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Opportunity led work: maximising the possibilities for therapeutic communication in everyday interactions

Adrian Ward

ABSTRACT: This paper introduces the concept of 'opportunity led work', which is a framework for thinking about the everyday opportunities for communication and support which arise in therapeutic community work. The framework focuses on the processes of assessment, decision-making, action and closure which are involved in the handling of even the briefest interactions, and it is designed to highlight the ways in which the handling of such interactions can be harnessed to the overall purpose of the unit. The model is outlined, using vignettes based upon TC practice with young people, and some thoughts are offered on the implications of this approach for practice and staff development in child care and other settings.

How do you decide what to do or say next, when confronted with the infinite range of challenges and possibilities arising in everyday practice, and how do you know which response will be the most appropriate? Do you draw on your intuition or common sense to improvise on the spot, do you follow a set of stock responses which have evolved or been agreed within your team, or do you perhaps refer to an explicit therapeutic framework for action? In this paper I want to explore these issues, and especially to address the question as to how you *decide* what to do or say next, and in order to do so I will introduce the concept of 'opportunity led work'. This is a framework for thinking about the many opportunities for communication and support which arise in everyday practice in therapeutic communities (TCs). My work on these ideas arises from my own experience in residential child care settings, and I will be referring throughout the paper to practice with young people, although on a more general level this is an approach which will probably be familiar to those in a wide range of other settings, including TCs for adults in mental health, prison and educational settings, as well as in other forms of social and health care. The paper will explain the thinking behind the approach, and will refer to a few brief vignettes to illustrate how it arises in practice. The model itself is outlined in some detail, although space will only allow for a summary of some of the main issues arising; finally some concluding thoughts are offered on the implications of adopting this approach in child care and other settings.

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1. Opportunity led work: the concept

The therapeutic community approach is one which is holistic or systemic, in that it entails working at many different but interconnected levels towards achieving an overall therapeutic task. This means, among other things, that the therapeutic work with young people is not confined just to the 'therapeutic hour' of planned individual sessions, nor to the equivalent in groupwork, family work or community meetings, or in classroom work. The therapeutic work is also potentially ongoing in all the other times and contexts in which the young person is involved, and especially in the course of everyday life and the social and other interactions which this entails. Thus there may be incidents or moments in everyday interactions which affect the young person in unexpected ways, or which open up the possibility of communication and insight, perhaps triggering memories of earlier events and feelings, or maybe giving some hint of underlying anxieties or fears about current or future events in their lives. It is in these moments, and with the sometimes fleeting feelings which they may engender, that some of the most useful work can be done. This is the work which I have called Opportunity Led Work (Ward, 1995, 1996, 1999), partly to distinguish it from the more planned or scheduled activities, but partly also to draw attention to the opportunities for communication which this mode of working may offer.

I must acknowledge, of course, that just as this mode of practice will be familiar to many practitioners, so it has not gone unrecognised in the TC literature. Several TC texts discuss some version of the focus on events arising in everyday life, including Maxwell Jones, who talked of 'Living Learning Situations' (Jones, 1968). Roger Kennedy, discussing the work at the Cassell Hospital, introduces the concept of 'The Work of the Day' (Kennedy, 1986, 1997) to describe the way in which significant events in everyday life are brought into the therapeutic arena. In a useful study in the related field of group psychotherapy, Kennard et al (1993) analyse the responses which group analysts said they would have made to a range of hypothetical situations arising during therapeutic groups, including some consideration of *how* they would decide upon their chosen response.

In the child care field, the best-known concept in this area is probably the idea of the 'life-space interview' (Redl, 1966). Redl helpfully describes the choice facing the worker between what he calls 'emotional first-aid on the spot' and 'the clinical exploitation of life events' - in other words, between on the one hand short-term support and on the other hand a response based on a longer-term perspective, in which the child may be helped to build upon the learning from an incident. Redl's material, though highly influential, now reads as rather dated and inaccessible, couched as it is in a curious pseudo-technical jargon which tends to alienate practitioners. Its usefulness is also somewhat limited through its focus on techniques at the expense of ideas about what is involved in the *decision* as to what to do or say.

What seems really critical in this work is that the staff are able to spot the opportunities for communication which may arise out of these daily interactions,

and that they are able to decide appropriately between the many different possible responses. The approach outlined below aims to analyse this moment-by-moment decision-making and responsiveness on the part of the worker, to try and identify what it is that they are having to do here. The very business of analysing such fleeting and subtle interactions, of course, may seem quite paradoxical to the reader, since it involves us in putting into slow motion or even 'freeze-framing' a process which, when it works well, needs to appear seamless and natural. My hope, however, is that by looking very carefully at how the handling of such moments unfolds, we can identify and understand some of the thinking processes involved, without at the same time suggesting a mechanistic or 'programmed' approach.

As a way into thinking about the skills required, let us consider the following incidents, which all occurred in residential treatment settings:

An adolescent boy, Paul, comes out of an office where he has been talking with his mother and social worker, saying 'Right, that's it, I'm finished with the lot of them!'. He goes and sits in the TV room and begins tearing pages out of a notebook which has his name on the front.

Two twelve-years old boys, Mick and Jai, are listening to each other's music collections, when suddenly one accuses the other of breaking the cover of one of his CDs, and hurls a racist insult at him, then turns to the worker for back-up.

A 14 year old girl, Becky, returns much later than expected from an evening out with her friends, and slumps down on the kitchen floor swearing about one of the other girls she has been out with.

In each of these situations the residential worker has a number of possible courses of action, depending (among other factors) on what she thinks will work, and on what she judges will fit with the needs of the young person. In each instance she might wish to open up communication with the young person, or to promote communication between them and others, or equally she might want to avoid opening up communication if the time is not right. She might decide to take some other course of action such as contacting a key colleague, or sitting quietly next to the young person in question, or even just ostensibly 'doing nothing' and waiting for the young person to make the next move. The aim of this paper is to draw specific attention to the ways in which she might arrive at these decisions. For an experienced worker, the range of her options is almost infinite, and we cannot spell out here what they all may be, but what we can do is to focus on what she may need to be thinking about in making this sort of decision.

I should add at this point that for the purposes of clarity in this paper I have deliberately restricted the range of scenarios to those involving some immediate and obvious challenge to the worker. The reality of practice, of course, is that the range is far wider than that, and that an opportunity led approach to practice can be

used in response to quite different sorts of scenario - such as when a worker notices that someone is uncharacteristically quiet or that there has been a subtle change in the atmosphere of the group. It can also be applied to situations which appear unremarkable, but in which the worker might nevertheless feel that it would be helpful to create or structure opportunities which might not otherwise have arisen - by initiating discussion of a long-avoided topic, for example, or by bringing together groups or individuals who might 'spark off' each other in a useful way.

The emphasis in the approach outlined here is based on a primary distinction between reacting and responding. By 'reacting' I mean a hasty and unthought-out way of dealing with situations, whereas by 'responding' I mean dealing with situations on the basis of a well thought-through judgement. In what follows I will describe a 'process' model of thinking about how to plan an appropriate response to the sorts of situation outlined above. This model has been written up in more detail elsewhere, and it is based on earlier models described by Redl (1966), Keenan (1991) and others. I am not arguing that it will always be possible in the heat of everyday practice to consciously work through the whole range of items listed here - that would be tedious and impractical. What I am saying is that these are the *sorts* of issue which need to be thought about if the best outcomes are to be achieved.

2. Opportunity led work: the process

I have divided up the process of opportunity led work into four main stages: observation and assessment, decision making, taking action and closure. This terminology may appear rather too formal for this sort of work, and it might seem preferable to talk about 'Weighing up the situation', for example, rather than 'Observation and assessment'. My intention, however, is to show that the skills involved do relate to the skills used in other forms of practice (the skills of assessment, for instance), except that in this context things happen rapidly and often without much notice. In the heat of handling an actual incident, of course, these four stages may also appear to merge into each other, and in some situations there may be a whole string of decisions which leading from one to the next, with each decision or action either closing down or opening up further options.

Observation and Assessment

The first stage of the process I have called 'Observation and Assessment'. While it may be hard in practice to separate observation from assessment, it is very important to start from an emphasis on observation - firstly of the detail of the incident and secondly of its context.

Observing the detail

What will strike the worker first is the immediate detail of the incident. She will be asking herself straightforward questions such as:

- What is happening? Who is involved?
- What is likely to happen next and how should I respond?

These simple questions may open up many areas. Some of the observation may need to be of events which appear so minor as to be almost imperceptible, and their detection as significant details may depend largely on the workers' sensitivity and intuition.

Meanwhile, she will soon need to expand her horizons to think about other factors which may be contributing to the incident, for example:

- Is this an isolated incident or does it connect with other events?
- What are the current concerns and needs of the individual(s) involved, and how may these be influencing events?

In weighing up this information the worker will be drawing upon her professional knowledge about children's emotional needs, about their levels of intellectual understanding, and about other developmental issues. She will hopefully be in a position to draw upon an extensive knowledge of the child and his circumstances, as well as on her knowledge of the other children. She needs to know what may have happened in the past and what may be about to happen - especially in terms of significant developments outside. Thus she will be wondering:

- Why this person or group? Does the incident really 'belong' with this individual or group, or are others involved in the background?
- Why now? Has this sort of thing happened before at this time of day/week/month/year?

She is already starting to move well beyond the immediate detail into reflecting on the context of the incident, and even in this preliminary assessment she is also likely to be weighing up her possible response, by asking herself:

- What is my instinctive response and is there a good reason to over-ride this?
- In what sense does this event represent a challenge, and in what sense an opportunity?

Assessing the context

It is not enough just to think about the detail, however. To make a proper assessment of the situation, the worker also has to think about its context, including the atmosphere of the unit, the network of relationships, and key issues such as those of power, prejudice and dependency.

Atmosphere refers to the emotional climate of the place, and to the 'micro-climates' which develop in different parts of the building with different groups. In order to 'read' the atmosphere, the worker will need to be aware of the concerns and emotions of individuals and groups, the quality of communication between them, and so on. In most cases, the atmosphere does not happen suddenly, it evolves and develops continually as people come and go, and as time and events bring changing concerns and feelings. A simple incident occurring when the atmosphere is calm and relaxed may feel quite different from a similar incident occurring in an emotionally-charged atmosphere, so the worker needs to know how to distinguish between the meaning of the incident itself and the effects of the atmosphere in which it has arisen.

The network of relationships: In assessing any incident, a worker must always be aware of its implications for the whole group; this matters even if the incident itself only involves two people, because they are each part of a much wider network of people: firstly within the unit itself, and secondly beyond the walls of the unit. Some of these connections will operate at a clear and conscious level, while others may operate much more indirectly, and may be much harder to detect.

Power, Prejudice and Dependency Finally, assessing the situation will also involve taking account of the issues of power, prejudice and dependency which permeate every group care setting. For example, there may have been undercurrents of bullying or racism in the events being assessed, either within the group of children or within the staff, or perhaps involving outsiders such as parents, friends or neighbours - who may be influential even though not physically present at the time of the incident itself. Thus the 'simple' incident of a racist taunt in the case of Mick and Jai, may turn out to be connected with a broader pattern of racist abuse among the young people or even of latent racism in the staff team or in the neighbourhood.

As well as weighing up these specific elements in the context, however, the worker must also take into account the broader implications of her assessment, and the extent to which her chosen response will fit within the accepted practice within the unit. The ethos of the therapeutic community will sometimes give more scope for individualised responses than other types of institution, which may have more tightly prescribed policies and procedures for 'dealing with incidents'.

So, for example, the response that the staff member gives to Becky when she comes in late and angry might be handled very differently in a TC as compared to a non-'therapeutic' boarding school. In the latter, the predictable response from the staff might be to impose a penalty on Becky for the 'offence' of breaking the curfew, and this might be justified on the grounds that "They've got to learn to obey the rules". A TC approach might allow for a more flexible response, in which the worker might decide to use the opportunity for communication first, and deal with the transgression at a later stage. This is not about permissiveness (though the worker would have to be aware of the risk of collusion), but about promoting every opportunity for young people to learn from experience as the experience itself unfolds. Both responses aim to promote learning, but the TC one is based on

what might be seen as a more dynamic awareness of the emotional and psychological processes involved in such learning. The greater use of an 'opportunity-led' approach should not therefore be seen as somehow 'looser' or less disciplined, since the worker's decision must certainly take into account the risk of being seen to collude with unacceptable behaviour or with the infringement of important boundaries.

Decision-making

Observing and assessing are not the same thing as making a decision about what to do, but they do provide the evidence on which that decision will be made. Making the decision itself is complicated, even though it may have to be made in an instant. The emphasis in what follows will be on *how* the decision will be made, and I will focus especially on the priorities and aims involved.

Priorities

Being clear about priorities may involve three main considerations: urgency, feasibility, and ethics.

- Firstly what is most *urgent*: the worker's over-riding priority must clearly be the safety and well-being of all of those present: in this respect she may need to operate on the basis of a 'hierarchy of needs', putting safety and survival needs first, followed by other sorts of needs. This also involves judging as to what must/ can be done now and what can wait or would be better done later, elsewhere or by someone else.
- Secondly she must decide what is *feasible* - in terms of the available resources of time, space and personnel, but also in terms of her own abilities, confidence and energy-level, *and* in terms of the quality of her relationship with the individual and with the others involved. This decision will lead her into the detailed consideration of tactics and methods, some of which are outlined below.
- Thirdly she must consider the *ethics* of the situation, including the legal requirements and constraints upon her. This will involve being aware of the rights and needs both of the young people (and their families) and of the staff, as well as considering issues such as privacy and confidentiality.

Aims

It may be useful for the worker to think in terms of what *sort* of results she wants her intervention to achieve (e.g. calming a troubled individual in the case of 'Paul' above, or achieving contact with a depressed and isolated group member in the case of 'Becky'), and secondly, to think about *how* she proposes to achieve that

result (e.g. by making a direct verbal appeal to the individual, or by seeking to influence another group member to reach out to the person in question). She will therefore need to think in terms of task, time-scales, and tactics:

- *Task*: How will her proposed action connect with the agreed task with this particular young person or group, and with the task of the unit as a whole? Is she clear that her own perception of the current task accords with others' understanding, and as to how the short-term tasks of the day connect with the longer-term task of the unit as a whole?
- *Time-scales*: What does she want to have achieved in the next two minutes, what by the end of the day and what by the end of that person's stay in the unit? For each of these, her intervention should be based upon her judgement about what is happening and why, and on a hypothesis as to what difference her actions will make.
- *Tactics*: In relation to each combination of task, time-scale and priority, there will be a range of possible tactics open to the worker in planning her response, and it is this range which we will be considering in the next section. One of my assumptions in mapping out this framework has been that the worker should always assume that she has a *choice* as to what to do or say, even though it may not always feel like this. Indeed, the mark of an experienced practitioner is that, rather than being driven to react unthinkingly to situations, she is able, upon reflection, to select an appropriate response from her (and the team's) repertoire to any given situation. This does not mean, of course that she will not sometimes take calculated risks or trust to her intuition where she is uncertain, but that even in these scenarios she will be making a conscious choice as to how to respond - and of course, the decision-making may not stop at this point, as she may have to make many subsequent decisions as the situation unfolds.

Lest the impression be created that this is all just a matter of picking out a suitable rational response from a bag of ready-made interventions, I want to emphasize again here that we all learn as we go along, and especially as we review our actions and discover our mistakes along the way. Our first action very often involves a strong element of 'reaction' - and in some situations this may indeed be appropriate. Thus, in dealing with the sudden conflict between Mick and Jai, we might simply and rightly give Mick a 'telling-off' for his racist insult. It might only be later that we discover the history and meaning of the conflict between the boys, and learn that there has perhaps been a continuing pattern of mutual provocation and attack (and even that this pattern may be 'fed' by quite external factors elsewhere within or even beyond the unit). In due course, we might then find that we need to return to the incident with them and seek to promote some recognition and understanding of their recurring conflict, to help them prevent its further recurrence. This does not mean that our first response was wrong, but that it was not sufficient in itself to remedy the situation.

Action

We come now to the 'action' phase of this process, in which we shall consider some of the specific types of response from which the worker may select. As we have already seen, the range of potential responses is almost infinite, so for the sake of mapping out this framework I shall concentrate simply on *types* of intervention rather than listing each possible action or formulation of words. I hope it will also be clear that I am not advocating the type of formulaic or 'scripted' typical responses to incidents which sometimes evolve in TCs, but an authentic and personalised response.

One broad distinction to be made is between those interventions with a short-term or 'behavioural' aim and those with a longer-term focus on the child or group's needs.

a) Short-term / behavioural / 'first aid' interventions

I shall deal with these first, because it is safer to assume that most everyday incidents require an everyday response, rather than always leading into deep and meaningful communication. In many situations, what is appropriate is to 'keep the show on the road' by means of a brief response which acknowledges the situation but which also allows people to continue with their plans. The goals of this kind of intervention are likely to include maintaining or restoring a sense of order and calm, achieving control, establishing and maintaining communication, etc. The worker will aim to stay positive as far as possible, perhaps offering validation and support for even minimal co-operation at first; and praise / thanks for sustained co-operation.

Some of these short-term interventions will focus on an individual and some on the group, while other options may include ignoring the incident and focusing energy elsewhere, or indicating an intention to deal with the matter later. These short-term responses might be summarised as variations on the theme of 'managing the situation', rather than seeking to open up communication (although communication will still be the means towards the end). Examples will include:

- *Managing individuals through a one-to-one focus*
e.g. acknowledging the situation, and either requesting conformity to a rule, or offering brief support to an individual;
- *Managing the group through focusing on a key individual*
e.g. drawing explicit attention to the way in which an individual may have been discriminated against by other group members.

- *Other tactics for managing conflict*

Where the situation to be managed is one of conflict, there may be other tactics to bear in mind, including: offering people alternatives where possible; defusing the tension in the situation; and allowing people to climb down from conflict, e.g. making a brief tactical retreat or taking a pause for reflection.

The above is only a small selection from the possible range, and for other suggestions see Ward (1996), Redl (1965) Redl & Wineman (1955) Trieschman (1969) and Fahlberg (1990).

b) *Longer-term / therapeutic interventions*

While many incidents just need the sort of short-term handling outlined above, there are many others in which something more is required. Here the appropriate response may be to take up the opportunities for communication which the situation offers, and to use the ensuing communication with the young people to promote insight, learning or other positive change for individuals and/or for the group. This is skilled and intricate work, which we can only summarise here. One main distinction to be made within the possible responses is in terms of whether to concentrate on an individual or group focus, and whichever focus is selected certain key questions will arise.

Individual discussion

An individual approach may be preferable where there is only one child apparently involved, or where it is primarily an individual concern for this child which has been raised. Even where several individuals are involved, it may still be preferable tactically to focus initially on one key individual, or to deal with each individual's concerns first, before progressing to group discussion or bringing outsiders or external issues. If the individual mode does seem preferable, the questions which will arise will include: should the discussion be held right now, or immediately afterwards; or perhaps at a later time? Should the discussion should be held right here on the spot, close by, or somewhere well away from the group? In the case of Paul tearing up his note book, for example, it may be urgent to get beside him and enable him to reflect on his conflict with his mother, but this may be best achieved away from the public arena of the TV room. The worker will also need to ask herself whether she is the right person to be pursuing this discussion with the child, or whether she should pass him on to his keyworker - or in the case of Paul, whether she should encourage him to return to the meeting which he has just left.

The actual techniques which may be used in such a discussion with a child would require a separate in their own right. For the sake of an example, two of the main techniques are:

- *Reflecting back*: helping the child to piece together the sequence of events in an incident (e.g. identifying and recalling significant details), and thereby promoting his ability to explain and predict his own and others' behaviour and feelings, and his understanding of consequences.
- *Making links*: Helping the child to explore the possible connections between this incident and other events, such as issues from his own family life / earlier problems / current concerns;

Group Meeting

Similar questions will arise in relation to decisions about a group-based response to an incident, and the main question will be as to whether it will be better to talk with the whole group or a subgroup rather than 'picking off' key individuals from a group incident. If there is to be a group-based response, should this be in the shape of an immediate informal group discussion among those involved, or should the matter be brought to the next planned meeting, e.g. house/community meeting, or perhaps should an 'extra meeting' of the large group be called at once? The timing and location of a group meeting may depend on the degree of seriousness of the incident and on the judgement as to whether it is better to interrupt daily life for an extra meeting or to contain the feelings and issues until the next scheduled meeting. There will also be a question of feasibility, in terms of the availability of other group members and of suitable space. The worker will need to remember the 'systems' principle that in a group care unit, everyone is a member of a large group, and they will be affected whether we plan for this or not, so it is often better to involve the whole group even if only a sub-group appears to have been involved in the original incident (Ward, 1993). There will nevertheless also be an ethical question: in what sense does the communication really 'belong' with the rest of the group, or in what sense may it be confidential?

Again the range of groupwork techniques is large and readers should turn to other sources for the full range. Here I will simply highlight some key functions of therapeutic groupwork in this context. These include the following:

- Providing 'containment' for troubled individuals and groups, by helping them to recognize and think about their anxieties, fears or other difficult feelings;
- Providing a forum in which issues of personal and social power within the group may be safely raised and learned-from, rather than being re-enacted in destructive ways, e.g. racist comments, bullying;
- Enabling young people to understand themselves and each other, by talking about their family situations and thinking about how such factors may be affecting their state of mind and their current behaviour .

Sustaining the intervention

The discussion so far might appear to imply that opportunity led work involves a single decision or set of decisions, after which the situation either closes quickly or evolves along a predictable path of interactions. In reality, of course, nothing could be further from the truth: while some events do require only the simplest of responses, many others require a much more complex and evolving sequence of interactions, with the worker needing to re-assess and re-evaluate at regular intervals. For example, an initial short-term response may have to give way rapidly to something quite different as the situation unfolds - and *vice versa*, opportunities for communication occasionally have to be cut short prematurely in order to prevent further difficulties.

In one sense the daily life of a busy residential unit consists of a virtually seamless flow of such events, one merging into or overlapping with another, one situation influencing the handling of the next, and so on. To have separated out one hypothetical 'opportunity' from this melee might be seen as wholly artificial, were it not for the fact that for the child and the worker involved, each incident does have its own significance and does require the same attention to detail: this is one reason why the work is so challenging but also so potentially rewarding. The task of 'sustaining the intervention' therefore begins almost as soon as the 'action' phase has begun, and may continue for some considerable time. We should also note that, if the intervention is to be sustained, then the worker, too, may need to be sustained: she will certainly need to stay in touch with other staff or managers as the situation unfolds, and she may need the availability of ongoing support in the form of 'live supervision'.

d) Closing an incident

There are three main things to consider in the 'closure' phase of an intervention, whether it has been a brief exchange of words, a sustained dialogue between worker and child, or a more substantial group meeting.

Firstly, it is obviously important to bring the situation to an agreed and clear ending so that those involved can resume their other activities and responsibilities, but also to minimize any risk of the situation being misunderstood or misrepresented at a later stage. This can be thought of in terms of closing down the communication - making sure that no 'loose ends' have been left, in the sense of people who are not sure what has been said to them or not clear about or satisfied with the response which they have had. It may be important for the worker to actually say something like "Well, that's finished with now", or "Let's leave it there for the moment". It will not always be clear as to when this can be said, and the worker may need to check with the child or group, e.g., "Are you ready to leave it there?" or "How do you think we should finish this off?". Clearly this process will be more delicate where a situation has developed into some deeper or more painful communication.

Secondly, decisions may need to be made as to what else has to be done in connection with the facts and feelings of the situation. For example, information may need to be conveyed to other people inside or outside the unit, or strong feelings may need to be allowed for during the ensuing period and may need to be raised again later elsewhere - perhaps at a handover or community meeting or at a family meeting, or with the child's social worker. Sometimes the worker may need to close the incident by giving a firm undertaking as to how it will be followed up, either with this individual/group, or with other people. The worker will also need to think about how an individual or group's learning from an incident can be incorporated into the mainstream of their development or treatment.

The written *recording* of significant incidents is essential, so questions will arise as to who records what and why? There will also be questions about how far the private concerns of an individual are to be made public, either through discussion or recording, or in what way will it be appropriate and productive to convey the learning from an incident to others who may be affected.

Thirdly, after the situation has been resolved, there is the need for team review and evaluation - for people to evaluate their ways of working and to improve their understanding, incorporating any changes into their policies and procedures. Individuals (both workers and children) may need supervision, catharsis, free time, relief, etc. If the situation has been an especially difficult one to handle, other people may not realise how strong the worker's feelings were, and she may need to seek out an appropriate team member and ask for immediate support. Moreover, if *she* has strong feelings, it is likely that the children and others involved will also have equivalent feelings, and somebody (not necessarily this same worker) may need to offer them some further support. The period immediately following a sustained piece of opportunity led communication may be an especially sensitive time for some of those involved - including those only apparently involved at the fringes of the communication.

The above discussion also brings us back to 'context': not only, as we saw under 'assessment', does the worker have to be aware of their organisational context, but the context has to be aware of them. In other words, staff can only provide opportunities for children if they, too, have opportunities for communication and reflection. This way of working therefore requires regular and supportive supervision and staff development, and a programme of staff meetings and consultancy. An atmosphere of trust and respect within a staff team working under these pressures is essential but not easy to sustain: staff need to be able to reflect on their uncertainties and acknowledge their mistakes so that they can learn from them. The paper by Andrew Collie in this volume (Collie, 2002) offers some useful examples of ways in which staff training and development can be offered on an opportunity-led basis, in addition to any planned programmes - in this way the learning is likely to be maximised since there will be a 'felt' connection or matching between the mode of learning and the mode of practice (see also Ward and McMahon, 1998).

Conclusion

This paper has outlined the main elements of an approach to handling everyday situations in therapeutic child care settings. Although the range of possible situations and responses is infinite, the model itself is a simple one, involving observation and assessment, decision-making, action and review, and the emphasis is mainly on identifying and using those opportunities for deeper communication with children which will sometimes arise out of such situations. The skill is firstly in spotting the opportunities, and secondly in making the best use of them. It is an approach which requires attentiveness, responsiveness and creativity, but for the approach to be used well in a team, it also requires support and encouragement within the team itself. In this sort of work all interactions need to be seen within the broader contexts of the group, the staff team, and the place as a whole, and whatever response is offered to the young person needs to be planned bearing in mind their treatment process as a whole, including their connections with their family and network.

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