

# THE ART OF **RELATIONAL WEAVING**

A GUIDE TO THE ESSENCE OF RELATIONAL PRACTICE



**JOHN M. DIGNEY, PhD**  
EDITOR

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# FOREWORD

John Digney has, in this collection of pieces, facilitated and achieved an exceptional result of bringing together such an eclectic and knowledgeable group of authors, practitioners, scholars, and trainers from the field of Relational Practice (especially from Child & Youth Care and related caring professions), to speak about diverse (yet interconnected), thought-provoking and essential concepts.

This book provides a vital read for many practical and developmental reasons and perspectives:

- As a direct care practitioner in any setting, many of the fundamental concepts of direct practice and the essential ingredients are portrayed and unpacked from professionals in our field, all of whom contribute depth of experience in practice, training, and research. Their accounts, perspectives and interpretations will have a profound influence on your actual practice, self-awareness, and of course an increase in your theoretical knowledge.
- As a team leader, supervisor, program manager, or anyone with the significant responsibility of shaping an effective service and needing to invest in the development of practitioners, the concepts in these chapters provide a treasure-trove of how we must invest in the development of those most important to the young people and families we serve – the workers themselves. To paraphrase Henry Maier, ‘Care for the Care Giver is an essential ingredient to ensure best practices manifest in programs with youth and their families’.
- As an administrator, CEO, or director who has responsibility for creating the actual training planning and care planning, these chapters provide a detailed prescription for the next several years of where to go with your training plans within your programs (including who to contact).

HomeBridge Youth Society, a multi placement service (with a school program) serving youth has accessed many of Dr John Digney's trainings over the years, all of which support the numerous principles found within 'The Art of Relational Weaving' framework. Additionally, as CEO, over recent years I have had the pleasure of commissioning numerous inputs from over 20 of the other contributing authors to provide consultancy and training to our staff team of well over 100 direct care practitioners and supervisors.

This book opens their concepts in an even more accessible way.

**Ernie Hilton (MSc, CYCA)**

Executive Director, HomeBridge Youth Society  
Nova Scotia, Canada

# PREAMBLE

This book is not about history, yet it draws from history. It is not a geography text, yet it has been contributed to and influenced by people from around the globe and its contents are applicable to and inspired by many different cultures and places. It is not a medical book, yet it has a focus on wellbeing and understanding how our body and brain is impacted by our experiences, particularly relational experiences. It is not a book about psychology, yet it is concerned with the human condition and sets out to assist in our understanding of human behaviour, the condition of being human, and how to focus on making things better.

This is a book about a journey towards a description and explanation of a particular type of helping practice. It is about how we think about the importance of ‘Relational Practice’. It is about the importance of such things as our ability to focus on creating and maintaining ‘connection’ with others; on assisting those we work with to develop a better sense of ‘competence’. It is also about working with others to help them take greater ‘control’ of the direction that their lives are moving (in a safe and appropriate way), and it reminds us of the importance of empathy and how we need to assist others to receive and feel ‘compassion’. It is a book that helps describe a landscape for Relational Practice and Caring.

Relational Practice is predicated upon the universality of how human relationships are built through trust, kindness, honesty, integrity, humility, fairness, and interaction. The principles and practices of relational caring talk to human needs, attitudes, equity, and empowerment.

In recent years many professions, including those of Child and Youth Care, Social Care, Social Work, Education and Psychology have sought to understand the universality of human relational needs. Many of these professions have begun to describe these within a ‘Relational Framework’.

This book describes some of the consistent themes or ‘threads’, that show up in effective Relational Practice and that when these threads are combined or ‘woven together’ they create a way of caring that is both powerful and transitional.



# ACKNOWLEDGEMENTS

I would like to thank everyone who is, and has been researching, writing, teaching, and sharing their insight into Relational Practice – the ongoing contributors to what I like to call the Relational Practice Body of Knowledge (RPBOK). A notional concept to some perhaps, but something that is very real in my mind. The RPBOK is everything that is written (or spoken) that helps us better understand what Relational Practice really is, and how we need to use this knowledge. Perhaps one day we will locate your knowledge and expertise within one very heavy volume.

A massive thanks to all who contributed to the 2020/2021 research that has helped inform the structure and content of this book, the notion of Relational Weaving, and the associated training programmes.

A very sincere thank you to all the contributors to this book. Your chapter is another expansion to writings on your topic and will help us all achieve better clarity and understanding. Keep writing ... please.

Thanks to Max (Smart) for assisting with the research and the thematic analysis that has lent great weight to the development of the ‘weaving’ metaphor described within this book.

Finally, huge thanks to Martin Stabrey for his unrelenting emotional and practice support. This would not have happened without your input.

# INTRODUCTION

*Into whatsoever houses I enter, I will enter to help the sick,  
and I will abstain from all intentional wrong-doing and harm’.*

**Hippocrates**

Over the decades, as those of us working within children and family services have sought to better understand what it is that we do, why we do it, and what really can make a difference, we have rubbed shoulders with experts from many disciplines including folks from practice, research, and academia. Many of these have introduced new (or revisited) approaches, concepts, and terminology. We have looked at what we do from different angles, including from a needs-perspective, a pain-perspective, a neurodiversity perspective, and a trauma-perspective. Seeking the universality of the truths we need to know is a very laudable exercise, with much merit. It is a search for truth and understanding after all and one that is undertaken for the benefit of the most vulnerable in our societies.

There is no ‘one truth’, despite what some might think. I once remarked that there are at least as many truths as people who have ever walked this Earth, and I believe that if we keep seeking to understand we might reach some consensus on where all these perspectives interact and how we can best use this understanding.

In my quest to better understand the concept of, and the truth behind, Relational Practice, I note that as we have developed the field of Relational Practice(s) we have been known to borrow from other professions. Once again, some borrowing is needed and this time it is from the field of textiles, and more specifically ‘weaving’. Not unlike what we do in relational practice, weaving is, in addition to being a science, an art which requires skill, patience, and talent.

In the context of this volume, ‘weaving’ will be used as a metaphor for how we use the relational talents required by professionals and carers to help and heal those who have experienced hurt and emotional pain.

## **THE ART OF WEAVING**

Traditional weaving processes involve the use of a loom, whereby the crossing of threads occurs. The ‘weft’ and ‘warp’ threads are different threads crossed in patterns to make decorative cloth. The warp thread is fixed to the loom (a framework used to hold the thread) and the weaver uses a shuttle to introduce other threads (weft) into the warp, to create a beautiful, useful, and sturdy fabric or garment.

As we consider the art of weaving, there is much to learn in terms of what components are required to create something meaningful: the framework that holds everything together, the right type of materials and tools for specific requirements, and the importance of the people doing the work and their mix of skills, experiences, and approaches.

By being able to identify and provide the essential framework, materials, tools and personal traits and abilities required for any task, we become better placed to do what is required of us. If we consider this weaving analogy in the context of what is needed when working with people who need care, nurturance, and support, we need to consider, identify, and provide the necessary relational components or threads. Of what should our ‘framework’ be constructed? What threads are our wefts and warps? What does our shuttle look like? What does the weaver need to bring, to know and to be, to truly make a difference?

## **A ‘RESEARCH’ PIECE**

Between 2020 and 2021 Max Smart and I undertook a research project, with the single intention of seeking a better understanding of what are, within a contemporary paradigm, the essential components of Relational Practice.

The single question, ‘In your opinion, what are the essential components of Relational Practice?’, was asked of over fifty prominent figures from within several helping professions. Participants were (subjectively) identified as having expertise in Relational Practice, having written books, book chapters or journal articles on topics related to Relational Practice. All had a minimum of 10 years of working in caring related professions, with the majority having over 30+ years of experience. They mainly came from within the area of Child and Youth Care (Social Care), but some had backgrounds in Social Work, Psychology and other Psychotherapies, Academia, and Foster Care.

Invited participants were asked to list up to 10 ‘essential components’ of Relational Practice, and to include some culturally and professionally diverse perspective or explanation of what they meant and why they thought them important.

The almost 300 line item responses were collated and these became an initial seventy-five overarching themes, which then underwent some thematic analysis (lumping and splitting) – another subjective process. The resulting themes were then redistributed to the research participants, who were asked to rate and rank these in order of importance and to then give them a score (out of 10).

When the scores came back, these were summed and averaged (a crude, but hopefully effective way to establish a type of consensus). With a minimum bar of 7/10, the resulting themes are what this book is all about, the ‘essential components of relational practice’.

It is of course recognised that other ‘components’ exists, and that there are other ways to describe those that come up here; this ‘research’ is only a part of the long and continuous journey to ensure we are paying attention to the right things. This research and this book are offered as another piece of the jigsaw puzzle.

## RELATIONAL WEAVING AND PHILOSOPHY OF CARE

As we continued with making sense of what this all meant, we realised that some were core aspects that contributed to elements of some type of framework. Some were key aspects that needed to be ever-present, and some were things that we sought to introduce into the lives of those with whom we work. Others were thought of as the tools we use to do our work, and still others could be described as traits, skills and abilities of those doing the work.

The ‘Essential Components’ of Relational Practice (or as we started to call them, ‘threads’) seem to exist in different ways (or categories). There are the things that inform our overarching approach (**loom**); the things that are necessary to maintain our approach and provide structure and integrity (**warp**); the things we introduce into the lives of others ‘when we do what we do’ (**weft**); the vehicles, mechanisms and tools that we use to allow us to bring everything together and do our work (shuttle); and the knowledges, skills and traits that individuals have attained and brought to the caring task (**weaver**). In yet another subjective exercise we assigned each of the twenty-

five ‘threads’ that emerged from this research to one of these categories, agreeing on the wording that seemed to fit well with the threads. And thus the concept of Relational Weaving was born. We first introduced this idea under the conference presentation title ‘The Art of Relational Weaving’, at the ACRC conference in 2021, where we briefly described each of these threads. It is these twenty-five threads that correspond to the individual chapters of this book.

**The Loom:** This is the framework, the core of the weaving process. In the analogy to relational weaving, this can be considered the underpinning model upon which everything is dependent. It must be set up properly, otherwise the process will not be effective. The four ‘threads’ framed here are, *‘Love’*, *‘Other Focus’*, *‘Optimism’*, and *‘Managing Change’*.

**The Warp:** These are the lengthwise threads on the loom and are the threads which support the network for the weft. In the relational weaving analogy, they are the things that ought to be in place, such as values or core functions needed to be held steady to ensure effective practice. The four relational threads assigned as Warp threads are, *‘Wanting to Connect’*, *‘Active Communication’*, *‘Responding to Needs’* and *‘Promoting Strengths’*.

**The Weft:** These are the ‘filling threads’ which are passed through the warp threads by the weaver, using the shuttle. Within the relational weaving analogy there are, *‘Wonderment and Curiosity’*, *‘Equity in Relationship’*, *‘Fun & Humour’* and *‘Trustworthiness’*.

**The Shuttle:** This refers to the ‘tools’ that are used to carry the thread of the weft yarn while weaving neatly and compactly with a loom. In the relational weaving analogy, this will refer to the tools that practitioners have on their professional tool belts. Within relational practice the components of the shuttle are the methods used to deliver care, therapy, nurturance, and education. The factors, or ‘threads’, that ought to make up the delivery approach we should use in Relational Practice include being, *‘Safety Oriented’* and *‘Hurt (pain) Cognisant’*. They are aware of and pay attention to *‘Unconditional Spaces’*, are *‘Trauma Informed’* and *‘Transitionally Aware’*, focus on *‘Living (and working) in the Present’* and they encourage us to *‘Engage Purposefully’*.

**The Weaver:** This is the person who does the weaving. The more knowledgeable and experienced the weaver, the more efficient and creative they become. The Relational Weaver is the practitioner or carer, and this talks to the traits, skills, and knowledge that they bring. The effective Relational Weaver must have acquired the skills and knowledge that allows them to be '*Wise*', '*Empathetic*', '*Accepting*', '*Vigilant of Self*', an '*Exemplar of Integrity*' and '*Reflexive*'.

Those who volunteered to contribute to this book were permitted total freedom to construct their chapter in whatever way they wished, interpreting the words and concepts as they saw fit to do. Some have taken a personal narrative approach, others slightly more academic; some have spoken to the topics on a broad level, and some have focused in on more specific aspects of their chosen topic. This has lent itself to the creation of a very eclectic, engaging, and informative little book. Please enjoy.

**John M. Digney**

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May 2024

# THE RELATIONAL THREADS OF RELATIONAL WEAVING

The following brief explanations of the 25 essential components of Relational Practice are offered as a quick guide to better understanding the overarching concepts that they relate to, within the Relational Weaving framework.

1. **Love:** Love is essential; however, the meaning or connotation here may be different than the notion of love framed in the English language. Love is a word that means so many different things and evokes differing emotion responses. Within the context of relational weaving, it may be more connected to the ‘agape’ definition – a general affection, rather than attraction to other. It is about having a positive regard for others and wishing them the best. It is about being proactively involved in their progression and development.
2. **Other Focus:** Being ‘other focused’ brings a challenge to traditional orientations of thinking and doing, be that in relational caring, relational leadership, or therapy. In the past this has often relied on status and our professional role as expert in the task of helping. Having an ‘other focus’ requires organisations to refocus on why we exist in the first place, focusing attentions upon the needs of others and not selves.
3. **Optimism:** Optimism and hope are important motivators in human wellbeing. Many people have had experiences which have caused them to lose hope, to give up, and for their brains to have negative and pessimistic feelings hardwired in. We must practice in a manner that focuses on finding ways of creating opportunities for people to believe that they can have a positive future. Without optimism it is unlikely that we will be able to help others develop hope for a better future. We need to ensure that all parts of our

system have this sense of optimism, and where we encounter pessimism that we are empowered to challenge such thinking and promote hope.

4. **Managing Change:** Understanding the power in creating small changes, in the moment, is a key feature of relational weaving. Having this belief and skill can be transformative, especially when we see, in the small moments that occur in the therapeutic ‘everyday’, the way that an idea can become real and tangible. Helping someone achieve even, ‘one degree of shift’ in their mindset or thinking (or behaving) can dramatically adjust someone’s trajectory and destination.
5. **Wanting to Connect:** Effective relational practitioners, leaders, carers, and therapists must want to connect with others if they are to help at all, and they must have the skills to be able to do this. This idea can challenge approaches and practices that are authoritarian in nature, for without connection we cannot hope to engage others in a meaningful way.
6. **Active Communication:** Often the most important part of connecting is effective communication, and in our work, it is as important to hear ‘what isn’t said’, as what is said. This requires sophisticated skill, the ability to show genuine interest and curiosity, and to truly hear what needs to be heard and say what needs to be said, ensuring it lands correctly.
7. **Responding to Need:** To be effective we need to know and understand the importance of human ‘emotional and developmental’ needs and relevant need theory. If we do not know what someone needs, we cannot suggest solutions or opportunities, we cannot empower others to help them achieve their potential. As practitioners, leaders, educators, therapists and so forth, we need to fully understand the universal needs of connection with other, feeling of competence, being in control of our own destiny, and having compassion.



8. **Promoting Strengths:** This is about being strength-based and creating times when the focus is not always on the ‘problems’ but rather on other aspects of the person that are strong and healthy. Relational Practice makes use of Positive Psychology and shifts the emphasis from ‘what’s wrong’ to ‘what’s strong’. This approach identifies the strength, names it, and builds on it, bringing it into the consciousness of not only the helper, manager, leader, educator, or therapist, but more importantly the person we are working with.
9. **Wonderment and Curiosity:** One’s interest in ‘Other’ must go beyond the superficial and must seek to find the uniqueness of the person. To have authentic connections we need to have a genuine interest and curiosity about someone – who they are, and how they think and feel. If we are seen by them to be truly curious and interested, we are more likely to find this connection. We will be open minded in our relationship about who they are, their sense of humanity and how they view themselves and the world.
10. **Equity of Relationship:** This is a concept whereby a person knows that they are of equal value and standing to those they are surrounded by. They will be able to contribute and will have the same opportunities. This can be achieved by engaging in relationship on a fair and equal basis. We should not therefore use real, or perceived power differentials to seek to control or change ‘other’. The goal is to restore the value of other, where they have been disempowered by past experiences.
11. **Fun and Humour:** Having fun and being light-hearted is a universal equaliser and stress releaser. Even the most serious situations can benefit from some injection of fun. To engage relationally, we see it as our duty to help people experience as much joy as they can. Recognising that humour is a complex topic with many facets, effective organisations and individuals will have a good grounding in the ‘purposeful use of humour’.

12. **Trustworthiness:** Trust can be difficult to establish and very easily lost if we say or do the wrong thing at the wrong time. People often engage with us in ways that can be seen as ‘trust trials.’ As an effective practitioner, clinician, carer, or educator, one needs to be tuned into these behaviours and know how to respond when these moments occur. Responses can create mistrust if not fully considered.
13. **Safety Orientated:** Effective relational practitioners pay heed to the neurobiology of safety and focus on ensuring physical, emotional, relational, and cultural safety. Programmes such as the Three Pillars of Trauma-Informed Care, developed by Howard Bath and Diana Boswell expand greatly on how important understanding the concept of ‘safety’ is in helping and healing with those who have faced traumatic hurt and pain in their lives.
14. **Hurt Cognisant:** We hear terms such as delinquent, disturbed, damaged, maladjusted, and so forth being used to describe the people we work with. Such labels can project negative and deficit-based thinking onto the perceptions of helpers. However, if we are to become more aware of the hurt and pain that these folks carry with them, we become better placed to see how this hurt can affect their feelings and behaviours. This is where the proverb ‘hurt people hurt people’ comes to life. Effective practitioners will deliver their care, therapy, education, and other interventions in a manner that understands the concept of pain-based behaviour. They will be skilled in recognising this pain, how it translates into behaviours and how it can be used to interpret needs that can be met in better ways.
15. **Unconditional:** Appropriate environments and interventions are at the core of effective relational practice. However, all too often ‘helping’ professionals and carers place conditions upon the very thing that is seen as ‘the treatment’. For instance, we may identify that someone acts out because they have low self-esteem (perhaps because they have continually been ‘put down’ and told they are useless). A space is created where we can work with them to help

them feel some sense of competence, as in the example of a person attending activity sessions of things they are good at, such as sports, or music. However, many rules and stipulations can be placed around their attending – achieving ‘10 gold stars’, or whatever. Then when they do not reach the target, not only do they miss out on the ‘therapeutic’ session, but their failure to reach 10 stars reinforces their negative self-belief. Such ‘unconditional spaces’ need to be protected.

16. **Trauma Informed:** Delivering our services in a manner that is trauma informed is not just about signing up to some new trend in helping. Being trauma informed is about (i) having a realisation of what trauma is and how it can affect people, (ii) recognising the signs and symptoms, (iii) being able to respond to trauma behaviours, and (iv) creating environments and responses that build resistance to re-traumatization.
17. **Transitionally Aware:** Delivering services and interventions in a way that takes account of the issues associated with relentless transitions and change is necessary. One needs to consider how people cope with situations and states that change and are altered in their lives. Situational change talks to changes, such as a new placement, or a new school, whereas transition is about the internal adjustment to what has changed or altered. Being transitionally aware is to understand the internal impact of change and to seek to avoid further unnecessary changes without time for recovery.
18. **Living and Working in the Present:** When we turn up to do our work and provide our care, we must be fully present in body, spirit, and mind. We need to have the skills for ‘all of me’ to be available to other. Whilst it may be human nature for our mind to wander from time to time, the effective relational practitioner will seek to prevent this from happening, especially when engaged in conversation or discussion.

19. **Engage Purposefully:** Relational practice is about intentional or purposeful engagement. Interactions and interventions must have a ‘therapeutic’ purpose, designed to assist someone make a positive shift in how they are, how they feel, or how they think.
20. **Wisdom:** Being wise or having wisdom comes with experience and learning. The effective relational practitioner will be able to use their learned and practice wisdom to engage in a more purposeful way than a novice worker. Wisdom can speak to our approach, ability to interpret and respond, and specific areas where we need to be attuned, such as having the ability to understand needs and pain-based behaviour, being able to consider consequences of our actions in the moment) and being ‘neuro-aware’ and able to discern which parts of the brain are motivating behaviour.
21. **Empathetic:** Having empathy requires ‘understanding and compassion’, both of which are natural abilities that most people are born with. Yet these abilities can be lost over time, when not used. An effective relational practitioner will have abilities to ‘attune to other’ in abundance. Having empathy grants the ability to understand and feel what the other person is feeling, therefore making them less likely to be reactive, judgemental, or punitive.
22. **Acceptance:** To have more value to others, we will accept people for who they are and where they are (in the knowledge that they may need to make some changes themselves). This speaks to the notion of ‘inside out change’, a concept in which change is not demanded but instead the practitioner understands that this may be a place that we help bring people to. Being accepting is one of the fundamental cornerstones of building relational foundations and a skill that effective relational practitioners and carers must have. We must strive to have the ability to meet people where they are at, not where we expect them to be.

23. **Vigilant of Self:** This talks to being watchful and attentive to how one is managing self and the situations they enter. Being self-vigilant speaks to 'self-awareness' and being conscious of our use of 'self' in relationship with other. It is about us being aware of what our own internal state is, and understanding and acknowledging our own values, beliefs, and prejudices. It is about being able to monitor and regulate ourselves, and having consciousness of how we are presenting to 'other', and how we may be perceived.
24. **Exemplar of Integrity:** The more essential qualities or traits of being a relational practitioner/carer include being genuine, respectful, reliable, committed, and honest. These concepts are about being 'honour-able' which speaks to having integrity. We need to exhibit all these things when in 'relationship' with other. Being such an exemplar will assist in building and maintaining trust and therefore the ability to influence in a positive way.
25. **Reflective and Reflexive:** Reflective and Reflexive practice are core to learning and understanding. It can be done in the moment and takes our level of understanding much deeper. Reflexive practitioners have a higher level of self-awareness because they are not only able to assess a situation as it is happening, but they also tweak or fine tune their intervention as they go. They can look at why things are the way that they are and consider the role they are playing in the current unfolding outcomes. To be reflexive is to recognise we are constantly shaping our surroundings and therefore our relationships. In doing so we begin to critically take circumstances and relationships into consideration, rather than merely reacting to them.

# CONTRIBUTORS

## **Dr Heather Modlin (Canada)**

Heather has worked in the field of child and youth care for over 35 years and is currently CEO of Amal Youth and Family Centre. Heather has served on numerous national and international boards and is currently Chair of the Board of Governors of CYC-Net; Treasurer of the Board of Directors of FICE-Canada; Steering Committee member of the Global Social Service Workforce Alliance; and editorial board member of the *Relational Child and Youth Care Practice* journal. Heather has published numerous journal articles and book chapters and co-edited the book *Relational Child and Youth Care in Action*. Heather has a PhD in Child and Youth Care from the University of Victoria.

## **Christine Gaitens (Canada)**

Christine has been a Child and Youth Care Practitioner for over 30 years and has supported families, children and youth through her work in residential care, family preservation services, foster care, child care and the education sector. She provided leadership for 14 years at the Toronto District School Board as the Manager of Child and Youth Services where she was responsible to implement professional practice standards, professional development, and supervision for 500 child and youth care practitioners. She is a Registered Social Worker, and she lives and works in Ontario, Canada.

## **Dr John M Digney (Ireland)**

John has been working with troubled kids for over thirty years in specialist settings and residential programmes. He has worked in frontline practice, as a manager and clinician. John is the National Training & Development Coordinator for Ireland's Children and Family Agency, with responsibility for responding to the Learning and Development needs of staff and foster carers. John holds an Honours degree in Psychology, and has professional qualifications in Psychotherapy, Psychoanalysis, Adult Learning, and Project Management. His PhD focuses on the therapeutic use of humour. He provides consultancy, coaching and Relational Practice training internationally.

**Max Smart (Scotland)**

Max has been in direct practice with vulnerable people for almost 40 years as a Social Worker, Residential Worker, Manager and more recently Director of Resources. Max has specialised in child and youth care provisions with vulnerable teenagers, particularly in residential care, but has extensive experience in family practice, working with offenders and youth on the 'edge of care'. Max has contributed to several books, has written dozens of journal articles, several book chapters and co-written a book. He is a trainer in various disciplines including relational trauma, neuro-relational working, and supporting development with young people in difficulty.

**Tonya Hotchkin (USA)**

Tonya is Vice President of Clinical Services at Tanager Place. She earned a bachelor's degree in social work in 2007, and a master's degree in Marriage and Family Therapy in 2012. Tonya has served in a variety of positions and programs in the social services field including inpatient, community based, school based, prevention, and outpatient care. Tonya is a Licensed Marriage and Family Therapist, Registered Play Therapist and Certified Trauma Practitioner. Tonya has advanced training in Theraplay, Eye Movement Desensitization and Reprocessing (EMDR) therapy, Sand Tray and Play Therapy. Tonya is an adjunct professor through Mount Mercy University and has been published for knowledge related to trauma and resilience.

**Okpara Rice (USA)**

Okpara has been Chief Executive Officer at Tanager Place since 2015 and is the first African American to hold this position in its over 140-year history. He has worked in Pleasantville, New York, Chicago, and Ohio. He is active in the field and his community and currently serves on a wide number of boards and advisory committees locally, regionally, nationally, and internationally. Okpara has presented internationally in Europe and Canada on issues that affect children. He holds a Bachelor of Science in Social Work, a Master of Social Work and an executive management certification from Georgetown University, Washington DC.

**Dr. Thom Garfat, CM (Canada)**

Thom has worked with young people, families and those who work with them for over 50 years. He holds an MA in Clinical Psychology and his PhD is in Child and Youth Care. Thom is the Co-founder and Editor of the International Child & Youth Care Network ([www.cyc-net.org](http://www.cyc-net.org)) and the journal *Relational Child & Youth Care Practice*. Thom offers consultation, training, and keynote addresses around the world. He is the author or co-author of 7 books and numerous professional articles. Thom was appointed as a Member of the Order of Canada in 2023.

**Noor Almaoui (USA)**

Noor is currently the owner of Universal Ethos Inc., as well as a full-time Clinical Supervisor at Hathaway Child and Family Services in Los Angeles, California. She also worked for several years at Casa Pacifica Child and Family Services. Noor has over a decade of experience working with traumatized children and their families in a variety of roles and settings. She has extensive experience and knowledge working with children who are homeless, those with substance abuse issues, severe depression as well as many other issues. In addition to her own training business Noor has presented at many State Conferences in California, and CYC Conferences in the United States, Canada, and Ireland.

**Dr Howard Bath (Australia)**

Howard has been a youth worker, manager, clinician, and agency director and trained as a clinical psychologist. He has also held a state statutory regulatory role in Australia responsible for the quality of government operated and funded child protection, youth justice, mental health, and disability systems. He currently provides a range of consultancy, training, and clinical services across Australia and internationally and is co-author (with John Seita) of the book *The Three Pillars of Transforming Care: Trauma and resilience in the other 23 hours* (Faculty of Education Publishing, University of Winnipeg, CA, 2018).



**Frank Delano (USA)**

Frank is the President of Professional Package Consulting. He has had a long career in Child and Youth Care with 25 years in a large residential centre as a direct practice Child Care Worker, Recreation Director, Girls Program Director, and Senior Manager. He spent 20 years as an adjunct faculty in the Fordham University Graduate School of Social Services as well as over 25 years consulting, facilitating training and providing individual and group coaching for CYC Practitioners. Frank has presented at numerous National and International Conferences as well, publishing many articles on supervision, leadership and direct Child and Youth Care Practice.

**Dr Paul Baker (USA and Australia)**

Paul serves as the Director of Clinical Services at TracksHealth, a division of Allambi Care, Newcastle, Australia. He is a developmental neuropsychologist who has experience working with challenging children and youth across a variety of sectors for over thirty years. His direct experience includes working as a special educator, school administrator, CEO, COO, clinical administrator, psychologist, foster parent and adoptive parent. Dr. Baker is the co-author to three books *The Hopeful Brain*, *Better Behaviour ... Positively*, and *The Minded Brain*. Dr Baker provides Neuro-Transactional training and consultation to residential treatment facilities, foster care providers, juvenile justice programs, schools and other child-serving agencies around the world.

**Jack Phelan (Canada and USA)**

Jack has been in the CYC field for over 50 years and has enjoyed it for the whole time. He is a faculty emeritus at MacEwan University in Edmonton, Alberta, where he taught in the Child and Youth Care degree program. Jack has published a book on child and youth care work and another on CYC supervision through The CYC-Net Press. Jack is a regular contributor to *CYC-Online* and is involved with doing workshops and presentations both in Canada and internationally.

**Michelle Briegel (Canada)**

Michelle is an Associate Professor in the Department of Child Studies and Social Work, Child Studies Program, and Child and Youth Care Major. Michelle's experience in the field spans over the course of 29 years. Outside of teaching, Michelle has roots in residential services (group care), treatment programs, protection of sexually exploited youth, community programs, and private practice. Michelle supports the field of child and youth care as current President of the Child and Youth Care Association of Alberta and is a board representative for Child and Youth Care on the Association of Counselling Therapy of Alberta (soon to be the College of Counselling Therapy of Alberta).

**Dr Steve Van Bockern (USA)**

Steve is a professor of education at Augustana University in Sioux Falls, South Dakota. Steve has been a teacher and principal. He has directed programmes and grants for talented and at-risk students funded by the National Science and Kellogg foundations. Along with colleagues Dr Larry Brendtro and Dr Martin Brokenleg, Steve has presented worldwide including in Russia, Thailand, South Africa, Australia and extensively in Canada. In 1997 Steve helped create the non-profit organisation Reclaiming Youth International and more recently Schools That Matter, LLC. His book, *Schools That Matter: Teaching the Mind, Reaching the Heart* was published in 2018.

**Brian Hogan (Ireland)**

Brian has been working with troubled kids since the early 1990s as a care staff, manager, and Director. He has qualification in theology, HR Strategies, and the Assessment and Treatment of Sex Offenders. He is Deputy Director of Operations at Oberstown Children Detention Campus. He is a former Director of Oberstown Boys School, CEO at Don Bosco Care, Director of TCTC and member of the Social Care workers registration board.

**Aaron Dang (USA)**

Aaron is a visiting faculty member at Augustana University in Sioux Falls, South Dakota in the School of Education. Aaron has experience in title classrooms as a teacher and as a curriculum and instructional coach. Aaron is currently pursuing an EdD in Educational Studies. Aaron works in collaboration with many educators in the area and is a consultant for Schools that Matter, LLC. Applied educational psychology and mindfulness are two areas that Aaron is passionate about.

**Dr James Anglin (Canada)**

James began his career as a child and youth care worker in a mental health centre in Vancouver and following front-line work experiences he pursued graduate studies and worked in social policy work and as a Senior Project Coordinator. In 1979 he joined the faculty of the School of Child and Youth Care at the University of Victoria where he is a full Professor and former Director. He has published in North American journals and international texts and is on the editorial boards of the Child and Youth Care Forum, Child and Youth Services, and Reclaiming Youth at Risk.

**Dr Larry Brendtro (USA)**

Larry is a licensed psychologist and co-developer of the Circle of Courage resilience model. Larry was CEO of Starr Commonwealth, one of America's largest providers of care and treatment to young people in care. He is Professor Emeritus at Augustana University, Sioux Falls, South Dakota, and directs the nonprofit research and training organization, Reclaiming Youth at Risk ([www.reclaimingyouth.org](http://www.reclaimingyouth.org))

**Mark D. Freado (USA)**

Mark has professional qualification in counseling and forensic psychology and is the founder and principal provider of training and consulting services through Growing Edge Training, LLC ([www.growingedgetraining.com](http://www.growingedgetraining.com)). He is a board member of Reclaiming Youth at Risk and past president of Reclaiming Youth International and former executive director of the American Re-Education Association.

**John Byrne (Ireland)**

John is a Social Care Worker and Lecturer, as well as a humanistic/integrative psychotherapist. He has been working in the field since 1993. John has bachelor's and master's degrees in social care. His main academic focus and research have been on the development of social care in Ireland. In 2010 John attained a Graduate Diploma in Counselling and Psychotherapy and he is an accredited member of IACP.

**Dr. Kelly Shaw (Canada)**

Kelly is a faculty member at the Nova Scotia Community College in the Child and Youth Care Diploma Program. She is a believer in creative interactive programming with youth and with learners and is interested in exploring further how creative programming can be used to build essential practice skills within a Child and Youth Care educational setting and how to support Child and Youth Care Workers in their continued professional development. Prior to engaging in post-secondary teaching, she worked in 24/7 care, family-based care, reunification, and placement prevention. She has a master's in child and youth study and a PhD in education with the focus of her research being on CYC Pre-Service Education in Inuit Nunangat.

**Jenny McGrath (Canada)**

Jenny is a certified child and youth care counsellor who has been working in the field for over 30 years. She currently teaches in the Child & Youth Care Program at MacEwan University in Edmonton, Alberta, Canada. Jenny utilizes activities and creative approaches in the classroom with students as well as in her work with young people and families. She believes that learning should be experiential whenever possible as well as provide opportunities for self-reflection and engagement with others.

**Dr Mark Smith (Scotland)**

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

**Dr Kiaras Gharabaghi (Canada)**

Kiaras has a multi-ethnic, multi-faith heritage, growing up during a violent revolution and escaping to Germany, before finding his way to Canada. Kiaras spent his first 25 professional years working as a practitioner, manager and director in the social sector and is now a Professor in the School of Child and Youth Care and Dean of the Faculty of Community Services at Toronto Metropolitan University, specializing in child and youth care ethics, organizational change, residential care and treatment, and international practice. He has over 20 years of front-line experience in the child mental health, child welfare, and youth homelessness sectors.

**Werner van der Westhuizen (South Africa)**

Werner is a social worker consultant in private practice based in Gqeberha, South Africa. Over the past 25 years he worked with children in trouble with the law, children in alternative care and children and adults in crisis. Currently he consults in the field of learning and development for social workers and child and youth care practitioners and continues to work as a therapist with children in alternative care. He holds master's degrees in both clinical social work and psychology and is certified in hypnotherapy and neuro-linguistic programming. He served on the Board of CYC-Net for three years and is currently a member of the Editorial Advisory Board of the journal *Relational Child & Youth Care Practice*. He occasionally contributes writing to the field of child and youth care and has published 11 articles and 3 chapters, most of them in *CYC-Online*. Currently, he is a member of the Learning and Development Core team and Content Editor for Rafiki at SOS Children's Villages.

**Dr Laura Steckley (USA and Scotland)**

Laura worked in direct practice, management, and training in residential treatment for adolescents in the United States and residential child care in Scotland before joining the University of Strathclyde in 2003. Her research interests broadly involve deepening our understanding of key areas of practice in order to improve the experiences and life chances of children and young people in residential child care. She is involved in research looking to identify potential threshold concepts in education for residential child care practitioners. Laura led up the MSc in Advanced Residential Child Care and serves as Vice Convener on the University's research ethics committee.

**Simon Walsh (Australia)**

Simon started his journey in the Human Services field by training as a nurse, and later became a Youth Worker at Allambi House (a Youth Refuge). He is currently the CEO of Allambi Care, where he works with the oversight of the Board of Directors and Leadership team to develop innovative and flexible models of care to best suit the individual needs of those in the care of Allambi. Simon has a focus on the carers and staff, investing in enabling them receive quality training support.

**Ziigwanbinesii Charles (Canada)**

Ziigwanbinesii is Mukwa (bear) clan and comes from Mnjikaning Chippewas of Rama First Nation. She has worked as the Aboriginal Youth in Transition Worker and Child Witness Worker in Peterborough, Ontario and is passionate about strengthening Indigenous identity and connection to community and in the education of individuals about the beauty, resiliency, strength and validity of First Nations culture and traditions. Ziigwanbinesii uses their cultural teachings of love, kindness, authenticity, and reciprocity to guide their practice in child and youth care.

**Heidi Holloway (Canada)**

Heidi has been involved in child and youth care practice for over 13 years working in a variety of direct care settings serving vulnerable populations of children and youth. In her current role as Manager of Care Services, she provides support to all Individual Living Arrangements in Nova Scotia. Heidi is passionate about providing quality care for those connected to services and quality support for those providing care services. She has published articles in CYCW journals and authored a chapter in the Relational Child and Youth Care in Action publication. Heidi has presented at both national and international conferences for various social services-related disciplines.



**John Digney, PhD** has been working with caring and therapeutic services since 1989 and has gained a wealth of experience in a variety of settings with client exhibiting challenging behaviours, including: maximum security with 'criminally insane' patients, residential programmes for clients with intellectual disability, secure services for court referred children and youth, and 'High Support' residential treatment programmes for children and youth. He has professional qualifications in Psychology, Business Management, Project Management, Facilitation, Coaching, Psychoanalysis and Psychotherapy and a PhD in Child & Youth Care, exploring the therapeutic and purposeful uses of humour in practice. Dr Digney worked for over a decade as a frontline staff member before taking on roles in management, lecturing, research, training, consultancy and clinical practice.

*John Digney has, in this collection of pieces, facilitated and achieved an exceptional result of bringing together such an eclectic and knowledgeable group of authors, practitioners, scholars, and trainers from the field of Relational Practice.*

**ERNIE HILTON**

**HOMEBRIDGE YOUTH SOCIETY, NOVA SCOTIA, CANADA**

*Relational practice refers to an approach that emphasizes the significance of building and maintaining meaningful relationships between child and youth care practitioners and the children, youth, and families they serve. It recognizes that relationships are at the core of effective intervention and support for young people.*

**MICHELLE BRIEGEL**

**MOUNT ROYAL UNIVERSITY, ALBERTA, CANADA**



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