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Encouraging Therapeutic Reflection in Child and Adolescent Protective Services

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Child and adolescent protective workers are exposed to difficult work practices, cultures and caseloads. The emotional toll of protective work appears too complex and often too painful to address, often resulting in a high turnover of staff and low professional recognition both within and outside the organisation. This paper explores how the application of therapeutic reflection may enhance both work practice and professional recognition of protective workers.

INTRODUCTION

The role of protective workers is to investigate children and young people at risk, to ensure their safety and well being, and to develop appropriate protective plans and interventions. Contrary to popular belief, child and adolescent protective workers are no different from other welfare professionals. They have high expectations of themselves and when they do not see change occurring within clients, they have a tendency to blame themselves. But apart from this burden of self-blame, child and adolescent protective workers experience numerous other pointing fingers—from within their own organisation, from other agencies, from the community and even from the clients themselves.

As one of the largest employers of new graduate social workers, psychologists and welfare officers, the Victorian Department of Human Services (formerly Health and Community Services) has the reputation of being the place where it is possible to obtain employment if all else fails. This creates a belief that, regardless of their skills and competency, protective workers are second rate practitioners. The negative culture surrounding protective work, generated both from within and without the Department, has taken a damaging toll on protective workers and clients alike. This paper

examines some of the current contextual conflicts experienced in protective work. I propose that we should explore the practice of self-examination, and also the organisational thinking that encourages making the space to reflect therapeutically on how protective workers do what they do, and at what cost to themselves and their clients.

Much of this thinking is based on my own experience as a senior protective worker leading the Adolescent Protective Team, Western Region, between 1994 and 1996. It was also generated by the team's commitment to create some 'news of difference' by the way we promoted ourselves and understood our role. Our team was committed to protective work informed by therapeutic thinking, and was prepared to undertake therapeutic work with our clients.

The Adolescent Protective Team was established in response to concerns raised within a 1993 review of Protective Services and by local agencies, that the Department had failed to respond adequately to the needs of 'at risk' adolescents (DH & CS, 1994). The task of the team was to work with adolescent clients who were seen as transient, at severe risk to themselves or others, engaged in substance abuse, criminal offending, or sexual acting out, and/or psychologically vulnerable.

The original team consisted of a leader and four members; in mid 1996, a re-structuring saw this expand to three teams. In recognition of the complex nature of the team's caseload, the Western Region agreed to a limit of six to eight cases per worker (compared with the standard caseload of ten to twelve plus), with the team leader available to carry a small caseload and to undertake joint protective and therapeutic work with team members. Apart from our lower caseload, we also differed as a team in that I was one of the very few team

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leaders who had been recruited externally and with qualifications in family therapy.

Understanding the Culture of Child and Adolescent Protective Services

Protective Services predominantly works with the most disempowered, damaged and socially disadvantaged client group in society. This is a client group that seldom has any political clout and may have been involved with a string of services that have clearly earmarked them as dysfunctional, resistant and chaotic. From a psychoanalytic viewpoint, it could be argued that they embody and enact the 'bad parts' of society more consistently than any other social group. They are often easily identified, and subject to the scrutiny not only of the courts and professional agencies, but also of neighbours, police, local schools and child care centres. Mandatory reporting within Victoria has raised the profile of child abuse not just amongst professionals, but amongst the general public as well. All these factors have an inevitable impact on the professional group engaged to undertake protective investigations and long-term protective work.

Within the hierarchy of the helping professions, psychiatrists and therapists in private practice commonly occupy the top echelons, while protective workers reside on the lowest. Their professional identity inevitably mirrors the status of the client group with which they are most closely identified. Protective workers are more clearly perceived as agents of social control because, unlike the clients of other professionals, their clients are seldom involved by choice. Furthermore, protective workers are open to greater public scrutiny than any other group amongst the helping professions. Court reports, court appearances and the very spine of protective work—*The Victorian Children and Young Persons Act 1989*—demand procedures of accountability and review.

This is accentuated by the hierarchical structure of the organisation—the further down the ladder, the more accountable you feel that you are. The onus of responsibility for complex and volatile cases falls heavily on the shoulders of junior protective workers and their immediate supervisors, who as middle managers bear the brunt of decision-making within the department. Wary and weary professionals working with wary and weary clients! As Furlong notes (1995–96: 32),

in publicly sensitive and legally contested fields, such as child welfare, it is possible to see the universal nomination of case managers as, in part, a singularly cynical effort to insulate managers from legal scrutiny. Moreover, the siting of liability at the lowest possible level of the organisation leaves the least powerful in the agency with clear incentive to be particularly wary.

Further, the emphasis is on accountability, rather than on promoting a standard of excellence, in decision-making around high-risk cases. The computerisation of case notes has further assisted the compartmentalising of information and accountability. If controversial

decisions and events are documented well enough, a backside of any size can be covered! It is an environment of intense scrutiny and legal complexity, and as Furlong (1995–96: 32) notes, 'A policy of case management within a culture of organisational fear will stifle, rather than promote, practice creativity.'

Notifications are made to Protective Services when there is a belief that a child has been abandoned or where children are at some emotional, physical, sexual or environmental risk. Cases accepted by Protective Services are substantially fewer than those referred. From July 1994 to July 1995, the approximate number of notifications to the Department in the Western Region was 4,292. This is an average of 330 notifications per month. Of these, only 46% reached initial investigation (i.e. standard of three months involvement) and of these cases, 46% were substantiated (i.e. significant level of risk established). That is, only 22% (936) of the total referrals over the 13 month period were substantiated (DH & CS, 1995).

To warrant the intrusion of a protective intervention or investigation, grounds need to exist whereby children are in need of protection because they have suffered or are likely to suffer significant harm (C & YP Act, 1989: 63). 'Significant harm' is defined as being of a magnitude that is immediate and life threatening and justifies the instantaneous removal of a child; sufficiently serious to prompt appealing to the courts for an application to (i) remove a child, (ii) place a young person in secure welfare or (iii) place an interim order on a child or young person; or significant enough to require ongoing departmental involvement, whether the child remains within the home or is placed in care.

The consideration of legal intervention in the lives of families requires workers to gather evidence that can be proven in court, evidence that determines significant risk beyond reasonable doubt, rather than that which is based on the balance of probabilities (leaving workers sometimes feeling that an additional degree in law would not have gone astray). Is it any wonder that with such tight 'high-risk' orientated selection criteria, protective workers often experience fewer positive outcomes in their casework than their colleagues in other work settings, and that their negative outcomes are also more likely to be publicised?

As noted by O'Neil and McCashen (1991), much energy is put into substantiating risk and justifying the need for intrusive protective intervention. This encourages a culture of collecting the negative evidence that legitimates the intrusion. As welfare professionals are trained to respect the strengths and resources of the clients with whom they work, they often find statutory demands frustrating and ethically fraught. As a result, workers may take an overly rigid role with families or find themselves apologising for their involvement.

Whilst a court of law requires evidence to warrant protective involvement, this does not preclude evidence of clients' strengths and capacity for change. Indeed, it is an assessment of these very things that forms the basis for justifying the ongoing involvement of Protective Ser-

vices, unless permanent care is the only real option. If a worker cannot develop a viable plan for change in consultation with the family, then what is their role other than being the 'watch dog' for society?

Creative or therapeutic interventions tend to be left to other seemingly 'more qualified' professionals, as the culture of protective work neither encourages nor nurtures such responses. Sadly, this ignores the fact that protective workers have often engaged with incredibly difficult clients, succeeding sometimes because the enforced nature of the relationship keeps the client in play. This lack of recognition only serves to add another nail to the coffin of their sense of professional adequacy and self-esteem. Goldner (1992: 59) eloquently challenges the commonly held view that therapeutic interventions are distinct from (and superior to) interventions of social control:

This attempt to separate therapy and social control not only elevates one kind of person and one kind of work over another, but it promotes the illusion that 'therapy' can ever be truly separated from 'social control'. This utterly unrealistic view is an unfortunate by-product of the systemic infatuation with the healing power of 'therapeutic conversation' ... No matter what our clinical or theoretical allegiances, as therapists we are all in an elevated position of power relative to the family, whether we are official agents of the state like child welfare workers, ambiguous agents of the state like hospital employees of public hospitals or clinics, or invisible agents of the state like private practitioners.

Understanding the Emotional Impact of Child and Adolescent Protective Work

The enormous emotional impact of child and adolescent protective work is often too hard and too painful to deal with. Morrison (1990) suggests that societal and political forces are ambivalent about, and fail to give priority to, child and adolescent protection, as reflected in the alarming growth in youth homelessness and the continuing squeeze on funding and resources. The responsibility for the protection of young people is consequently transferred to a bureaucratic department which in turn continually demands a tightening of procedures and a shrinking of resources. In this context, what scope do workers have to acknowledge and reflect on their own ambivalence and emotional discomfort about the work?

Paterson (1992: 1) suggests that 'the occurrence of reflective process in all forms of therapy has far reaching ethical and political implications for both therapists and clients'. Rather than protective workers taking stock of the emotional impact and personal/professional costs of the emotionally charged work that they do, they are encouraged to disqualify their emotional reactions in favour of so-called 'objective' responses and professional judgement. It appears more acceptable to dissociate, internalise or displace such responses than to make the time to process, digest and dissect the whole range of complex meanings and emotions tied up with protective work. Over time, survival mechanisms develop which allow workers to desensitise themselves

to the often horrific nature of the work. Reflection on how workers bring their own histories, prejudices and distress into their work is time consuming and economically untenable in the current climate.

Crago (1988) and Morrison (1990) both refer to the significant proportion of professionals attracted to organisations like child protection, who have suffered childhood abuse and failed to resolve their own family of origin issues. Whilst this may carry some truth, it also adds to an unhelpful professional presumption about the 'personality types' that choose to undertake protective work.

Morrison (1990) examines the emotional, structural and cultural mores that hamper child/adolescent protective work, likening the experience of being a protective worker to that of sexual abuse victims as described in Roland Summit's 'Sexual Abuse Accommodation Syndrome'. Workers are encouraged to disregard their own past issues of abuse: to retract their own disclosures of distress and to minimise their sense of helplessness in working with child abuse. Morrison suggests that such alienating environments need to be challenged,

... by creating environments in which the needs of individuals, as well as those of the organisation, are met. It is hard to be too basic about what those needs are. They are for affection, esteem, belonging, security, identity and competence. There is no point in teaching workers the refinements of advanced skills if these fundamental needs are unmet. (Morrison, 1990: 264)

Within an environment that offers little such nurturance, it is important to grapple with the appropriateness of allowing inexperienced graduate staff to assess and intervene in child abuse. An organisation that has difficulty attracting and retaining staff does not always have the luxury of allocating this investigative work to experienced workers. Ironically, however, a commitment to examining these very issues may ultimately be the key to supporting and hence keeping staff.

Britton (1994: 79) further describes how organisations can unwittingly enact the dynamics that operate within certain families. Such enactments may eventually call attention to themselves by 'their repetitious nature or by the impasse which seems to follow a variety of initiatives'. Similarly, client families are not quarantined from the powerful and sometimes political dynamics played out within large bureaucracies like the Department of Human Services, nor unaffected by the influence of a worker's presence in their lives and relationships.

CREATING REFLECTIVE PRACTICES IN CHILD AND ADOLESCENT PROTECTIVE WORK

Copans et al. (1979) suggest that often professionals working with high-risk families are very familiar with the literature on child abuse but not so familiar with how to recognise and deal with the highly charged emotions it arouses. Reporting on an experimental study and support group they developed as part of a child

abuse training program for professionals already in the field, they identified how feelings such as fear, anxiety, rejection, ambivalence and over-responsibility hampered their ability to make appropriate decisions on how to manage their cases.

Feeling 'stuck', and not knowing what else to try with long-term protective clients is a particularly common phenomenon amongst protective workers. Exploring and processing this phenomenon requires time, space, skills and safety. This involves developing the ability to incorporate 'reflection-in-action', by rigorously reflecting on 'the tacit norms and appreciations which underlie a judgement, or on the strategies and theories implicit in a pattern of behaviour' (Schon, 1983: 62). Rather than squeezing unique, uncertain, surprising and confusing experiences into prescriptive categories, theoretical models and techniques, reflection in action is about using reflective inquiry to inform and guide our professional knowledge as it evolves, is tested and then further developed.

Using the arena of individual as well as group supervision to debrief from and deliberate on casework, along with keeping one's own professional diaries to map one's thinking, feelings and theoretical explorations can assist one to challenge the lack of fit between how one thinks and feels, and how one acts in practice. Such challenge occurs when practitioners allow themselves the time to think through, talk through and revisit their professional knowledge. Ongoing reading of professional literature further extends and stretches this ability to reflect.

In order to establish a stance of working reflectively, we require appropriate theoretical perspectives to assist us in examining why and how we do what we do. The following concepts are not presented as definitive, but as different lenses through which workers can examine process. These are a few of the many therapeutic concepts which attempt to understand, and utilise, the rich information available when one processes the relationship between workers and clients.

For example, family therapy has recognised the mutually defining influence between therapist and the client/family, through the notion of 'second order cybernetics' and developing 'second order perspectives' (Sluzki, 1985; Brown, 1994; Hart, 1995). The therapist is seen as part of, not separate to, the reality that is being constructed in the therapeutic domain. Other perspectives are psychoanalytically based and encourage us to focus not only on what is said, but on what is not said, on how clients consciously and unconsciously react as they do, and on the interplay between the two. These perspectives are complemented, I believe, by a broader systemic appreciation of the context, culture and political climates in which we and our clients operate (Gibney, 1996; Hart, 1995; Luepnitz, 1988).

The term 'transference' explores how clients attribute to the therapist (worker) an array of qualities, wishes and ideals which the client identifies with important people from their past (Warne, 1995; Ogden, 1979). 'Countertransference', loosely defined, refers to

the overall unconscious reactions of the therapist to the client and to the client's transference (Wright, 1992). Many authors see both the transference and countertransference process as co-determined by the interplay between the client and therapist (Stein, 1991; Green, 1993; Fosshage, 1994).

'Projective identification' is a psychoanalytic concept that suggests that parts of the self, usually those feelings perceived as too painful and too 'bad' to face, are split off and located in someone else as part of an intrapsychic event that also involves an interpersonal interaction. Ogden (1979) states that three phases are involved. The person fantasises about ridding the self of unwanted aspects and depositing them in another person, and then through the interpersonal interaction with that person, exerts such pressure that the recipient experiences thoughts, feelings and behaviours that match with those projections. The final phase occurs as the recipient of the projected feelings psychologically processes them, and makes them available with some modifications, to be re-internalised by the projector.

This is a complex concept, with some variation in its definition offered by different psychoanalytic authors (Ogden, 1979; Hamilton, 1990; Speziale-Bagliacca, 1991). However, most see it as a potentially constructive means by which clients can communicate their 'disavowed affect so that the therapist can experience it, understand it, and find a way to live with it—the idea being that if the therapist can achieve that affective task, then so can the patient (client)' (Maroda, 1995: 235). Simple 'projection' is seen as an individual rather than an interactional phenomenon, a defence mechanism whereby what is unacceptable within the self is similarly expelled onto others (Ogden, 1983; Wright, 1992), without, perhaps, the unconscious expectation that the projected aspects of self will be held and reprocessed by the other.

These concepts are, I believe, helpful in understanding the potentially intense relationship embedded in protective work, as workers assume the mantle of 'pseudo-guardian', often not just for the children, but for the parents of the children also. If understood well, these concepts offer invaluable insight into how workers may be able to safely *contain* (receive, hold and process) rather than *act out* and/or *mirror* the strong emotions aroused in their clients (Speziale-Bagliacca, 1991).

Recognising what issues and emotions lie with the worker, and learning to identify what projections rest with their clients, may significantly counter the burden of despair that too often results in workers transferring clients to another worker/team, prematurely de-allocating cases, going on extended leave, or leaving the Department altogether. But this recognition requires a healthy level of self awareness and structures (i.e. clinical supervision, group discussions) that aid in deciphering what belongs where. We can all be in danger of preserving our own sense of expertise at the expense of our clients, and we can all misuse concepts to categorise and pathologize clients (Schon, 1983).

When considering families who have had long-term

(sometimes even intergenerational) involvement with the Department, psychoanalytic concepts such as 'repetition compulsion' may provide one framework with which to make sense of the patterns that resonate throughout their lives and their relationship with the Department:

The repetition compulsion may be a dynamic in the sense of being a compelling force determining events but in another sense it is essentially static. The basic situation remains unrealised and unchanged whilst new versions of it proliferate. The cast changes but the plot remains the same (Britton, 1994: 80).

The following (abridged) case example attempts to reflect on the matrix of influences and dynamics inherent in protective work, utilising some of the systemic and psychoanalytic concepts and ideas mentioned thus far. This case was particularly notable because of the level of angst it generated among workers within and outside the Department. As a team, we largely used systemic and solution focused family therapy frameworks to inform our work. However, it was the prevailing sense of 'stuckness' which seemed to accompany us in our work with this particular family that prompted us to consider alternative perspectives.

CASE EXAMPLE

The Barker family (real names have not been used, and all other identifying details have been changed) first became involved with the Department following concerns raised by the local school about their ten year old son, Sam. He was experiencing learning difficulties, he often absconded from school and home, and he was unable to form any satisfying peer relationships. Neither Mr nor Mrs Barker appeared to exhibit any commitment to assisting with, or taking responsibility for, their son's behaviour. Both parents had full-time employment and extra-familial interests and hobbies which absorbed all their spare time. The Department undertook an assessment of the family and subsequently decided to take out a Protective Application on the grounds of emotional abuse and neglect. At the time that these matters were being considered at court, neither parent was able to attend due to work commitments. In a somewhat unanticipated move, the magistrate released Sam into the care of a relative who had accompanied him to court.

Mr and Mrs Barker were outraged at this outcome and an already poor relationship with the Department hit rock bottom. The relative with whom Sam resided was also ostracised. Sam lived with this relative for some six months before the situation broke down, and he was placed in a residential unit. It appeared that attempts to engage the family with outside agencies had had no success in addressing the issues that led to Sam's original removal. Consequently, departmental workers saw little point in attempting to return Sam home. Some three years later, the Adolescent Protective Team took over case management of Sam (then thirteen and under a Custody to Secretary Order) and his younger brother Tony (twelve) who was under a Supervision Order as a

result of similar concerns to those which had surrounded Sam. Tony was increasingly engaging in 'at risk' and criminal behaviours, and facing school expulsion.

The family had gained a reputation for being very difficult to engage and resistant to trying new or different approaches to their problems. They had been linked to a variety of family support agencies, each eventually withdrawing as they felt they had nothing to offer the family. The point at which the Adolescent Protective Team picked up case management was hauntingly familiar. Tony's increased acting out had caught the attention not just of the local school, but of the police as well. His Supervision Order was due to be reviewed and the possibility of removing Tony from the family home was being discussed.

Mr and Mrs Barker were invited to numerous meetings to discuss Tony's welfare but they consistently failed to attend due to work commitments. The cast was different but the plot seemed just the same (Britton, 1994). In an attempt to create some sort of 'interval' in this drama, we in the Adolescent Protective Team deliberately tried to stand back from events and to create a space for ourselves and the family to think. We refrained from jumping in, doing something in response to the chorus of demands by police, the school and other protective workers who had either worked with the family or knew its reputation. We initially focused on giving ourselves and the family time to get to know and understand each other. We also needed to 'sit with' the intensity of feelings this family generated in us and in others, and to endure the emotions aroused by the family without having to 'do something' about them (Ogden, 1979). This was no mean feat in a traditionally non-therapeutic work setting, where a response is expected and demanded.

Whilst we acknowledged that Tony's behaviour was attracting much local attention, he was not placing himself at extreme risk at this stage, but was better described as becoming a 'major nuisance'. We also resisted the temptation to remove Tony from his family on the grounds of their perceived poor track record (although we could have generated adequate evidence on which to recommend this to the court) and persisted in making appointments that fitted around the parents' work schedule. In these meetings we acknowledged and worked through with the family their anger and frustration at how Sam had been removed from their care, and the areas in which the Department had let them down, whilst also being clear about the standard of care expected for Tony. Furthermore, as a team we made the decision to work with the family ourselves rather than referring them out. This was a statement to the family that we felt able to work with them therapeutically, as opposed to seeing them as so overwhelming that only a 'more expert' agency could possibly contain and work with them.

We were able to negotiate with the Barkers a number of family sessions. We managed this by clearly acknowledging the whole family's level of dissatisfaction and distress over Tony's behaviour (himself

included), and through agreeing to hold some of the sessions at the family home at a time suiting their schedule. We let the family know that we thought it important to revisit both their past history and present circumstances in an attempt to understand how events may have led them to require the involvement of Protective Services once again. Whilst we managed, with limited success, to create a level of trust sufficient for the family to be able to talk openly about how they felt concerning the impact of our relationship on them, it was not until later that we fully understood the impact of their relationship on us.

During this time I considered it useful to introduce to the team literature that was more psychoanalytic in its focus (Box, 1994; Wright, 1992; Goldberg, 1993) as a means of providing a therapeutic framework that encouraged us to explore our own conscious and unconscious reactions to protective work and in particular, to the Barker family. I had provided each worker with regular clinical supervision, and as a team, we had also developed a strong program of professional development which occurred fortnightly, and alternated between group supervision, case presentations, theoretical discussions and the distribution of family therapy literature.

As the family sessions with the Barkers proceeded, both parents described a childhood history of extensive emotional and environmental neglect. Stemming from that, they experienced an overwhelming sense of abandonment and an inability to form safe, meaningful attachments. Work and hobbies seemed safe and structured activities, the only ones that offered them some rewards and positive feedback. The parallel in Protective Services is that good court reports and good court outcomes (as deemed by management) are the vehicles by which workers receive good feedback and praise, and are often seen as safer investments of one's time and energy than the intangibles of fostering strong connections with difficult clients and reflecting on one's practice.

Simultaneously with the work we were undertaking with the family, there occurred a series of unsettling changes within our broader system, and some unexpected dynamics within our team. We were struggling to cope with a restructuring of Protective Services within the Western Region (not an uncommon event in Protective Services and not an uninteresting coincidence when considering the chaotic clientele of the service). Without any real consultation, our team had been allocated a new Unit Manager, replacing the person who had originally established our team. As a team, we were struggling to adjust to the loss of our previous manager and our sense of abandonment by senior management.

These actions had left us feeling powerless and disempowered, as though it mattered little which unit we belonged in and what connection we had made with the other generic teams we had worked alongside. This sense of dismemberment could only echo the profound sense of loss felt by the Barker family as they had seen their family unit being broken into pieces beyond their

control, and now this dismemberment was about to be repeated. At the same time, we were attempting to familiarise our new manager with the intricacies of this case, just as a local agency was insisting that we immediately remove Tony from his family or they would themselves take action (a quite uncommon response from this particular agency).

Uncharacteristic splits occurred within what had been a closely knit team over how we were managing this family and whether we were placing Tony 'at risk' by keeping him in an environment where his emotional needs were neglected. Conversely, would the risks be greater if we introduced him at such a young age to our residential system and its network of young people who were both 'system-wise' and 'street-wise'? As team leader, I possessed the final decision making role in our team, and decided to err on the side of leaving Tony within the care of his family, and supporting the parents in trying to parent Tony adequately.

Whilst the family kept the first four appointments, they then began cancelling. Reflecting on their personal histories as well as their immediate experience of being a member of this family may well have been too painful and too frightening for them, and perhaps something that we as a team initiated too quickly. They might also have anticipated that we, like other people in their lives, would eventually let them down. We ourselves were still feeling the impact of our attempt to slow down the breakneck speed that typically accompanies working with and making decisions around protective issues. We took the time to experience the full brunt of what we were attempting to do and to reflect on why we were attempting to do it, before making any major decisions. Additionally, team members were endeavouring to make sense of new and quite complex theoretical concepts.

When the team were discussing this particular family, conflicts and incredibly strong emotions were engendered, which at times played themselves out in the Supervisee-Supervisor relationship. Placing ourselves in the picture with the Barker family, and examining our thoughts, feelings and judgments about individual family members, revealed potential vulnerabilities within us as workers, and tested the levels of trust and safety we had built between ourselves as team members, and between the members and me as their team leader. On occasion this proved more painful than the constant wall of resistance that we seemed to encounter with the family.

Issues of trust, and feelings of abandonment by the system (questioning whether we would be rewarded or crucified for taking creative risks with this family) suddenly appeared. Could I, as team leader, with the power to recommend team members for future promotion within the Department, be trusted to respect individual workers' own personal issues and agendas? Would I be there to 'carry the can' if Tony took one risk too many, as other young people in our region had done around that time? Or would I vanish into 'management heaven', leaving the team members to fend for themselves?

On later reflection, I recognised that a further rever-

beration of the case at this time was my decision to terminate the external supervision I had privately arranged for myself. In this supervision, I had felt unable to voice my own struggle to deal with the emotional impact of protective work. It appears now that I had a better capacity to articulate what I needed for my team than for myself. I had more control than they, as I could choose to flee my own supervision, whereas within the work setting, there was little choice. We had to work things out as a team, and within supervision. So it is too with clients involved in Protective Services. One way or another, protective workers are 'in your face', and this is what can act as a lever to either get in there and work it out, or just keep repeating the patterns without either side being consciously aware of it.

What also manifested itself was a level of angst amongst the team at continuing to work with a family who constantly demanded that everyone change but themselves. At this stage, I believe that we were imbued with the projective identifications of this family, and the challenge of containing and processing (rather than re-enacting or fleeing from) the splits that permeated all their familial relationships.

Throughout this turmoil we maintained our commitment to reviewing, albeit painfully at times, the theoretical underpinning of our decision making, our systemic analysis of the family and of ourselves, in regular team meetings and individual supervision. Making space to talk about the conflicts we felt, trying to make sense of the possible transference and countertransference issues we experienced in relation to this family and their context, as well as our own, were critical in grounding us sufficiently to maintain the energy to keep working with such difficult issues. It was wearing to confront our own issues of trust and fear in a bureaucratic and legal environment that was more interested in speedy outcomes than in process, as well as to swim against the tide of 'worker safe' decision making.

Eventually Tony, whose behaviour had begun to settle, took a dramatic down turn. He raised the stakes by going missing and then insisting via phone contact that he be placed with a family whom he had met while living on the streets. This gave his family some respite from having to sit with their pain and the chance to send up the usual hurrah, 'look, he hasn't changed!' It also gave our team the perfect justification, 'we tried it, but look, it didn't work!' These reactions illustrate the parallel processes operating between the family and the team.

However, rather than capitulating and finding Tony alternative accommodation, we were able to address the reasons why he felt the need to run away at this time. We were able to support the family in his return home for the next few months. His risk-taking behaviour finally deteriorated to the point where his parents could not ensure his safety. Although this was not the 'hoped for outcome', we did manage to forge a relationship with the parents where they participated fully in all the decisions relating to Tony (albeit grudgingly at times). With his parents' consent he was placed in a residential

facility, and regular access was arranged. The potential for reunion still remains available and rests more in Tony's hands than any one else's. The real success of our work lay in the parents' willingness to stay engaged in the decision-making around their son, something that had never previously occurred in their relationship with the Department. It is easy to overlook such outcomes when attention is focussed solely on the outcome for the child or adolescent concerned.

Through each step of the process we first informed the parents and Tony of what recommendations we would make and sought their consent before proceeding. The team maintained an honest, open relationship with all members of the family, respectful of their family culture, whilst also modelling a different Protective Services relationship from the one clients often experience. Ours was one which demonstrated healthy risk-taking, which maintained open lines of communication with the family even when they became enraged with our recommendations, and which endeavoured to contain rather than enact some of the family's anxiety, as a means of promoting future change and hopefulness. Major decisions were not made at crisis points, but only after we had talked through with the family our thoughts, opinions and ideas, and similarly, asked for theirs.

The Adolescent Protective Team had also worked with Sam to recognise and value the importance of his feelings about his relationship with his family and about his experience of being placed 'in care'. Through a lengthy period of engaging with Sam, who had spent the better part of six months on the streets, he was supported in his return to the care of his relative. Access between himself and his parents, although not without problems, was increasing in regularity, another indication of a change for the better in the system as a whole.

This is a very simplified description of a very complex case that is still being managed by Protective Services some eighteen months later. It aims to give some sense of the dynamics that rippled through (at times ripped through) our team and the broader system. It is not an exhaustive analysis of the case itself; nor does it attempt to illustrate our daily struggle with the multiple impact of a full caseload of incredibly entrenched and damaged families and the constant challenge to disentangle the numerous and complex strands of influence. It must also be recognised that my own reflections on what happened during our work with the Barker family may not adequately reflect how each member of the Adolescent Protective Team experienced this period.

At times we as a team were able to do little more than mirror the issues of this family as we struggled to process the enormous emotional burden which we carried and enacted for them (amongst our many other cases). We did, however, attempt to differentiate ourselves from previous workers by examining and reflecting on the dynamics that appeared to play themselves out within and outside the family and to create space to explore what issues and assumptions we may

have imposed on them. By 'hanging in' with their emotionally taxing dynamics, we gave the family a message that if we could survive our fears of abandonment and betrayal, so might they. In some small way we were able to succeed in containing their anxieties long enough to form a 'safe enough' bridge between the parents and their sons that might hopefully develop into something healthier than the parents experienced within their own families of origin.

Whilst our instincts urged us to flee, we created some 'news of difference' by working through some very difficult decisions 'with' the family instead of 'for' them. We attempted to function not just as new cast members, but as co-creators in a change of plot. The Western Region's brave decision to allow us a restricted caseload, a situation that is unlikely to continue in the current Victorian economic climate, played an important role in what we were able to achieve.

IMPLICATIONS FOR PRACTICE

Numerous authors have written about the applicability of therapeutic thinking and strategies to statutory work (Flecknoe-Brown, 1993; O'Neil and McCashen, 1991; Weakland and Jordan, 1990; Furlong, 1989; Scott, 1989). Embracing solution-focused thinking, adopting a competency-based approach to family work, and not assuming that long-term clients of Child and Adolescent Protective Services need long-term interventions, is a far healthier and more respectful approach to statutory work than assuming a problem saturated focus.

So too, however, is exploring and creating mechanisms that encourage an understanding of the dynamics that operate within and between workers and clients, and the capacity for reflective practice amongst workers and within the organisation itself. The frenetic pace of statutory work, crisis driven and accountable to deadlines set by the courts, discourages a culture of reflection and self-examination. These provide a convenient (and in this environment an understandable) rationale for avoiding the angst of dealing with child, family and organisational abuse.

Creating 'news of difference' for statutory clients cannot occur without creating 'news of difference' for protective workers themselves. This means validating discourses that acknowledge the way workers actively participate in the patterns that flow throughout the lives of their clients, as well as encouraging discussion about the impact that their clients have on them. It involves a recognition that workers bring with them their own share of emotional baggage, and in some cases, a lack of experience, both in living and in the profession.

Further to this is the need to grapple with the broader systemic dilemmas which contribute to the culture generated within statutory organisations. This includes the difficulty society has shown in coming to terms with the complexity of child and adolescent abuse, through a reluctance to own community responsibility for the care of our children and young people. Relegating this responsibility to the bureaucratic

arena will ensure that it is a problem which will be 'managed' rather than addressed.

Government departments created to deal with child and adolescent abuse face the same economic constraints and threats to resources as all other government agencies. Like their counterparts, their response to economic challenges usually results in constant demands to re-structure, redefine and redevelop the role of protective work. A variety of organisational interventions seem to have been attempted, but the impasse and 'stuckness' that pervades protective work remains essentially unresolved. As Simmonds (1988: 214) argues:

It is this factor that can make the current demands to tighten up on procedure in child abuse cases very dangerous for there is nothing in procedures themselves that can prevent them from becoming the object of powerful projections and from there the means by which these problems become perpetuated by the very agencies who have responsibility to sort them out.

Simmonds goes on to note that energy would be better spent on developing structures and practices that enable workers to process and utilise those feelings generated by clients that are generally feared and discarded. This requires a change in culture to allow feelings to be viewed as valuable indicators about the world of our clients.

Organisational structures and practices seem more typically to have the effect of making a worker feel more insecure and more guilty about such feelings when such anxiety provoking situations are encountered. Rather than enabling these feelings to be worked with, the response is to control them. Rather than understanding and using what is experienced, the feelings are repressed (Simmonds, 1988: 214).

This is not intended to denigrate the massive advances that have been made in challenging and opening up discourses around child abuse. What is being challenged is the lack of adequate discourse around how protective workers feel about what they do; and how those feelings, used therapeutically, can be a rich source of information and healing for workers and clients alike.

SUMMARY AND CONCLUSION

To work well therapeutically within Protective Services means to have access to professional development and theory which goes beyond 'risk assessment'. It means an openness to embracing knowledge from a range of therapeutic disciplines, and a commitment to making the space to reflect on and integrate practice wisdom with theory. Current training within Protective Services largely focuses on the statutory and rudimentary issues associated with protective work, and more often embodies the 'ideal' in its application to practice, rather than challenging the reality of the culture within the field. Professional development courses are largely provided by departmental staff, who are unlikely to receive encouragement to give attention to the political, emotional and financial implications of being more reflective and less reactive as protective workers.

My experience is that protective workers do want the time, resources, energy, support and theoretical input to work effectively with a very difficult, complex and resistant client group. They also want to be valued by the Department for which they work and by their colleagues in other agencies and organisations. To make real shifts, staff need to feel safe enough to sit with the emotional intrusiveness of investigating child abuse, which promotes distrust and powerlessness in the client. Like it or not, Protective Services often becomes an integral part of many clients' lives. When one deals so much with such complex situations, one cannot afford to waste the opportunity to pursue innovative and creatively reflective work. The longer Protective Services is perceived by society to be a necessary evil, the longer it will be one.

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The Department of Human Services suffers high attrition and a workforce plagued by morale problems and stress. For some there are recurring nightmares and illnesses such as post-traumatic stress disorder resulting from prolonged exposure to sexual, physical and fatal abuse of children.

These problems were highlighted by the auditor-general last year in a report called Protecting Victoria's Children: The Role of the Department of Human Services. Interviews with child protection workers across Melbourne suggest nothing has changed.

Gettler, L. (10/2/1997). Stressed Welfare Workers Struggling, The Age, Melbourne: p. A4.