No baby has to be taught to laugh. All people start out laughing. Kids have to be taught not to laugh by living in a world that is grim and frightening. They need to watch us laugh; and they need to learn to laugh again -for their mental health.

You can't give what you don't have. Give laughter back to people who have lost it.

Laugh at the kids; they're hysterical. Laugh at yourself; you're ridiculous sometimes as well.

When parents and young people get frustrated by trying to learn new ways of doing things, teach them to laugh at themselves. Tell them a funny story about yourself when you were learning something new.

If you can't find the rose-colored glasses you had when you first applied for the job, share a story with a colleague. Tell them

something ridiculous that happened recently. You won't have to look hard. Tell them something ridiculous that you did, and have them tell you something ridiculous they did. Have a good laugh. There's a lot of stress in our work but there are equal amounts of joy. You don't have to look hard.

CYC's almost instinctively know about the power of laughter in our work. How many times have you or a colleague had an extremely fraught, tense, even frightening experience during your shift – and then when relaying the event to others you find yourself changing the experience into a tale of hilarity. Suddenly you're a stand-up comic. The story that was so full of stress and tension is now full of laughter and shared release. Our systems seem to know that it's something we need to do.

Rose colored lenses don't distort the truth, they just make the truth easier to look at.

Don't misplace those glasses – "rosey" because they are filled with faith, longing, belief, expectation, aspiration, and trust in the human spirit – will help to find compassion. The root word of compassion is passion, and passion is both exhausting and exhilarating. Knowing yourself, loving the kids, and enjoying the behavior that no one would believe if you told them, will help with both passion and compassion.

Mac Anderson said:

"Remember to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant with the weak....because in your life you will have been all of these".

12. It takes a village

Treatment for severely wounded people is most effectively done by a therapeutic team. Hope springs from knowing we don't have to do everything alone, and from believing that our combined

efforts will provide more healing for the hearts and minds of our young people than could ever be done by any one individual.

Sometimes we talk ourselves into believing that we don't have the time to put into developing a competent team, or we don't want to spend the money. You may tell yourself that the kids are more important than the team, but you will be wrong. Parents who don't work together as a team are not competent parents. We already know that any sports team that doesn't take the time and spend the money to practice working together are not going to win. Using that knowledge convinces us that we owe our clients to practice – working out our differences, getting on the same page, managing our conflicts well, developing consistency in our approach.

Everything we've talked about here will help with our teamwork. Remembering that it's **us**, not the program, that will help our clients heal. We want to put more time into us than into the program. Remembering that creating an environment of love will give children not only what they deserve but what they do not have an accurate experience of will help everyone in that environment. We not only don't have to say the "right thing" to clients, we don't have to know what to say to each other. It is the intent that will keep us working on figuring things out together. Listening is our most perfect gift for our clients and it is likewise the most perfect gift we can give each other. Remembering to use our power, our influence, with our team members will hone the skill most useful in our work. There's no "playbook" for a therapeutic team but there are basic principles of working together that we should learn and practice. It is the team's job to establish the therapeutic culture and when it needs repair we want to be as patient with ourselves as we are with those we serve. Grief is part and parcel of CYC work. Any practitioner who does not experience grief from their encounters with our client's histories does not belong in our work. We must guard against covering our grief with anger at each other. All relationships expose flaws in everyone; they also expose beauty and gifts. As with the clients, we want to remember to focus on

what each team member brings to the task that makes us stronger. Self-awareness is the primary ingredient to facilitate the ability to give and receive constructive feedback on personal performance, in the service of those who need us to be as good as we can be at any given moment. Laughter will heal the team as well as it heals the clients; it needs to be abundant. We can laugh with people we don't like or understand. Sometimes that's enough.

Conclusion

Hopefully we all try to "keep up" and learn some new ideas and truths to enlighten us and build up our skills because like the field of medicine our knowledge and understanding is in a constant state of discovery. But I also hope you remember to remind yourself of important truths of our work you've learned along the way, from both your academic education and your experience.

I don't believe there are any "old" books in CYC work. All the good books ever written are as relevant today as when they were written. That's because the truth never changes. I get dismayed by how many CYC workers don't read the rich literature that is our heritage. Many agencies don't even have a staff library with all the wonderful books written by our standard bearers – Aichhorn, Redl, Brendtro, Krueger, Bettelheim, Garfat, Treischman. Every one of these authors provide pages and pages of hope. Dig them out and read them like you read familiar poems that still speak to you. Those who came before us left us many treasures – bits of wisdom that never grow old.

Think of the basic principles of child and youth care work like words to a song that you used to know but can't remember. Or you remember some of the words but not all of them. Start playing the song and suddenly you're singing along; **you know all the words.**

CYC-net chats reveal a wonderful smattering of new insights and ideas, along with old "nuggets" that have been around forever it

seems. But workers keep changing and need to learn the old songs. They've got a good beat – suitable for feisty, challenging, interesting kids from all cultures and backgrounds. Learn the beat and you'll find it easier to dance with the kids – and each other.

Remember to do what you know to do. We center our expectations in hope when we do what's always been done for children by those who love them.

I wish I had come across this wonderful quote from my colleague Charlie Applestein (author of *The Gus Chronicles* and other fine books) because I would certainly have ended my talk with his words:

Give your kids hope – It is humanity's fuel.