GENTLE CURIOSITY

NAVIGATING MENTAL HEALTH CHALLENGES AS A YOUTH WORKER
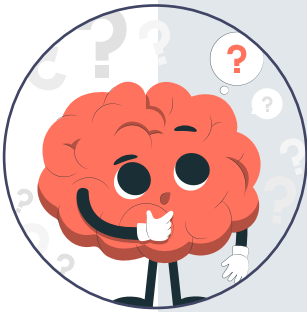
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WHY THIS TOOLKIT AND WHY TO BE GENTLY CURIOUS?

In the engaging world of youth work, Društvo Lojtra's commitment to the Experience Erasmus+ program in 2019 emphasized collaboration with local educational institutions to mentor a dynamic group of 15 young individuals. Through consistent interactions and a youth exchange initiative, we sought to integrate these young people to the fabric of local youth organizations, nurturing a sense of community and teamwork. The unexpected decision of two participants to withdraw from the program highlighted a crucial learning curve. We were on the point, where we knew, that we need to dive into introspection, not accustomed to losing members, especially within a setting that prided itself on creating a secure environment for teenagers. The reasons for their departure varied, but at the core, we uncovered emotional and behavioral challenges. This revelation was a reminder of the complexities of youth work. It exposed our preparedness gaps in addressing emotional and behavioral issues (EBI) among young people, prompting a deep dive into the subject. Our research illuminated the prevalence of these topics into the trainings for youth workers in this area. The "Gentle Curiosity" toolkit emerged from the understanding that youth work is a nuanced field that requires more than traditional methods. It's about forging connections, empathizing with unique circumstances, and addressing the intricate needs of young people, particularly those facing additional challenges. This toolkit encourages active listening and creating nonjudgmental spaces for self-expression, which are crucial for fostering trust and open dialogue. It integrates gentle curiosity into youth work, prompting workers to wholeheartedly understand each young person's unique narrative and challenges. With strategies such as grounding and mindfulness, the toolkit aims to navigate conversations with insight and empathy, affirming and normalizing the experiences
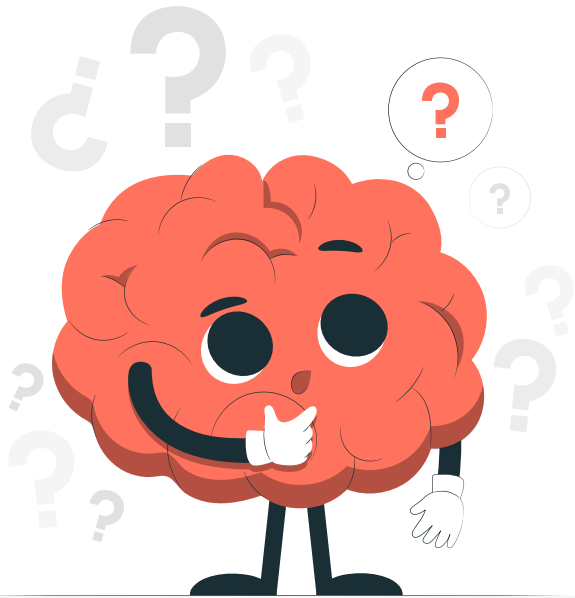
of the youth to promote resilience and self-agency. The toolkit also advocates for a collaborative approach involving mental health professionals and other stakeholders, ensuring comprehensive support. It highlights the importance of self-care for youth workers, encouraging emotional well-being practices that are vital for sustaining their ability to support others effectively.

In summary, the 'Gentle Curiosity' toolkit is more than a resource; it is proof that a deep dive into a topic sometimes brings you to the point where you need to know how to listen and how to seek help. It also shows the transformative power of youth work. It is designed to strengthen the role of youth workers and contribute to empowerment and to an understanding that setting limits and seeking help are the two crucial ingredients for helping young people in the best possible way.

COMPETENCE MODEL

for Youth workers, dealing with young people with emotional and behavioral problems.

When it comes to professional development, the journey toward mastery involves the integration of knowledge, skills, values and behaviours. The following competence framework outlines the areas critical to fostering growth and effectiveness when dealing with young people with emotional and behavioural problems. Each competence comprises interconnected elements, reflecting the nuanced nature of personal and interpersonal dynamics. The journey through active listening, self-care, trauma-informed care, flexibility and adaptability, teenage development, guidance and direction is a holistic exploration of human interaction, personal well-being and professional efficacy. This framework inspires a reflective and action-oriented approach, fostering not just the acquisition but also the practical application of knowledge.

ACTIVE LISTENING

KNOWLEDGE	SKILL	VALUE/ATTITUDE	BEHAVIOUR
Knows the key concepts of active listening	Pays attention while listening	Is open to other people and their ideas	Keeps an OPEN posture during conversation
Recognizes the elements of active listening in a conversation	Clarifies topics	Is open to sharing own ideas with others	
	Summarizes the conversation	Does not issue judgement	Does not express judgement in conversation
	Reflects upon facts presented		Asks questions to better understand or question the facts

SELF CARE

KNOWLEDGE	SKILL	VALUE/ATTITUDE	BEHAVIOUR
Good understanding of what self-care is	Prioritize and practice self care activities regularly	Positive, open attitude towards self-care	Engage in self care activities
Has information on healthy eating	Choose a healthy diet	Open to new diets and cuisines	Eating a balanced diet
Has knowledge on physical exercise	Practice physical exercise regularly	Open to physical exercise	Exercise regularly
Has knowledge of stress management	Set boundaries, manage time, practice mindfulness, meditation	Admit when in need of help, open to seeking help if necessary	Engaging in activities that bring joy and fulfillment
Has information on sleep hygiene	Practice proper sleeping	Love to sleep	Getting enough sleep
Has information on emotional hygiene	Practice nonviolent communication, offer behavioural feedback, assertiveness		

TRAUMA-INFORMED CARE

KNOWLEDGE	SKILL	VALUE/ATTITUDE	BEHAVIOUR
Understands and recognizes the importance of creating a physically safe and welcoming environment	Creates a safe environment	Respect for others	Provides resources
Understands and recognizes the importance of creating an emotionally safe and welcoming environment	Sets boundaries in a respectful way	Values diversity	Provides support
Good understanding of trauma, including its causes, symptoms, and impacts	Builds trust with young people	Transparency Honesty Reliability	Communicates clearly and provides accurate information
Be familiar with trauma-informed care principles, such as safety, trustworthiness, choice, collaboration, and empowerment.	able to provide emotional support	Compassionate	Responds to trauma triggers
		Empathetic	

FLEXIBILITY AND ADAPTABILITY

KNOWLEDGE	SKILL	VALUE/ATTITUDE	BEHAVIOUR
Good understanding of the importance of flexibility and adaptability	Able to work in diverse teams		Work well under pressure
Be familiar with strategies for managing change and uncertainty	Able to adapt to new contexts and technologies	Positive attitude towards change and uncertainty	Adjust to new situations
Good knowledge on workplace policies and procedures	Communicate effectively	Open-minded	Find creative solutions
		Curious	Handle ambiguity and uncertainty with ease
		Willing to take risks	Learn quickly from new experiences

Teenage development

KNOWLEDGE	SKILL	VALUE/ATTITUDE	BEHAVIOUR
Good understanding of the stages of adolescence and the physical, cognitive, social, and emotional changes that occur during this period	Is able to listen actively	Positive attitude towards teenagers	Being supportive to teenagers
Be familiar with the challenges and opportunities that teenagers face in different contexts, such as in school, at home, and in their communities	Is able to identify the unique needs of individuals	Can empathise with the challenges and struggles that teenagers face	Provide feedback and guidance
	Able to respond to unique needs of individuals	Committment to promoting teenagers well-being	Creates supportive relationships with teenagers

GUIDANCE AND DIRECTION

KNOWLEDGE	SKILL	VALUE/ATTITUDE	BEHAVIOUR
A good understanding of effective communication, goal setting, and motivation	Able to listen actively		
Extensive knowledge on strategies and techniques to guide individuals to reaching their own objectives	Able to provide feedback	Be positive and supportive towards others	Recognises teenagers' potential
	Able to set achievable goals	Empathize with teenage struggles	Values teenagers' contributions
	Able to motivate others to achieve their goals		Promotes young people's well-being
	Able to adapt the approach to meet the needs of different individuals		

1

KEY THEORY ABOUT YOUTH WITH EMOTIONAL AND BEHAVIOURAL ISSUES

What should a youth worker know? What are key terms that youth workers should understand?

Adolescence is a crucial phase in a person's development: one in which they go through a great many physical, social and emotional changes. It can also be a period of intensely positive and negative emotions. As a result, some young people struggle with emotional and behavioural problems that can significantly impact their everyday lives. They may have trouble controlling their feelings, ideas and actions, and struggle with social interaction, academic achievement and interpersonal relationships. This toolkit will examine the factors that lead to emotional and behavioural problems in children and young adults, and give tips on how to intervene to alleviate them. Young people's emotional and behavioural issues have many different and complex root causes: genetic predisposition, contextual circumstances and traumatic events are just some of the things that can lead to emotional and behavioural problems.

Research suggests that people with a family history of mental illness are more likely to experience emotional and behavioural problems. Environmental elements such as poverty, living in a dangerous area or experiencing abuse or neglect can also play a role in their emergence. A young person's mental and behavioural health can be negatively affected by traumatic events, such as the death of a loved one, physical or sexual abuse, or being witness to violence. Emotional and behavioural problems can have long-lasting, widespread impacts a young person's social, intellectual and personal life, and can lead to social exclusion, academic challenges and strained interactions with family and friends. Making and keeping friends can be difficult, which in turn hinders their social development. Emotional and behavioural problems can also have a significantly negative impact on academic performance, resulting in lower grades and a decreased willingness to learn; and because young people often have trouble controlling their emotions, which results in impulsive actions such as drug use or self-harm, these problems can also affect a young person's personal life. Working with young people who have emotional and behavioural problems can be a complex process. They may suffer from various mental health conditions, and have problems with dynamic control, impulse control and social competence. Many different theories and ideas attempt to explain the underlying reasons for these problems, and offer guidance on managing these young people effectively.

ATTACHMENT THEORY

Attachment theory, developed by British psychologist John Bowlby in the middle of the last century, has emerged as a cornerstone in understanding the intricate dynamics of human relationships. It examines the profound emotional bonds formed between individuals, primarily focusing on the attachment between infants and their primary caregivers. Over the years, attachment theory has transcended its roots in developmental psychology, finding applications in diverse fields such as clinical psychology, education, and counselling.

At its core, attachment theory posits that early interactions and relationships significantly shape an individual's emotional and social development. Bowlby identified four key attachment styles that individuals may develop based on their early caregiving experiences: secure, anxious-ambivalent, anxious-avoidant and disorganised. These styles are blueprints for future relationships, influencing how individuals approach intimacy, trust and emotional connection[1].

SECURE ATTACHMENT STYLE

Individuals with a secure attachment style typically had caregivers who were consistently responsive to their needs, providing a safe and supportive environment. These individuals tend to form healthy relationships characterised by trust, effective communication and emotional intimacy. Securely attached individuals are more likely to explore their environment confidently and to develop strong social skills.

ANXIOUS ATTACHMENT STYLES

The anxious-ambivalent and anxious-avoidant attachment styles arise from inconsistent caregiving. Anxious-ambivalent individuals may exhibit clinginess and fear of abandonment, while anxious-avoidant individuals may develop a tendency to avoid emotional closeness.

These attachment styles can lead to challenges in forming stable relationships, such as jealousy, fear of rejection and difficulty establishing trust.

DISORGANISED ATTACHMENT

Disorganised attachment, often from traumatic experiences or severe neglect, is characterised by a lack of coherent attachment strategies. Individuals with disorganised attachment may struggle with emotional regulation, exhibit unpredictable relationship behaviour, and face challenges forming secure connections. Attachment theory has a far-reaching impact on human development and mental health. In clinical psychology, therapists often use attachment-based interventions to address relationship issues, trauma and emotional difficulties. In education, understanding attachment styles can guide teachers in creating supportive environments that foster emotional well-being and academic success.

Attachment theory heavily influences parenting practices, emphasising responsive caregiving and creating secure attachments from infancy. Additionally, businesses and organisations recognise the relevance of attachment theory in team dynamics, leadership and interpersonal communication[2].

Attachment theory is a foundational framework for comprehending the intricacies of human connection. It sheds light on the lasting impact of early relationships on an individual's emotional landscape, and provides valuable insights for professionals across diverse fields. As our understanding of attachment theory continues to evolve, so does its capacity to inform and enhance our approach to fostering healthy, fulfilling relationships throughout life[3].

1   https://www.researchgate.net/publication/314694646_Attachment_Theory
2   https://heeoe.hee.nhs.uk/sites/default/files/attachment_disorders.pdf
3   https://mindsplain.com/wp-content/uploads/2020/08/ATTACHMENT_AND_LOSS_VOLUME_I_ATTACHMENT.pdf

Trauma theory

Trauma theory, a field rooted in psychology and psychiatry, examines the profound and lasting impact of traumatic experiences on individuals and communities. It serves as a lens through which scholars, clinicians and researchers seek to comprehend how trauma infiltrates the human psyche and shapes a person's worldview.

The roots of trauma theory can be traced in the pioneering work of early psychoanalysts such as Sigmund Freud and Pierre Janet. Freud's concept of the unconscious mind and Janet's exploration of dissociation laid the groundwork for understanding how individuals cope with overwhelming experiences. However, it was not until the latter half of the 20th century that trauma theory gained prominence, thanks to the contributions of Judith Herman and Bessel van der Kolk, among others[1].

KEY PRINCIPLES:

1. DEFINITION OF TRAUMA

As conceptualised in trauma theory, trauma extends beyond physical harm to emotionally distressing experiences that overwhelm an individual's ability to cope. It includes abuse, violence, natural disasters and war.

2. IMPACT ON THE BRAIN AND BODY

Neurobiological research has demonstrated how trauma can alter brain structures, particularly in areas responsible for emotional regulation and memory processing. The body's stress response system, which includes the release of adrenalin and cortisol, is crucial in determining how traumatic events are experienced after they occur.

3. SURVIVAL STRATEGIES

Trauma theory emphasises that individuals develop adaptive strategies to survive traumatic experiences. These may manifest as dissociation, denial or the formation of protective psychological mechanisms. Understanding these coping mechanisms is crucial if therapeutic interventions are to be effective.

APPLICATIONS OF TRAUMA THEORY:

1. CLINICAL PSYCHOLOGY

Trauma theory has had a significant impact on clinical psychology by fostering the development of trauma-informed therapeutic approaches. Therapists now recognise the importance of creating a safe and supportive environment to facilitate healing and recovery.

2. SOCIAL AND CULTURAL PERSPECTIVES

Trauma theory extends beyond individual experiences to examine how entire communities and cultures can be affected by collective traumas. These include historical events such as wars, genocide and systemic injustices that leave lasting imprints on the collective psyche.

3. POLICY AND ADVOCACY

Trauma theory informs policies and practices related to victim support, criminal justice and social services. Advocacy groups leverage trauma-informed approaches to create systemic change and promote a more compassionate and understanding society.

Trauma theory stands as a testament to the resilience of the human spirit in the face of adversity. By unravelling the complexities of trauma, we gain insights that extend beyond the individual and that permeate the realms of psychology, sociology and public policy. As we refine our understanding of trauma, we hope that this knowledge paves the way for more compassionate and effective responses to those who bear the weight of profound experiences[2].

1, 2   https://sandrabloom.com/wp-content/uploads/2018-BLOOM-TRAUMA-THEORY.pdf

Cognitive-behavioural theory

Cognitive-behavioural theory, or cognitive-behavioural therapy (CBT), is a key field of psychology and one that offers a comprehensive and practical approach to understanding and modifying human behaviour. CBT was developed by Aaron Beck and Albert Ellis in the 1960s, and has since become one of the most widely practised and empirically supported types of therapy. CBT is rooted in the belief that our thoughts, feelings and behaviours are interconnected, and that they shape our experiences and well-being. It proposes that distorted or negative thought patterns contribute to emotional distress and maladaptive behaviours. Consequently, the primary goal of CBT is to identify and challenge these cognitive distortions with the aim of fostering more constructive and realistic thinking.

Cognitive restructuring is a vital component of CBT, which involves recognising and changing irrational thought patterns. Through this, individuals learn to identify the automatic negative thoughts (ANTs) that contribute to emotional distress, and then replace them with more balanced and rational alternatives. Individuals gain greater control over their emotions and behaviours by challenging and restructuring cognitive distortions.

Cognitive-behavioural theory is not solely focused on cognitive aspects (it also emphasises the importance of behavioural interventions), while cognitive-behavioural therapy involves identifying maladaptive behaviours, understanding their triggers and implementing strategies to modify them. Behavioural techniques, such as exposure therapy and systematic desensitisation, are frequently employed to address anxiety disorders and phobias, providing individuals with the tools to confront and overcome their fears[1].

CBT is characterised by its collaborative and goal-oriented nature. Therapists and clients work together to set specific, measurable, achievable, relevant and time-bound (SMART) goals. This collaborative approach empowers individuals to take an active role in their treatment, fostering a sense of agency and self-efficacy. The strengths of CBT lie in its versatility and applicability across a wide range of psychological disorders. Whether addressing anxiety, depression, eating disorders or substance abuse, CBT has demonstrated its effectiveness in helping individuals manage and overcome the challenges they face. Its adaptability makes it a valuable therapeutic tool, allowing practitioners to tailor interventions to meet each client's unique needs.

CBT has received substantial empirical support, with numerous research studies attesting to its efficacy. The evidence-based nature of CBT contributes to its widespread acceptance and integration into various therapeutic settings, while its structured and goal-oriented nature makes it particularly suitable for brief, time-limited interventions; this, in turn, makes it more accessible to a broad spectrum of individuals seeking psychological support.

CBT provides a systematic and evidence-based approach to understanding and modifying human behaviour. It empowers individuals to navigate the intricate interplay between thoughts, emotions and actions through cognitive restructuring, behavioural interventions and a collaborative therapeutic process. Its adaptability, empirical support and focus on practical solutions underscore its enduring relevance in the ever-evolving landscape of mental health treatment.

1   https://www.sagepub.com/sites/default/files/upm-binaries/40689_2.pdf

SOCIAL LEARNING THEORY

Social learning theory (SLT) attempts to shed light on how individuals acquire new behaviours, values and knowledge through observational learning and modelling. Developed by Albert Bandura in the early 1960s, SLT has become a pivotal framework for comprehending human behaviour in social environments. At its core lies observational learning, a process by which individuals acquire new behaviours by observing others[1].

Bandura's famous Bobo doll experiment exemplified this phenomenon, demonstrating how children imitate aggressive behaviours witnessed in adults. This type of learning emphasises the role of role models, peers and significant others in shaping behaviour.

A central tenet of SLT is that individuals are likelier to imitate behaviours that they perceive as rewarding or reinforcing. The concept of modelling, where individuals observe and emulate the actions of others, plays a crucial role in this process.

Through modelling, people learn specific behaviours and the consequences associated with those behaviours, which influences the likelihood of imitation. Bandura expanded his theory by introducing the concept of reciprocal determinism, highlighting the dynamic interplay between an individual, their behaviour and the environment. Unlike earlier behaviourist theories that focused solely on external stimuli and responses, SLT acknowledges the bidirectional influence between a person and their surroundings. This recognition of the mutual shaping of individuals and their environment contributes to a more comprehensive understanding of behaviour.

In addition to observational learning, SLT underscores the importance of cognitive processes in behaviour acquisition. Individuals engage in vicarious reinforcement, assessing the consequences of others' actions and adjusting their behaviour accordingly. Moreover, the theory emphasises the role of cognitive factors such as attention, retention, reproduction and motivation in shaping learning[2].

The practical applications of SLT extend across various fields, such as education, psychology and criminology. In education, educators can leverage observational learning to foster positive behaviours among students by providing suitable role models and creating environments that promote prosocial behaviour. In psychology, therapeutic interventions often incorporate modelling elements to help individuals develop adaptive behaviours.

Although SLT has become widely accepted, it is not without its criticisms. Some argue that the theory places too much emphasis on external influences — that is, that it neglects individual agency and internal factors. Additionally, the idea has faced challenges in explaining spontaneous and novel behaviours that do not stem from direct observation.

SLT is a dynamic and influential framework that enriches our understanding of human behaviour. By emphasising the role of observation, modelling and cognitive processes, it has contributed significantly to fields ranging from psychology to education. As we continue to explore the complexities of human behaviour, SLT remains a guiding light in unravelling the intricacies of how we learn and adapt within the social tapestry of our lives[3].

1   https://www.cooperativecollegejsr.ac.in/studymaterial/b.ed/Social%20Learning%20Theory%20of%20Albert%20Bandura.pdf
2   https://www.researchgate.net/publication/367203768_Bandura's_Social_Learning_Theory_Social_Cognitive_Learning_Theory
3   https://www.cooperativecollegejsr.ac.in/studymaterial/b.ed/Social%20Learning%20Theory%20of%20Albert%20Bandura.pdf

SELF-DETERMINATION THEORY

The quest to understand what drives individuals to pursue specific goals and aspirations has been a perpetual area of fascination to psychologists and others. Self-determination theory (SDT) is an attempt to illuminate the intrinsic forces that propel individuals toward growth, development and fulfilment.

Developed by psychologists Edward L. Deci and Richard M. Ryan, SDT posits that humans have innate psychological needs that drive their motivation. The theory identifies three fundamental psychological needs: autonomy, competence and relatedness. Autonomy refers to the natural desire to be the causal agent of one's life, and to make choices and decisions aligned with one's personal values; competence is the need to effectively interact with the environment, master challenges and acquire new skills; and relatedness involves the inherent desire to connect with others, establish meaningful relationships and experience a sense of belonging.

Autonomy, which is the intrinsic inclination to control one's destiny, lies at the core of SDT. This theory proposes that individuals flourish when they perceive themselves as the architects of their own lives and are able to make choices that resonate with their authentic selves.

Autonomy is not synonymous with independence; rather, it encapsulates the freedom to act in harmony with one's values when guided by an internal locus of control. Pursuing autonomy ignites a sense of purpose, and fosters a profound connection between actions and personal identity. Human beings are driven by an inherent desire to face challenges, acquire new skills and experience a sense of mastery. The need for competence propels individuals to seek opportunities that stretch their abilities, leading to a state of 'flow', where challenges align with one's skill set. SDT asserts that individuals are most motivated when they perceive their efforts as effective in attaining the desired outcomes. The journey towards competence is not just about external validation; it is a profoundly personal odyssey, and an internal gauge of one's growth and capabilities.

Within the intricacies of human existence, relationships are the threads that weave the fabric of our lives. SDT recognises the fundamental importance of relatedness, i.e. the need for meaningful connections with others. Individuals thrive in personal or professional spheres when they experience a sense of belonging and connection.

SDT proposes that motivation and well-being are enhanced by social environments that foster supportive relationships. Actual relatedness goes beyond superficial interactions to involve authentic connection, understanding, shared emotions and interpersonal fulfilment.

SDT has found applications in a wide range of fields, from education and workplace dynamics to healthcare and beyond. In education, the creation of environments that support students' autonomy, competence and relatedness has been shown to enhance intrinsic motivation, engagement and academic performance. Organisations that embrace SDT principles in the workplace see increased job satisfaction, productivity and overall well-being among employees.

SDT serves as a compass to guide us through the intricate landscape of human motivation. By recognising and nurturing the innate psychological needs of autonomy, competence and relatedness, SDT provides a roadmap for individual fulfilment and societal well-being. In a world where the pursuit of external rewards often overshadows intrinsic drivers, SDT reminds us that true motivation comes from within, echoing the eternal quest for autonomy, competence and genuine connection[1].

1   https://selfdeterminationtheory.org/SDT/documents/2000_RyanDeci_SDT.pdf

Social support theory

Social support theory (SST) proposes that individuals' well-being is intricately linked to the quality and quantity of their social connections. At its core, it underscores the fundamental human need for interpersonal relationships, and highlights the profound impact of social networks on mental, emotional and even physical health. A deeper exploration of SST reveals that our experiences and our ability to overcome obstacles in life are influenced by the relationships we establish and preserve.

Social support encompasses the diverse resources that individuals receive from their social networks. These resources can manifest themselves in various forms, including emotional support, instrumental support, informational support and appraisal support.

Emotional support involves empathy, love and trust, instrumental support involves tangible aid such as financial assistance, informational support offers advice and guidance, and appraisal support involves constructive feedback and affirmation.

One of the central tenets of SST is its role in stress buffering. Life is full of stressors, from everyday 'hassles' to significant life events. Social support acts as a protective buffer against the negative impact of stressors by providing individuals with a sense of security and the resources to cope. Knowing that one is not alone in facing challenges and having a reliable support system enhances one's ability to navigate adversity.

Extensive research has demonstrated the profound impact of social support on physical and mental health. Individuals with robust social networks tend to experience lower levels of stress-related hormones, better cardiovascular health and enhanced immune function. Moreover, social support is a significant factor in mental health outcomes, influencing the prevalence and severity of conditions such as anxiety and depression.

Social support is important at every stage of one's life, from infancy to old age. In early development, secure attachments with caregivers lay the foundation for healthy social relationships later in life. Adolescents often turn to peers for support, while adults may rely on a combination of family, friends and romantic partners. In older people, social support becomes crucial in maintaining a sense of purpose and mitigating feelings of loneliness and isolation.

It is essential to recognise that the nature and impact of social support can vary across cultures and individuals. Cultural norms influence expectations and expressions of support, and individual differences in personality and attachment styles shape how individuals seek and receive support. Understanding this diversity is critical for tailoring interventions and support systems to meet the unique needs of individuals and communities.

SST stands as a testament to the profound impact our social connections have on human experience. From buffering stress to influencing health outcomes, the quality of our relationships plays a pivotal role in shaping the trajectory of our lives. As we navigate the complexities of existence, the fostering and maintenance of meaningful social connections emerges as, simultaneously, a luxury and a fundamental human necessity. Recognising the power of social support opens avenues for interventions that can enhance well-being, promote resilience and contribute to creating a more supportive and compassionate society[1].

1   https://www.researchgate.net/publication/286288765_Social_Support_Theory_and_Measurement

FAMILY SYSTEMS THEORY

Society is characterised by a highly intricate web of human relationships, at the centre of which lies the family as the fundamental unit. Understanding the dynamics of families has been a perennial challenge to almost every psychological theory. Family systems theory (FST) provides a comprehensive framework for exploring the complexities of familial interactions by emphasising the interconnectedness of family members.

FST, or Bowenian theory, originates from the pioneering work of psychiatrist Murray Bowen in the middle of the last century. Bowen observed that an individual's emotional and psychological well-being was intricately linked to the dynamics within their family unit. He proposed that families functioned as emotional systems wherein the actions and reactions of each member influenced and was influenced by the others.

KEY CONCEPTS:

1. TRIANGULATION

Central to FST is the concept of triangulation, where an individual might involve a third party in a conflict between two family members. This triangulation can either ease tension or exacerbate existing issues.

2. DIFFERENTIATION

is another critical concept. It refers to an individual's ability to balance emotional closeness with autonomy. Higher levels of differentiation enable individuals to maintain their identity amidst family pressures.

3. THE FAMILY PROJECTION PROCESS

posits that parents may unconsciously project their anxieties and unresolved issues onto their children. This transmission of emotional baggage can perpetuate across generations.

4. THE NUCLEAR FAMILY EMOTIONAL SYSTEM

explores the emotional climate within the nuclear family, and emphasises how the emotional experiences of one family member can reverberate through the entire system.

5. THE MULTIGENERATIONAL TRANSMISSION PROCESS

is another critical concept. It refers to an individual's ability to balance emotional closeness with autonomy. Higher levels of differentiation enable individuals to maintain their identity amidst family pressures.

FST has far-reaching implications in a number of fields, including psychotherapy, counselling and social work. Therapists who employ this approach aim to explore family dynamics rather than focus solely on individual issues. By identifying and addressing patterns of interaction, therapists seek to empower individuals within the family system to effect positive change.

The theory has also proven valuable in widely differing cultural contexts, as it recognises the universality of family patterns while appreciating the unique cultural nuances that shape them. It encourages a holistic understanding of individuals within their familial and cultural contexts.

While FST has contributed significantly to our understanding of familial dynamics, it is not without its detractors. Some argue that it oversimplifies complex issues by neglecting the role of external factors (e.g. societal structures and economic influences), while its emphasis on the family unit as the primary determinant of individual well-being has been challenged in favour of more inclusive perspectives.

FST offers a valuable lens through which we can examine the intricacies of familial relationships. Its emphasis on interconnectedness, differentiation and multigenerational influences provides a nuanced understanding of the factors that shape individual experiences. Despite the criticisms levelled at it, FST remains a cornerstone in the study of family dynamics, guiding interventions to foster healthier and more functional family systems[1].

1   https://www.researchgate.net/publication/286288765_Social_Support_Theory_and_Measurement

Ecological systems theory

Human development is a dynamic and intricate process that involves many factors that shape individuals' lives. Ecological systems theory (EST), proposed by psychologist Urie Bronfenbrenner, provides a comprehensive framework for understanding the multifaceted influences that contribute to human development. It emphasises the importance of the various environments or systems in which individuals exist, which range from the immediate microsystem to the broader macrosystem, and how these systems shape a person's growth and experiences.

At the heart of EST is the concept of the microsystem, which refers to the immediate environments that have a direct impact on the individual. This includes family, peers, school and other direct interactions. Bronfenbrenner recognised that these microsystems were interconnected rather than isolated entities. For instance, a child's school experience can have a significant influence on family dynamics, creating a ripple effect that shapes that child's overall development.

Moving beyond the microsystem, the mesosystem examines the interconnections between different microsystems. It explores how the individual is affected by relationships and interactions between family, school and community (for example). A child's success at school may be influenced by the support they receive or the challenges they face within their family, thereby illustrating the interconnectedness of these systems[1].

The exosystem expands the scope to cover environments that impact the individual in an indirect way. This includes parents' workplaces, community services and extended family. Although individuals might not directly participate in these settings, the events and decisions within the exosystem can profoundly affect their development. For instance, a parent's job loss may lead to changes in family dynamics that have an adverse effect on a child's well-being.

The macrosystem encompasses the broader cultural, societal and ideological factors that influence development. This includes cultural norms, economic policies and societal values. The macrosystem provides the overarching context that shapes the other systems. For example, societal attitudes towards education or gender roles can significantly impact individuals' opportunities and expectations within their microsystems.

Lastly, Bronfenbrenner introduced the chronosystem, which recognises the importance of time in shaping development. The chronosystem considers the impact of historical events, life transitions and developmental timing. For instance, a child born during an economic recession may face different challenges and opportunities to those faced by a child born during a period of prosperity.

EST is a powerful tool for understanding the complexities of human development. It highlights the interconnectedness of various systems, and emphasises the need to consider multiple layers of influence. This perspective is invaluable for educators, psychologists and policymakers seeking to create environments that foster positive development. By recognising the intricate web of relationships and contexts that shape individuals, we can better appreciate the richness and diversity of human experience[2].

1   https://gexinonline.com/uploads/articles/article-jphip-170.pdf
2   https://www.researchgate.net/publication/316046039_Ecological_Systems_Theory

RESILIENCE THEORY

Resilience theory, a dynamic and multifaceted concept, has gained significant traction across various disciplines, offering profound insights into the complexities of human and ecological systems and helping us to understand and navigate them. Resilience theory emerged from environmental study, but is now widely employed in psychology, sociology and economics, among other fields.

At its core, resilience refers to the capacity of a system to absorb shocks, reorganise and continue while still maintaining its essential functions. Initially developed to describe the ability of ecosystems to withstand and recover from disturbances, the theory has since evolved to encompass a broader range of phenomena. In psychology, resilience theory focuses on understanding how individuals can endure and bounce back from adversity, and emphasises the dynamic interplay between risk and protective factors.

One fundamental aspect of resilience theory is the requirement to acknowledge change as a constant. Rather than viewing change as a threat, resilience theory sees it as an inherent and inevitable part of life. This perspective encourages a shift from a static, rigid approach to a more adaptive and flexible mindset. In ecological systems, this might involve recognising that biodiversity contributes to the overall resilience of an ecosystem, while in human psychology it may entail embracing challenges as opportunities for growth.

The concept of adaptive cycles is another crucial element of resilience theory. Whether natural or human, systems are seen as going through cycles of growth, disturbance, reorganisation and renewal. This cyclical nature underscores the importance of preparing for, responding to and learning from disruptions. Setbacks are viewed as potential catalysts for positive transformation, and for fostering recovery, growth and development.

Resilience theory also emphasises the interconnectedness of systems. In ecological terms, this could involve understanding the intricate web of relationships between species within an ecosystem. Similarly, social contexts require a recognition of the interconnectedness of individuals, communities and institutions. Strengthening these connections is a crucial strategy for enhancing resilience, as supportive social networks and collaborative efforts contribute to collective adaptability.

The concept of panarchy, borrowed from ecology, suggests that resilience operates at multiple scales simultaneously. Whether applied to an individual, a community or a global ecosystem, resilience is not a one-size-fits-all concept. Instead, it involves nested layers of adaptive capacity, from the personal to the societal. This perspective encourages tailored approaches to resilience-building, recognising the unique characteristics and needs of various levels within a system.

In practical terms, resilience theory has profound implications for various fields. In education, it calls for curricula that foster academic achievement and the development of emotional intelligence and coping skills; in urban planning, it prompts a shift towards sustainable and adaptable infrastructure; and in disaster management, it underscores the importance of responding to crises and investing in preparedness and recovery mechanisms.

Resilience theory offers a holistic and dynamic framework for understanding and navigating the challenges inherent in complex ecological, social or psychological systems. It provides valuable insights into the processes of surviving and flourishing in adversity by embracing change, fostering adaptive cycles, recognising interconnectedness and operating at multiple scales. As we grapple with an ever-changing world, the principles of resilience offer a roadmap for building a more robust and adaptable future[1].

1   https://positivepsychology.com/resilience-theory/

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MOST COMMON EMOTIONAL AND BEHAVIOURAL ISSUES AMONG YOUNG PEOPLE

In an atmosphere of self-exploration, young people are frequently tasked with dealing with the mysterious riddle of identity. People may experience a wide range of emotions when they struggle with issues related to their values, beliefs, and goals in their quest to discover who they are. The pursuit of authenticity can occasionally be overshadowed by the urge to live up to social norms, and this path is difficult.

Peer interactions turn into a testing ground for experiences during these early years. Young people are drawn into the complicated dynamics of friendships and social circles by yearning for approval and fear of rejection. Navigating this complex web can be emotionally exhausting since it pits the necessity of remaining true to oneself against the need to fit in.

The ever-present impact of technology contributes an additional stratum to the mental terrain. Social media sites can foster comparison and self-esteem concerns while also providing connectivity. The tailored realities portrayed online can encourage irrational expectations, heightening feelings of inadequacy and loneliness.

The previously taboo subject of mental health is becoming increasingly critical. Anxiety and stress disorders can arise due to numerous factors, such as familial expectations, academic achievement pressures, and future uncertainty. Recognising and resolving children's mental health issues is an essential first step in creating an environment that supports their complete development.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) is a testament to the intricate interplay between genetics, neurobiology, and environmental factors in shaping the human mind. This neurodevelopmental disorder, characterised by persistent inattention, hyperactivity, and impulsivity, has been a subject of extensive research and debate within psychology, neuroscience, and education. As we delve into the multifaceted layers of ADHD, it becomes evident that understanding its origins, manifestations, and treatment strategies requires a holistic approach.

At the core of ADHD lies a complex neurobiological tapestry woven by genetic predispositions and neurochemical imbalances. Neurotransmitters, particularly dopamine and norepinephrine, play a pivotal role in regulating attention, focus, and impulse control. Individuals with ADHD often exhibit dysregulation in these neurotransmitter systems, leading to difficulties maintaining sustained attention and inhibiting impulsive behaviours. Advances in neuroimaging technologies have further unveiled structural and functional differences in key brain regions, such as the prefrontal cortex, striatum, and cerebellum, shedding light on the neural underpinnings of ADHD.

Genetic factors have long been implicated in the etiology of ADHD. Family, twin, and adoption studies consistently highlight a heritable component, with a higher likelihood of ADHD among individuals with affected first-degree relatives. The intricate interplay of multiple genes, each contributing a small effect, underscores the polygenic nature of ADHD. While specific genetic markers have been identified, the interplay between genes and environmental factors remains a focal point in understanding the complex inheritance patterns of ADHD.

ADHD manifests in a spectrum of behaviours that extend beyond mere distractibility or restlessness. Inattention, characterised by frequent careless mistakes, forgetfulness, and an inability to sustain attention, forms one facet of the disorder. Hyperactivity manifests as excessive fidgeting, restlessness, and difficulty engaging in quiet activities. Impulsivity, the third dimension, is evident in hasty decision-making, problems awaiting turns, and a propensity for interrupting others. These behavioural manifestations often present challenges in academic, social, and occupational domains, shaping the lived experiences of individuals with ADHD.

SOME WARNING INDICATORS THAT YOU SHOULD WATCH OUT FOR:

INATTENTION

Has trouble maintaining focus, is quickly distracted, makes careless errors, finds it difficult to organise tasks, and frequently forgets daily tasks or directions.

IMPULSIVITY

Constantly interrupts others, answers questions quickly, struggles to wait their turn or take turns, and acts impulsively without thinking about the repercussions.

POOR ACADEMIC PERFORMANCE

Has difficulties concentrating on academics, tends to make thoughtless errors, struggles to follow directions, and has trouble finishing chores or assignments on time.

POOR SOCIAL SKILLS

People with poor social skills have a challenging time keeping friends, talk over or interrupt people when they are speaking, have trouble taking turns or sharing, and act impulsively or disruptively in social situations.

HYPERACTIVITY

Constantly fidgeting or wriggling, unable to sit still for prolonged periods, excessive talking, and a tendency to feel restless or the need to move around constantly.

INEFFECTIVE TIME MANAGEMENT

Has trouble prioritising things, has trouble keeping to schedules, and frequently arrives late for appointments or deadlines.

DISORGANISATION

messy workplaces, frequent misplacing or loss of personal goods, inability to keep track of possessions or school supplies, and difficulties keeping to a routine that is organised.

EMOTIONAL DYSREGULATION

Exhibits heightened emotional reactivity, has mood swings, struggles to control irritation or anger, and may be more prone to emotional outbursts.

The repercussions of ADHD extend beyond the diagnostic criteria, impacting various facets of daily functioning. Academic performance may suffer due to difficulties in organising tasks and completing assignments. Social relationships can be strained as impulsive behaviours may lead to misunderstandings or conflicts[1].

The workplace may need to improve in maintaining focus and meeting deadlines. Understanding these practical implications is crucial in fostering empathy and designing interventions that cater to the unique needs of individuals with ADHD. The management of ADHD involves a multimodal approach, recognising the heterogeneity of the disorder. Behavioural interventions, such as cognitive-behavioural therapy and psychoeducation, equip individuals with coping strategies and organisational skills. Pharmacological interventions, typically involving stimulant medications like methylphenidate and amphetamines, aim to modulate neurotransmitter activity. However, a nuanced approach considering individual differences and preferences is essential, as response to treatment varies.

1   https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/cer-203-adhd-final_0.pdf

HERE ARE SOME HEALTHY BEHAVIOURS THAT MAY HELP:

- Developing healthy eating habits such as eating plenty of fruits, vegetables, and whole grains and choosing lean protein sources
- Participating in daily physical activity based on age
- Limiting the amount of daily screen time from TVs, computers, phones, and other electronics
- Getting the recommended amount of sleep by age

ADHD is a paradigm of the intricate interplay between genetics, neurobiology and environment in shaping human behaviour. Unravelling the complexities of this neurodevelopmental disorder requires a multidisciplinary perspective, bridging insights from neuroscience, genetics, psychology and education. By fostering a comprehensive understanding of ADHD, we pave the way for targeted interventions, destigmatisation and the empowerment of individuals navigating the challenges posed by this often enigmatic condition[1].

OPPOSITIONAL DEFIANT DISORDER (ODD)

Childhood is a time of exploration, growth and development, but for some children, navigating this phase can be marked by persistent disobedience, hostility and defiance. Oppositional Defiant Disorder (ODD) is a behavioural disorder that often emerges during childhood, presenting a unique set of challenges for both the affected children and their families.

Oppositional Defiant Disorder is classified under the umbrella of disruptive behaviour disorders and is characterised by a recurrent pattern of negative, defiant, disobedient and hostile behaviour directed towards authority figures. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) outlines specific criteria for diagnosing ODD, including frequent temper tantrums, argumentative behaviour, defiance of rules and a vindictive attitude.

ODD is a common childhood disorder, with prevalence rates ranging from 1% to 11% among school-aged children. It often emerges in early childhood, typically by age 8, and can persist into adolescence and adulthood if left untreated. Boys are more commonly diagnosed with ODD than girls, although the gender gap narrows as children age.

The exact causes of ODD are multifaceted and involve a combination of genetic, environmental and neurobiological factors. Genetic predisposition, family dysfunction, inconsistent discipline and exposure to trauma are among the numerous factors contributing to the development of ODD. Neurobiological research suggests that abnormalities in brain structures and neurotransmitter systems may also play a role in manifesting oppositional behaviour.

The behavioural challenges associated with ODD can significantly impact a child's daily functioning and interpersonal relationships. Children with ODD often struggle academically, experience difficulties forming and maintaining friendships, and may face disciplinary actions at school. The disorder also greatly strains family dynamics, leading to increased stress and conflict within the household.

ODD frequently coexists with other mental health disorders, such as attention-deficit/hyperactivity disorder (ADHD), conduct disorder and mood disorders. Comorbid conditions complicate the diagnostic and treatment process, requiring a comprehensive and individualised approach.

1   https://www.cdc.gov/ncbddd/adhd/facts.html

Intervening early during ODD is crucial for preventing the persistence of disruptive behaviours into adolescence and adulthood. Treatment approaches typically involve a combination of behavioural therapy, parent training, and, in some cases, pharmacotherapy. Behavioural interventions aim to improve communication, enhance problem-solving skills, and promote prosocial behaviours, while parent training equips caregivers with practical strategies for managing challenging behaviours.

Oppositional Defiant Disorder poses significant challenges to the affected children, their families, and the broader community. Understanding the complex interplay of genetic, environmental, and neurobiological factors contributing to ODD is essential for developing targeted interventions. By implementing early and comprehensive treatment strategies, we can successfully empower children with ODD to navigate their developmental journey, fostering positive outcomes for their future well-being.

The following are some ODD warning signs and behaviours that a youth worker should watch out for:

CONSISTENT DEFIANCE

The young person persistently disregards rules, demands, or directives from adults.

ANGER AND IRRITABILITY

The young person has a short fuse, is frequently touchy or easily irritated, and may frequently lose their cool.

VINDICTIVENESS

The young person has a spiteful or vindictive attitude, actively seeking retribution or trying to irritate others.

HOSTILITY AGAINST AUTHORITY

The young person challenge the rules or directions of authority figures out of strong hate or resentment for them.

DIFFICULTY SUSTAINING FRIENDSHIPS

Because of their rebellious and antagonistic behaviour, the young people may find it difficult to uphold healthy relationships with classmates.

ARGUING REGULARLY WITH ADULTS AND BEING EASILY FRUSTRATED OR ENRAGED

The young person exhibit this trait frequently.

PLACING BLAME ON OTHERS

The young person frequently place blame on others for their own errors or unruly behaviour.

PUSHING BOUNDARIES

The young person willfully tests and pushes boundaries, disobeying any guidelines or limitations put in place by adults.

DISOBEDIENCE AT HOME AND SCHOOL

Disobedient actions occur in a variety of contexts, including both home and educational settings.

EMOTIONAL INSTABILITY

The young person may exhibit emotional instability, such as mood swings and intense emotions[1].

1   https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/odd/odd_resource_center_odd_guide.pdf

Autism spectrum disorder (ASD)

Is a captivating enigma within neurodevelopmental disorders. First identified in the mid-20th century, ASD encompasses various conditions with core features related to social communication challenges and restricted repetitive behaviour patterns. As our understanding of ASD evolves, it becomes evident that this disorder is not a singular entity but a spectrum where individuals exhibit various symptoms at varying degrees of severity.

The hallmark characteristics of ASD revolve around impairments in social interaction and communication skills. Individuals with ASD may struggle with understanding and reciprocating social cues, making establishing and maintaining relationships challenging. Language development often poses a significant hurdle, with some individuals exhibiting delayed speech or lacking interest in verbal communication altogether.

The second pillar of ASD lies in repetitive behaviours and a fixation on routines. These repetitive behaviours can manifest in many ways, from stereotyped motor movements to an obsessive interest in specific topics. These patterns provide a sense of predictability and comfort to individuals with ASD, offering a coping mechanism in a world that may seem chaotic to them.

The origins of ASD remain a complex interplay between genetic and environmental factors. While a genetic predisposition is evident in many cases, ecological influences during prenatal development and early infancy also contribute. Recent research suggests that a combination of genetic mutations, alterations in brain development, and environmental triggers may converge to shape the manifestation of ASD.

TYPICAL WARNING FLAGS TO WATCH OUT FOR:

SOCIAL CHALLENGES

Children with ASD may have trouble interacting with others, recognising, and interpreting social cues. They could struggle to make eye contact, start, or maintain conversations, or comprehend nonverbal cues.

REPEATED BEHAVIOURS AND INTERESTS

ASD is characterised by a high prevalence of repeated behaviours and interests. They might flail their hands or rock back and forth repeatedly, follow strict routines or rituals, or show a passionate interest in a certain subject.

DIFFICULTIES WITH REGULAR CHANGES AND ACTIVITY TRANSITIONS

People with ASD frequently struggle with these tasks. When confronted with unforeseen changes, they could experience sadness or anxiety and might need extra assistance and transitional planning.

COMMUNICATION ISSUES

People with ASD frequently struggle with language and communication. They could have difficulties comprehending or expressing emotions, repetitious or odd language patterns, and delayed speech or language development.

SENSORY SENSITIVITY

People with ASD frequently have sensory sensitivity issues. Their sensitivity to specific sensory stimuli, including light, sound, touch, or taste, may vary. This may result in sensory overload or a desire to avoid sensory events.

REDUCED SOCIAL IMAGINATION

Some people with ASD have trouble playing imaginatively and comprehending abstract ideas. They might have trouble with pretend play or perceive words, which might make it difficult for them to appreciate jokes, sarcasm, or metaphors.

ISSUES WITH MOTOR COORDINATION

People with ASD often struggle with fine and gross motor skills. Activities like tying shoelaces or catching a ball that calls for exact coordination may be challenging for them.

Advancements in neuroimaging technologies have provided valuable insights into the neurobiological underpinnings of ASD. Structural and functional abnormalities in the brain, particularly in social cognition and communication regions, have been identified. The intricate balance of neurotransmitters, such as serotonin and dopamine, appears to be disrupted in individuals with ASD, contributing to the observed behavioural and cognitive variations.

Recognising ASD early in life is crucial for implementing effective interventions. Behavioural therapies, speech and language therapy, and occupational therapy play pivotal roles in addressing the unique challenges faced by individuals with ASD. Early intervention enhances communication and social skills and facilitates adaptive behaviours, fostering a more inclusive and supportive environment.

ASD poses challenges not only to individuals and their families but also to society. Stigma and misconceptions surrounding ASD persist, leading to social isolation and discrimination. Advocacy for increased awareness, acceptance, and support is essential to create an inclusive society that embraces neurodiversity.

Autism Spectrum Disorder remains a complex and multifaceted neurodevelopmental condition. As we strive for a more inclusive society, embracing and celebrating the unique strengths and perspectives of individuals with ASD becomes paramount in building a compassionate and understanding world[1].

ANXIETY DISORDERS

Mental health, a realm as intricate as the human mind, has increasingly become a focal point of societal concern. Among the myriad mental health conditions, anxiety disorders are one of the most prevalent and challenging issues individuals face today. Anxiety disorders encompass a spectrum of conditions characterised by excessive and persistent worry, fear, or apprehension. While it is normal for individuals to experience occasional anxiety in response to life's challenges, anxiety disorders involve an abnormal intensity and duration of these emotions, often leading to significant impairment in daily functioning.

Anxiety disorders are not a monolithic entity but a diverse set of conditions. Generalised Anxiety Disorder (GAD) involves chronic and excessive worry about various aspects of life. At the same time, panic disorder is marked by sudden and intense fear accompanied by physical symptoms like palpitations and shortness of breath. Social Anxiety Disorder involves an overwhelming fear of social situations, and specific phobias center around irrational fears of objects or situations. Additionally, Obsessive-Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD) are also classified under the umbrella of anxiety disorders.

The manifestations of anxiety disorders extend beyond mere emotional distress. Physical symptoms, such as headaches, muscle tension, and sleep disturbances, often accompany the psychological turmoil. The pervasive nature of anxiety can impair one's ability to concentrate, make decisions, and maintain healthy relationships. Moreover, the chronic stress associated with anxiety disorders can contribute to developing or exacerbating physical health problems.

Anxiety disorders are complex and arise from genetic, biological, environmental, and psychological factors. Individuals with a family history of anxiety disorders may be predisposed to such conditions. Imbalances in neurotransmitters, brain structure, and function also play a role. Traumatic life events, chronic stress, and a history of abuse can contribute to the onset of anxiety disorders, highlighting the intricate interplay between nature and nurture.

1   https://www.cdc.gov/ncbddd/autism/index.html

INDICATIONS AND SYMPTOMS YOU SHOULD BE AWARE OF:

EXCESSIVE WORRY

The person may exhibit strong and ongoing worry about a variety of life issues, including relationships, school, or personal safety. This concern might not be warranted given the circumstances.

AVOIDANCE BEHAVIOURS

Anxious people may avoid circumstances or activities that make them feel anxious. They might avoid social gatherings, public speaking, or other settings where they might face criticism or embarrassment, for instance.

SLEEP DISTURBANCES

Anxiety can cause sleep patterns to be disrupted. The individual can have problems going asleep, have several nightmares, or wake up agitated and unrested.

PERFECTIONISM

Adolescents with anxiety disorders may tend to hold oneself to unreasonably ambitious standards and fear failing or making mistakes. This may result in severe self-judgment and dread of approval.

ALTERATIONS IN ACADEMIC PERFORMANCE

Anxiety can interfere with focus and concentration, which can cause problems in the classroom. The individual might struggle to finish tasks, display a drop in academic performance, or refrain from taking part in in-class activities.

PHYSICAL SYMPTOMS

Physical signs of anxiety include agitation, fidgeting, muscle tightness, headaches, stomachaches, exhaustion, perspiration, and a rapid heartbeat.

ANXIETY CAN CONTRIBUTE TO MOOD CHANGES,

which might result in increased irritability, mood swings, or difficulties concentrating. The individual could come out as tense or easily agitated.

SOCIAL WITHDRAWAL

People who are anxious may avoid social situations. They might withdraw from friends, shun social gatherings, or find it difficult to start or carry on conversations.

EXCESSIVE SELF-CONSCIOUSNESS

They may be highly self-conscious about how they appear to others and frequently worry about embarrassment, shame, or peer rejection.

PHYSICAL COMPLAINTS WITHOUT A MEDICAL CAUSE

Some anxious young people may frequently report physical symptoms like headaches, stomachaches, or dizziness despite medical evaluations finding no underlying medical issue.

The management of anxiety disorders involves a comprehensive approach that may include psychotherapy, medication, lifestyle modifications, and support from loved ones. Cognitive-behavioural therapy (CBT), a widely used therapeutic modality, helps individuals identify and modify negative thought patterns and behaviours associated with anxiety.

Medications, such as selective serotonin reuptake inhibitors (SSRIs) and benzodiazepines, may be prescribed to alleviate symptoms. Holistic approaches can also reduce symptoms, including mindfulness, exercise, and a balanced diet.

Despite the prevalence of anxiety disorders, societal stigma often surrounds mental health conditions, preventing individuals from seeking help. Education and awareness campaigns are crucial in destigmatising anxiety disorders and fostering an environment that encourages open conversations and empathy. By acknowledging the pervasive nature of mental health challenges, society can promote a culture of understanding and support.

By fostering awareness, promoting destigmatisation, and advocating for accessible mental health resources, society can contribute to a more compassionate and supportive environment for individuals grappling with anxiety disorders. In doing so, we step towards a future where mental health is prioritised, understood, and embraced[1].

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1   https://www.cdc.gov/childrensmentalhealth/depression.html

DEPRESSION

Often described as the silent epidemic of the modern era, is a complex and pervasive mental health condition that transcends demographic boundaries. Depression is more than just fleeting sadness; it is a persistent and pervasive mood disorder that affects how one thinks, feels and handles daily activities. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) characterises depression as involving a combination of symptoms, including persistent low mood, loss of interest or pleasure, changes in appetite or weight, disturbed sleep patterns, fatigue, feelings of worthlessness or guilt, difficulty concentrating, and recurrent thoughts of death or suicide.

SYMPTOMS THAT MAY SUGGEST DEPRESSION:

ONGOING MELANCHOLY OR POOR MOOD

The adolescent may exhibit constant melancholy, tears or emotional gloom, and feelings of sadness, emptiness or hopelessness.

FATIGUE AND LOW ENERGY

Despite getting enough rest, they might nevertheless feel constantly tired, unmotivated and exhausted in general.

CONCENTRATION PROBLEMS

Depression can affect cognitive function, making it difficult for some young people to focus, make choices or recall specifics. Their academic performance might decline or they might struggle in classroom settings.

AGITATION AND IRRITABILITY

Some adolescents with depression may exhibit increased agitation, restlessness or irritability. They might be more easily irritated, and even minor irritations can result in strong emotional reactions.

LOSS OF ENJOYMENT OR INTEREST

They may stop finding enjoyment in past interests or pastimes. They can cut themselves off from friends and family, and stop participating in social activities. Depression can cause significant changes in appetite that can cause obvious weight gain or loss. They may lose their appetite or, in certain instances, overeat as a coping tactic. Depression can cause sleep habits to be disturbed. The young person may struggle to fall asleep, have a restless night, oversleep and struggle to get out of bed.

REMORSE OR WORTHLESSNESS

Young people suffering from depression might feel excessive remorse or blame themselves for perceived failings. They might admit to feeling unworthy or think of themselves as a burden to others.

SUICIDAL OR DEATH-RELATED THOUGHTS

In severe circumstances, the young person may exhibit suicidal or death-related thoughts. They might express a desire to terminate their lives directly or indirectly, or engage in self-destructive action.

The origins of depression are diverse and intricate, often stemming from a combination of genetic, biological, environmental and psychological factors. Genetic predisposition plays a role, with individuals who have a family history of depression being more susceptible. Neurotransmitter imbalances, particularly involving serotonin, norepinephrine and dopamine, are implicated in the neurological aspects of depression. Stressful life events, trauma, chronic medical conditions and substance abuse can act as triggers, exacerbating the risk of depression.

Depression permeates every facet of an individual's life, impairing their ability to function optimally. The emotional toll is profound, with pervasive despair, hopelessness and emptiness a frequent feature of their lives. Social withdrawal often ensues, leading to strained relationships and isolation. The cognitive effects of depression, including impaired concentration and memory, further hinder day-to-day functioning. In severe cases, depression can culminate in suicidal thoughts or actions.

Beyond its personal impact, depression imposes a significant burden on society in terms of lost productivity, increased healthcare costs and a strain on social support systems. Stigmatisation and misconceptions surrounding mental health can perpetuate a culture of silence, deterring individuals from seeking help and exacerbating the societal impact of untreated depression[1].

Fortunately, depression is a treatable condition. Various therapeutic approaches alleviate symptoms, including psychotherapy, CBT and medication. Lifestyle modifications, such as regular exercise and a balanced diet, contribute to overall well-being. However, the effectiveness of treatment varies from person to person, which emphasises the need for personalised and comprehensive care.

Depression is a pervasive and intricate mental health condition that transcends individual experience, impacting affected individuals and society alike. Understanding the causes, symptoms and treatment options is crucial to fostering a compassionate and informed approach to depression. By dispelling myths, reducing stigma and promoting accessible mental health care, we can work towards a society where those grappling with depression find the support and understanding they need to recover.

BIPOLAR DISORDER

Formerly known as manic-depressive illness, bipolar disorder is a mental health condition characterised by extreme mood swings, encompassing episodes of intense mania and deep depression. This disorder affects millions of individuals worldwide, transcending age, gender and socioeconomic boundaries. Its intricate nature poses challenges in diagnosis, treatment and societal understanding.

Bipolar disorder manifests in distinct phases: manic, hypomanic and depressive episodes. During manic episodes, individuals experience heightened energy levels, increased impulsivity, racing thoughts and a decreased need for sleep. At the other end of the spectrum, depressive episodes bring profound sadness, fatigue, changes in appetite, and thoughts of self-harm or suicide. The milder form, hypomania, presents with similar symptoms but of less intensity, often allowing affected individuals to maintain some functionality. The exact aetiology of bipolar disorder remains elusive, involving a complex interplay of genetic, neurobiological and environmental factors. Genetic predisposition plays a significant role, as individuals with a family history of bipolar disorder are at a higher risk. Neurotransmitter imbalances, particularly involving serotonin, dopamine and norepinephrine, contribute to mood dysregulation. Stressful life events, substance abuse and hormonal imbalances can also trigger the onset of bipolar episodes.

1   https://www.cdc.gov/childrensmentalhealth/depression.html

SOME KEY INDICATORS OF BIPOLAR DISORDER IN YOUNG PEOPLE:

MOOD SWINGS

Dramatic and severe mood swings are a common feature of bipolar disorder. These mood swings can range from manic episodes (characterised by an elevated mood, excessive activity and racing thoughts) to depressive episodes (characterised by a depressed outlook, a loss of interest and a sense of worthlessness. Keep an eye out for sudden, sharp mood swings that are regular and unusual for the person concerned.

MODIFICATIONS IN SLEEP HABITS

Bipolar disorder can cause sleep habits to change. People may find they need less sleep during manic episodes, and feel more energised and restless. On the other hand, people could have trouble falling asleep and feel too exhausted during depressed periods.

LOSS OF INTEREST AND SOCIAL WITHDRAWAL

During depressive periods, people with bipolar disorder may lose interest in activities they once found enjoyable. They might isolate themselves, stop interacting with others and show signs of despondency or despair.

INCREASED ACTIVITY OR IMPULSIVITY

People with bipolar disorder may become more active or impulsive during manic episodes. They might spend excessively, drive recklessly or act promiscuously. They might also have an inflated sense of self-worth. Watch for abrupt behavioural shifts that appear out of the ordinary.

POOR CONCENTRATION AND RUSHING THOUGHTS

People who are experiencing manic episodes may speak more quickly and have trouble concentrating. This may affect their capacity for concentration, compliance with rules or ability to engage in dialogue.

WEIGHT CHANGES AND CHANGES IN APPETITE

Bipolar disorder can alter eating patterns and appetite. People may have reduced appetite during manic periods, and overeat (and therefore gain weight) during depressive periods.

Living with bipolar disorder can be an arduous journey, marked by the unpredictability of mood swings and their profound impact on daily life. Relationships, work and overall quality of life often suffer the most in this disorder. The challenges extend beyond the individual affected to their families and social circles. Patience, understanding and a supportive environment are therefore required.

Treatment for bipolar disorder typically involves a combination of pharmacotherapy, psychotherapy and lifestyle adjustments. Mood stabilisers, antipsychotics and antidepressants are commonly prescribed to manage symptoms. Psychoeducational interventions, such as CBT and psychoeducation about the nature of the disorder, help individuals cope with the challenges posed by bipolar episodes. Establishing a routine, maintaining a healthy lifestyle and building a robust support system are crucial components of long-term management.

Despite advances in mental health, the stigma surrounding bipolar disorder persists. Misconceptions and societal prejudices contribute to shame and isolation among those affected. Advocacy and awareness campaigns play a vital role in dismantling these barriers, fostering empathy, and promoting a more inclusive and supportive society. Education about the realities of bipolar disorder helps dispel myths and encourages open conversations, reducing the stigma associated with mental health conditions[1].

1   www.nimh.nih.gov/sites/default/files/documents/health/publications/bipolar-disorder/19-mh-8088.pdf

ALCOHOL ABUSE DISORDER (AUD)

is a significant public health concern that affects individuals across diverse demographics. Characterised by a pattern of excessive alcohol consumption that persists despite adverse consequences, AUD encompasses a spectrum ranging from mild to severe. This essay explores the various facets of AUD, including its definition, causes, effects and potential avenues for treatment.

AUD is classified in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a chronic relapsing brain disorder characterised by an impaired ability to stop or control alcohol use despite adverse social, occupational or health consequences. DSM-5 outlines specific diagnostic criteria, including insufficient control, social impairment, risky use and pharmacological standards, to aid the identification and categorisation of AUD. Understanding the complex interplay of genetic, environmental and psychological factors contributing to AUD

is crucial. Genetic predisposition plays a role, as individuals with a family history of alcohol use disorders are at a higher risk of developing it. Environmental factors such as stress, trauma and societal influences also contribute, creating a multifaceted etiological landscape. Additionally, comorbid mental health conditions, such as depression or anxiety, may increase susceptibility to AUD[1].

The repercussions of AUD are far-reaching and affect various domains of an individual's life. Physical health consequences include liver disease, cardiovascular issues and an increased risk of accidents. Relationships may suffer due to impaired judgment and behaviour associated with alcohol use. Occupational and legal consequences are expected, as individuals with AUD may face challenges maintaining employment or legal troubles stemming from their alcohol-related actions.

SIGNS OF AUD INCLUDE:

- Blacking out or not remembering things that happened
- Continuing to drink even if it causes distress or harm to you or others
- Drinking more or longer than you planned
- Feeling irritable or cranky when you are not drinking
- Frequent hangovers
- Getting into dangerous situations when you are drinking (e.g. driving, having unsafe sex or falling)
- Giving up activities so you can drink
- Having cravings for alcohol
- Having repeated problems with work, school, relationships or the law because of drinking
- Needing to drink increasing amounts to get the same effect
- Not being able to stop drinking once you have started
- Spending a lot of time drinking or recovering from drinking
- Wanting to cut back but not being able to
- Obsessing over alcohol

Addressing AUD requires a comprehensive approach tailored to the individual. Treatments include behavioural therapies, pharmacological interventions and support groups. CBT, motivational enhancement therapy (MET) and contingency management can be effective in modifying drinking behaviour and helping the

person affected to address the underlying psychological factors. Medications such as disulfiram, naltrexone and acamprosate can assist in reducing cravings and preventing relapse. Support groups such as Alcoholics Anonymous provide a community-based approach to recovery[2].

1   https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder
2   https://www.healthline.com/health/alcohol-use-and-abuse#treatment

Preventing the onset and progression of AUD involves a combination of strategies: public health campaigns raising awareness about the risks of excessive alcohol consumption, early intervention and education all have a crucial role to play. Implementing policies that regulate alcohol availability, pricing and advertising can contribute to reducing the overall burden of AUD on society.

AUD represents a complex and pervasive challenge with significant implications for individuals and society. Addressing it requires a holistic understanding of its causes, consequences and treatment options. By fostering a comprehensive approach that includes prevention, early intervention and effective treatments, we can go some way towards mitigating the impact of AUD while providing support to individuals on their journey towards recovery.

SUBSTANCE ABUSE DISORDER (SUD)

is a complex and pervasive public health issue affecting individuals, families, and communities worldwide. SUD is characterised by the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association, outlines specific criteria for diagnosing SUD, considering factors such as impaired control, social impairment, risky use, and pharmacological measures. The aetiology of SUD is multifaceted, involving a complex interplay of genetic, environmental, and psychological factors. Genetic predisposition may contribute to an individual's vulnerability to developing SUD, while environmental factors, such as family dynamics, trauma and socioeconomic status, play a crucial role. Psychological factors, including stress, mental health disorders and a lack of coping mechanisms, can also contribute to the onset of SUD[1].

SUD encompasses many substances, including alcohol, nicotine, prescription medications and illicit drugs. Each substance poses unique risks and consequences, and the severity of SUD can vary based on the type of substance involved.

The consequences of SUD are far-reaching and affect various aspects of an individual's life. Health complications may include cardiovascular problems, liver damage, respiratory conditions and mental health disorders. The social consequences of SUD can include strained relationships, legal issues and employment difficulties, while the societal burden of SUD manifests itself as increased healthcare and law enforcement costs and decreased productivity.

Addressing SUD requires a holistic approach tailored to the individual. Treatment options may include behavioural therapies, pharmacological interventions and support groups. Behavioural therapies, such as CBT and motivational enhancement therapy, aim to modify unhealthy behaviours and thought patterns. Pharmacological interventions (e.g. medications for opioid use disorder or alcohol dependence) can help people to manage withdrawal symptoms and cravings. Alcoholics Anonymous, Narcotics Anonymous and other support groups provide a community-based approach to recovery.

Preventing SUD involves a combination of public health initiatives, education and early intervention programmes. Comprehensive substance abuse prevention efforts may focus on reducing risk factors and enhancing protective factors at the individual, family and community levels. Early intervention is crucial in addressing emerging substance use issues before they escalate into full-blown disorders[2]. SUD is a complex and pervasive public health challenge requiring a comprehensive understanding of its causes, consequences and treatment options. By addressing the multifaceted nature of SUD and implementing effective prevention and intervention strategies, individuals, families, and communities can work together to mitigate the impact of this widespread issue and promote a healthier, substance-free society.

1   https://www.psychiatry.org/patients-families/addiction-substance-use-disorders/what-is-a-substance-use-disorder
2   https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health

Post-traumatic stress disorder (PTSD)

PTSD is a complex and debilitating mental health condition that can appear in individuals who have experienced or witnessed a traumatic event. It can provoke a wide range of psychological and physiological responses, and leaves an indelible mark on the lives of those affected. At the heart of PTSD lies a cascade of symptoms that can have a profound impact on an individual's day-to-day life. Intrusive memories, flashbacks and nightmares transport the affected person back to the traumatic event, blurring the boundaries between past and present. Hyperarousal, marked by heightened vigilance, irritability and difficulty concentrating, can turn ordinary events into a battlefield of triggers. Avoidance behaviours, which are an attempt to evade the reminders of trauma, further isolate individuals from their surroundings and loved ones. Emotional numbness and a sense of detachment can create an emotional chasm, making it challenging to connect with others. PTSD does not discriminate: it can emerge from a number of different traumatic experiences. Combat veterans, survivors of natural disasters, victims of assault and individuals who have faced life-threatening accidents may be affected by PTSD, while the severity of the trauma, the perceived threat to life and the lack of a supportive environment can contribute to the development of PTSD. While the triggers may vary, the common thread is the overwhelming nature of the experience and the subsequent struggle to make sense of it.

The impact of PTSD extends far beyond mental health, seeping into every facet of an individual's life. Relationships may fray under the strain of emotional distance and communication barriers. Occupational functioning may suffer as concentration wavers in the face of intrusive thoughts. Sleep disturbances, such as insomnia or night terrors, can erode physical health and exacerbate the overall distress experienced by those grappling with PTSD. The toll is personal and societal, as the ripple effects extend to families, communities and broader society[1]. Navigating PTSD requires a comprehensive and compassionate approach to treatment. Psychotherapy, particularly CBT, can equip individuals with coping mechanisms and strategies that enable them to reframe their traumatic memories. Medications, such as SSRIs, may be prescribed to alleviate symptoms and restore a sense of emotional equilibrium. Support networks, both professional and personal, play a pivotal role in the healing process. Encouragingly, emerging treatments such as eye movement desensitisation and reprocessing (EMDR) offer innovative avenues for reprocessing traumatic memories. While PTSD shows us the profound and lasting impact that trauma can have on the human psyche, resilience and healing potential exist even in the face of distress and despair. By understanding the complexities of PTSD, fostering empathy, and providing accessible and effective interventions, we can work towards untangling the knots that bind individuals to their traumatic pasts. In doing so, we contribute to the ongoing narrative of recovery, resilience and the triumph of the human spirit over the shadows of trauma[2].

1   https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd
2   https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd

HOW SHOULD WE REACT AND WHAT SHOULD WE DO WHEN WORKING WITH YOUNG PEOPLE WITH EMOTIONAL AND BEHAVIOURAL ISSUES?

Navigating situations involving a young person with emotional and behavioural issues can be challenging and delicate. Whether you are a parent, guardian, teacher or a concerned individual, understanding how to react and what actions to take is crucial for the well-being of the young person involved. Emotional and behavioural issues can appear in many guises, from tantrums and defiance to withdrawal and aggression. By fostering empathy, patience and a proactive mindset, we can create an environment that promotes understanding, support and (ultimately) positive growth for young individuals facing these challenges. When dealing with a young person with emotional and behavioural issues, it is imperative to approach the situation with empathy, patience, and understanding.

HERE ARE SOME OF THE THINGS YOU CAN DO:

REMAIN CALM

It is crucial to keep your cool because your emotions can have a major impact on the situation. Keep your composure, even if the young person becomes upset or enraged. Take a few long breaths and try to get your emotions under control before speaking. Your balance will help to calm and diffuse their emotions

ESTABLISH A SAFE ENVIRONMENT

Ensure that you and the young person are in a secure location. Create a calm, secure environment in which they can express themselves. Remove any potential hazards or triggers that might worsen the situation. To help them concentrate, make sure they have privacy and an atmosphere of silence.

CREATE AND KEEP CLEAR BOUNDARIES

It is essential to be understanding, but it is also important to create and maintain suitable boundaries. It is critical to outline acceptable conduct, and to establish boundaries that safeguard everyone's safety and well-being.

IMPLEMENT DE-ESCALATION TECHNIQUES

Learn how to de-escalate heated situations. Techniques include deep breathing exercises, counting, mindfulness exercises or suggesting a break to allow the young person to regain their composure.

SHOW EMPATHY AND UNDERSTANDING

Recognise that the young person may be experiencing emotional or behavioural issues. Put yourself in their shoes and think about how their actions might result from annoyance, worry or other underlying problems. Pay close attention to the young person and actively listen to their concerns. To show empathy, acknowledge their feelings and credit their experiences. Be sure to speak to the young person courteously and calmly. Avoid shouting or using obscene language. Instead, talk calmly and choose your words with care. This will encourage a fruitful discourse and reduce tension.

ENGAGE IN CONVERSATION WITH THE YOUNG PERSON WHILE PAYING CLOSE ATTENTION TO THEIR WORDS

Make sure the young person knows that you are keen to understand their point of view, concepts and feelings. Give close consideration to what they have told you: this will show that you know and share their perspectives. Give them your whole attention and actively listen to what they say. Do not interrupt or make snap judgments. Encourage them to express their views and feelings openly. You can convey to others that you value their thoughts and concerns by listening carefully.

OFFER ASSISTANCE AND SUPPORT

Offer guidance and support depending on the situation. Offer to help them create good coping strategies for their emotions or, if necessary, suggest that they get professional help.

Validate their emotions

Recognise and validate the young person's emotions, even if you do not entirely agree with their behaviour. Reassure them that their sentiments are valid, and discuss healthy ways in which they might express themselves. Even if you do not share the young person's emotions, it is crucial to acknowledge them. Tell them that you recognise and respect their feelings. Do not minimise or ignore their feelings, as this may make them feel unimportant or unheard. You can establish trust and foster a positive environment by recognising and supporting their emotions[1].

If necessary, seek professional help

If the emotional and behavioural issues persist or become overwhelming, consult specialists such as counsellors, therapists and psychologists with experience in treating children and adolescents. Recognising the necessity of receiving professional assistance is crucial when working with young people who have behavioural problems. While parents, teachers and mentors can provide direction and support for some behavioural challenges, others may necessitate specialist intervention from experts in child psychology and behaviour management. Professional assistance has numerous benefits when behavioural issues in children and adolescents are to be addressed. First, experts are thoroughly aware of the complexity underlying behavioural disorders. They can identify the underlying reasons for these issues by considering the young person's environment, family dynamics, social pressures, and potential psychological or developmental illnesses. This thorough examination helps create focused therapies catered to the unique needs of each young person. Second, a variety of treatments and evidence-based procedures are available to professionals. They have the knowledge and ability to implement efficient behaviour management strategies that encourage positive transformation.

This might involve addressing certain disorders such as ADHD, ODD or ASD, or teaching coping mechanisms, social skills and anger control methods. Their knowledge guarantees that initiatives are sensible, secure and capable of producing fruitful outcomes. Additionally, asking for expert help shows that you care about the young person's overall growth and well-being. It demonstrates that their behavioural issues are taken seriously and that concerted attempts are being made to address them adequately. Professionals can help parents or other caregivers by offering advice, knowledge and resources to foster a supportive and nurturing environment for development. It is crucial to remember that behavioural issues in children and adolescents can significantly affect their emotional health, academic success, social development and overall quality of life. People who work with these children and adolescents might benefit from the knowledge and experience of experts trained to recognise and manage the problems that such people can face. This increases the likelihood of success and of the child or adolescent developing in a healthier direction.

Take care of yourself

It is essential that you look after yourself when working with children and adolescents with behavioural challenges. It is satisfying to change their life, but it may also be physically and emotionally draining. Here are some key recommendations for protecting your own well-being when interacting with this challenging group. Establish sound boundaries from the start - setting limits to what you can and cannot do is crucial. Accept that you are not solely responsible for other people's growth or behaviour. Recognise your limitations and remember that it is totally acceptable to ask for help or support when needed. Second, give your needs constant attention. Spend

1   https://www.govinfo.gov/content/pkg/ERIC-ED466076/pdf/ERIC-ED466076.pdf

time engaging in activities that energise and relax you, for example physical activity, meditation, hobbies and spending time with loved ones. By looking after your physical and emotional well-being, you will be more effective in your role and prevent burnout. Third, look for advice and support. Discuss your experiences, problems and strategies frequently with your supervisors or coworkers. People who understand the nature of your profession might be able to provide interesting viewpoints and validation when you share your issues and victories with them. Additionally, educate yourself on relevant topics. Stay current on the most recent studies, therapies and best practices when working with children and adolescents with behavioural problems. Attend seminars, workshops or training sessions to increase your knowledge and skills. The more prepared you are, the better you will be able to cater to the needs of the people you work with.

Likewise, keep a positive mindset. Try to keep your mind on the progress you are making and the (small) victories you are achieving, acknowledging at the same time that it is common to suffer setbacks and problems[1]. Celebrate your successes, no matter how small, and be mindful of the difference you are making. With the help of a positive outlook, you can stay inspired and strong in the face of challenges. Finally, look for support outside of work. Establish a network of friends, relatives or support groups that will empathise with you and help you emotionally. Having a space to let your feelings out, relax and find support is essential. Remember that looking after oneself is not selfish: it is necessary for your health and success. By prioritising self-care, establishing boundaries, getting help and maintaining a positive outlook, you will be better able to support children and adolescents with behavioural issues.

INVOLVE THE YOUNG PERSON'S SOCIAL CIRCLE OF FAMILY AND FRIENDS

Speak to the young person's parents, caregivers and teachers: this will help you understand their behaviour in greater depth and may lead to the joint design of strategies to help them. Consistent assistance from several sources may improve the young person's well-being. It is essential to involve the young person's network of friends and family: these people can significantly impact the young person's development by offering stability, support and advice as they work to overcome their obstacles. Above all, involving friends and family strengthens the young person's support network. Family members aware of the young person's behavioural problems can provide compassion, support, understanding and a secure and nurturing setting in which that young person feels loved and accepted. Friends and family members are also welcome to participate actively in the young person's therapy or medical care. They can go to therapy sessions, workshops or educational events to learn more about the methods and approaches employed to deal with behavioural issues. This shared understanding enables them to encourage good behaviour and help the young person apply what they have learned in various social contexts. Involving the young person's network also promotes consistency and a sense of responsibility. Friends and family can maintain a coherent approach to regulating the young person's conduct by being aware of the issues involved. The young person will have an explicit knowledge of what is expected of them, while misunderstandings or muddled messages will be minimised if expectations, boundaries and sanctions are consistent across the many situations that arise within the family, at school and at social gatherings. Friends and family can also actively participate in the young person's activities to help them develop their skills. They can give the young person opportunities for personal development, promote healthy hobbies and involve them in constructive social relationships. Through this involvement, the young person is exposed to various experiences, hobbies and role models, which broadens their perspective and may prove beneficial to their conduct. It is important to note that the young person's network of friends and family can be a source of intervention if required. They can watch for symptoms of discomfort or triggers in behaviour, and alert the proper parties immediately. This cooperative approach guarantees that problems or issues are resolved directly, preventing them from growing and developing into more severe cases.

1   https://www.ocali.org/up_doc/Dangerous_Behaviour_Guide.pdf

Designing activities for young people with emotional and behavioral issues?

Designing activities for young people with emotional and behavioural problems is a delicate art that requires a careful approach at all times. These young people frequently face distinctive difficulties, which means that the activities designed for them should be more than simply enjoyable diversions; rather, they should be therapeutic instruments that encourage development and resilience. In this field, paying close attention to tiny details is critical because the way in which activities are designed can have a significant impact on mental health and behavioural development. The secret lies in comprehending and adjusting to the wide range of emotions and behaviours to which these young people are subject. This includes fostering a secure and inclusive environment, and creating activities that resonate with their needs.

The first crucial step in designing activities for young people with emotional and behavioural issues is to have a thorough understanding of everyone's needs. Recognising the diversity of challenges and strengths within this population is essential. Conducting in-depth assessments, considering past experiences and collaborating with mental health professionals can help ensure that activities are tailored to meet specific needs. It is essential to **recognise the needs** of young people who are experiencing emotional and behavioural problems; this requires an understanding of their illness, their triggers and their behavioural patterns. With this insight, activities can be created that are appropriate and pertinent to their requirements, adaptable and versatile. This can entail offering a variety of options for entertainment or permitting breaks where necessary. Young people with emotional and behavioural problems may be highly sensitive to their surroundings, so it is crucial to **establish a secure environment** for them. This may involve setting clear limits, following a routine, and creating a relaxing

and encouraging environment. Make sure that everyone participating in the activity is safe in both the physical and emotional senses. **Integrating therapeutic approaches** into activities can significantly enhance their effectiveness. Art therapy, music therapy or outdoor activities, for example, can provide outlets for emotional expression and stress relief. Structured therapeutic interventions, such as mindfulness exercises or group discussions, can also be woven into activities to promote self-awareness and emotional regulation. Many adolescents with emotional and behavioural problems may struggle to interact with others and hesitate to participate in activities. It is crucial to promote **involvement without compulsion** and offer engaging, pleasurable activities. Encourage good behaviour and effort during the exercise by giving praise, which may increase self-assurance and the motivation to engage in future activities. Tailoring challenges, pacing and intensity to each participant's capabilities ensures that they are engaged without being overwhelmed or frustrated. Contingency plans and alternatives allow adjustments to be made based on participants' responses in real time.

Routine and structure are frequently beneficial to children and adolescents with emotional and behavioural problems. It is critical to set up a controlled setting that makes children feel safe and supported, along with clear instructions and expectations. Giving them visual aids or other forms of assistance can also be beneficial in helping them to understand the task, and they are empowered by being provided with opportunities for autonomy and choice within activities. Allowing them to make decisions regarding certain aspects, such as choosing between different tasks or activities, helps build a sense of control and self-efficacy. This empowerment contributes to a positive mindset and a willingness to engage in future activities. It is important to pay attention to potential problematic behaviours, and to know how to deal with them when the activities are being designed. This may involve developing a strategy for handling challenging behaviour, such as de-escalation or redirection tactics.

Healthy relationships with peers and adults are typically beneficial for young people with emotional and behavioural problems. These relationships should be fostered through activities such as cooperative games or team-building exercises. Many young people may face challenges when it comes to social interaction. Social development might be aided by creating activities that promote peer support and constructive social involvement, while incorporating collaborative possibilities and well-defined communication protocols into group activities can enhance participants' sense of inclusion and mitigate feelings of seclusion.

The aim is to give young people with emotional and behavioural challenges the chance to **express themselves**, as many may find it difficult to do so in positive ways. If these young people are to develop effective coping mechanisms, it is vital that they be given options for self-expression, for example through artistic or musical activities. Designing activities for this population of young people is a nuanced process that requires a deep understanding of individual needs, a commitment to creating a safe and supportive environment, and the integration of therapeutic approaches. Educators and caregivers can contribute to these individuals' positive development and well-being by prioritising flexibility, social interaction and empowerment. These considerations lay the foundation for activities that address challenges and celebrate each young person's unique strengths and potential[1].

4
METHODOLOGIES WE CAN USE

COURAGES INTERACTIONS

The word 'courage' comes from the Latin word 'core', which means heart. Courageous people can be seen as those who speak and act from their heart, and those who allow themselves to be truly seen.

The learning dimension of youth work benefits hugely from activities that create a space in which people can express themselves and be really seen, heard and understood. That kind of space enables deep connections, meaningful actions, and professional as well as personal changes, transformations and growth.

A space of that kind is rarely created spontaneously. As youth workers, we therefore need to invest our intentions and energy into creating it. We need to bear a few things in mind from the outset:

- We can point out the direction of travel but we cannot guarantee the destination, which means that doing our best will sometimes result in courageous spaces and sometimes in things that we did not envisage. Relations and interactions within each group are complex things, which makes it impossible to foresee the exact outcome of our actions.

- It is a process not a result. Creating and maintaining courageous spaces is a continuous task that will have its ups and downs. And since relationships are never 'done', that kind of space is forever evolving and developing.

- It is a shared responsibility. As youth workers, we can be the people who suggest that kind of space, but its implementation and nourishment are in the hands of the whole group.

Spaces for courageous interactions can be constructed in many different ways, so we would not presume to prescribe a 'right' approach. The reader can find many suggestions in the relevant sources for safe, safer and brave spaces. What we do here is simply point out some the elements that we believe to be valuable:

- Provide a framework for your activities. That framework really depends on the activity you are doing with the young people in your charge. Here are some ideas on what to include: purpose, objectives, timetable, local context, venue, food, accessibility, money and rules (i.e. what is not up for discussion). In general, framework refers to the kind of space we are inviting young people to enter.

- No matter what you are doing, what the topic is, how long you will be with a group: take time to build trust (more on this in the next chapter).

- Take time to discuss the space you wish to create together. We highly recommend that you do any kind of group exercise with a common objective – meaning that the whole group engages first in an exercise in which they need to achieve a common objective. This should be followed by a discussion about the exercise and a debate about the space we wish to create. Questions we can use to discuss this might include:

What do you need in order to show up? What do you need in order to be able to share whatever is inside you at the present moment? What do you need to feel safe? What do you need to participate? What do you need to learn?

- Make regular checks to ensure that the atmosphere and the relations within the group are healthy (more on this in the next chapter).

Below are some navigational markers that can be used during the process of building a space for courageous interactions:

- Different opinions are welcomed and expressed.
- Participants are using 'I' sentences.
- Participants listen in order to understand and not to respond, i.e. they ask questions in order to understand others' opinions. Another sign can be small pauses after each opinion (i.e. not jumping immediately to the next person). What somebody is expressing is not about anybody else, but about themselves.
- Be aware of the time that each person is using in front of the whole group. Every person should have the space to speak in front of the group.
- Vulnerability. Brené Brown defines vulnerability as 'uncertainty, risk and emotional exposure'. She also says that 'vulnerability is the birthplace of love, belonging, joy, courage, empathy and creativity. It is the source of hope, empathy, accountability and authenticity.' Vulnerability can show in many forms: when we witness it, we let it be. This means that we give quiet attention to it and use our active listening skills as much as possible.
- Lean into fear. Fear could be an indicator of unknown territory and potential risk. It is a very fragile moment, one that can hold tremendous learning potential. However, it can also bring panic, pain and, in the worst-case scenario, physical injury. As youth workers, we can offer activities that 'invite' participants towards feelings of fear, and that have great potential for vulnerability, learning and growth; but we also need to be brutally honest about our invitation by stating exactly what are we inviting them to. We also need to clearly state that all participation, sharing or whatever else is totally their decision. We call that the 'challenge by choice' principle.
- Lean into frustration. Frustration is another feeling with learning potential. Try to catch the moment at which we are frustrated and see what is happening. What is frustrating us? How do we choose to react? 'Challenge by choice' also applies here.
- Give ourselves the benefit of doubt - that is, we are entitled to change our opinion as others present their opinions to us. It can be very difficult to change some opinions, so the 'challenge by choice' principle is relevant here as well.
- Reflect our intentions. What is the intention behind certain actions or comments? Not from the perspective of right and wrong, but from the perspective of curiosity. What is driving one's actions?
- Be as much as possible in the 'here and now', in the 'moment'. Feel the body. Act in line with the feelings and needs of the body.
- Voluntary participation. Anybody can take time off at any time, if that is what they need.

ACTIVE LISTENING

Active listening creates a positive and motivational atmosphere for the young person, devoid of advice and criticism from the listener, aiding the young person in discovering their problem. By encouraging the young person to identify the issue, active listening prompts them to contemplate their problem and, later, potential solutions, fostering a collaborative approach. The young person typically responds positively, focusing on finding solutions without feeling compelled to adhere to advice and solutions imposed by a "passive" listener. Incorrect judgments, including attacks, opposition, denial, assumptions, and generalizations of the young person's problem, highlight the crucial role of active listening as the foundation for the relationship between the young person and the advocate.

ADVANTAGES OF ACTIVE LISTENING:

- Accelerates ongoing communication.
- Establishes an atmosphere that builds trust and a good relationship.
- The young person feels important and accepted, experiencing a sense of acceptance from the advocate.
- Active listening relaxes the young person, encouraging further storytelling.
- Helps the young person recognize both apparent and hidden problems.
- Distinguishes the problem from the person.
- Corrects misunderstandings and false assumptions.
- Focuses on essential elements of the conversation.
- Enables the advocate to respond in a way that respects the young person.
- Excludes negative criticism.

Through active listening, we respond in a way that shows genuine interest and respect for the young person, thereby increasing trust. Active listening can help the young person and positively reinforce relationships.

MAINTAINING CURIOSITY

- Strive to maintain a stance of not knowing and show genuine interest in the young person.
- Let go of beliefs and expectations about what the young person should be like.
- Avoid judgments and expect the young person not to change for us.
- Summarize without interpretation when paraphrasing.

OBSERVER STANCE:
- Continuously observe and pay attention to body language and subtle expressions.
- Be attuned to the young person's nonverbal cues.

ALLOWING SILENCE:
- Embrace silence as it may trigger a new stream of thoughts or newly discovered emotions for the young person.
- Use verbal pauses like "aha," "I understand," "really," or "I see" to convey understanding and encouragement.

INTERRUPTIONS:
- Avoid interrupting the young person to allow them to express themselves fully.
- Interrupt only when clarification is needed and do so politely.

AFFIRMING THE YOUNG PERSON'S EMOTIONS:

To convey genuine listening, affirm the young person's emotions with statements like, "If I understand correctly, it must have been really tough for you?" or "As I noticed, this seems to really upset you."

AFFIRMING EMOTIONS REDUCES TENSION, RESISTANCE, AND DISAGREEMENTS.

- Ask open-ended questions related to the conversation content, allowing the young person to express themselves freely.
- Use "what," "when," "who," "how," and "where" questions, avoiding "why" questions that may sound critical.
- Clarify understanding with questions like, "Can you tell me more about this?" or "I'd like to understand your anger. What made you angry?"

HINTS:

- Avoid hints in conversation as they hinder communication.
- Some individuals find it challenging to express their thoughts and emotions, and young people even more so; therefore, they may hide them in hints.
- If a hint is detected, try to uncover its meaning by saying, "I'm not sure exactly what you mean by that; can you explain more precisely?" or "I assume that what you said... Am I thinking correctly?

BUILDING THE TRUST

Regardless of the activity we are doing with young people, **trust** is the single most important element to which we need to pay attention: trust in the relationship between the young people and the youth worker, trust in the relationships between the young people themselves.

As youth workers, we need to make deliberate moves to build trust in every group we work with. The most important period for doing this is at the very beginning of the interaction with a group. While there are many possible ways of achieving this, we find the following pointers important for enhancing trust at the outset:

- Present the facilitator and the framework within which we will be working. This should be done briefly, in few minutes. If needed, we can return to a more detailed explanation later.

- Give everybody the space to be heard within the group, for example by sharing names and some (not too personal) information with the rest of the group. It is important that everybody speaks in front of the group as soon as possible.

- Enable conversations in pairs or smaller groups. Participants need to be able to share information with each other. Topics of conversation should be positive and should expose every person's strong points. Topics should also boost conversation. Possible questions: What are you passionate about? What has been your favourite holiday so far? What are your dreams?

- Get to know the group as a whole. Ask questions or provide some simple tasks that enable the characteristics of the whole group to be displayed: ask participants to line up, in silence, from the one with the brightest to the one with the darkest eyes, for example. Or we can ask: How do you like to spend your daily free time (reading, TV, sport, music, etc.)? Or participants can be invited to take up a space in the room and then tell everyone else why they chose that space.

- Do some team-building - there are hundreds and hundreds of exercises online. At the beginning, the point is to foster cooperation rather than competition. It is also essential for a structured discussion to be held after the team-building exercise. It is not just about fun and 'being together': it is also about enhancing trust, building stronger relations within the group, supporting learning, and exploring how we can exist and work together.

These are just examples. No matter what you are doing, bear in mind that it will work better if you build a trustful environment within the group from the outset.

REGULAR CHECKPOINTS

Regular checkpoints are, in different contexts, also known as daily reflections, "steam out teams", home groups, etc. It simply means that after each day, or after a certain amount of time (if activities are not spread out over a number of days), we take time to think about:

- the progress made in relation to the purpose and objectives of our event or activity
- personal learning
- personal feelings and needs
- meaningful observations
- possible suggestions to the youth workers and the group

Smaller groups enable participants to be more open; they also increase the amount of time for self-expression available to each participant. Ideally, groups should contain between three and five members for this section of the activity. However, in our experience, it is better to run this section as a whole group if the participants are aged between 13 and 16.

Specific exercises can be very diverse and may be adapted to our target group. It is important for youth workers to identify what would they like the young people in their group to think about/reflect on and what kind of feedback we need to plan the activities to come. We suggest that the methods be adapted accordingly.

Regular checkpoints are indicators about what is happening within the group. They have the potential to show us the situations within the groups in advance, which allows us to plan our activities and adapt them in the best interests of the young people involved.

MOVING

As simple as it sounds, moving the body gives us the potential to relax, to open up more, to talk more, to feel better …

Movement can add value to activities for and with young people, depending on who those young people are, when the movement takes place and how intense the movement is. However, movement needs to be intentional and the reasons behind should be clear. Here are some examples of when movement can be used:

● Almost any kind of conversations in pairs can be done while walking. Practice shows that people open up more and are ready to share more personal things when they are on the move. In addition, we can explore our surroundings and stay outside.

● Moving exercises (energisers) can reduce the level of stress in the body, especially the stress connected with public speaking and some of the stresses brought about by the challenges the members of the group are facing.

● Stretching exercises can bring relaxation after long and demanding conversations.

● Longer walks or physical activity can bring connection within the group because they involve reaching a common goal. Tiredness can make participants more open to expressing what they need. However, as youth workers we need to be extremely careful when dealing with intense physical challenges. It might be easy for some participants and very frustrating for others. Any physical challenge must be approached with a lot of care and understanding.

We invite you to think about including movement in your activities, and to observe what it brings to the group and to you.

NATURE

Being in natural surroundings is another element that, in our experience, leads to more relaxed participation, deeper connections, a more trustful atmosphere and better learning outcomes. The question we need to ask is: How would we like to be in natural surroundings with the young people we are working with? Some examples from our practice are:

● Organising activities in tents/living under canvas for a week, and holding all activities outdoors.
● Organising some of the regular activities outdoors: going for walks, doing team-building or learning exercises outdoors, connecting the topics we are learning about with nature.

The point is to stay outdoors, in natural surroundings, as much as possible. Take time to observe and listen to your surroundings. What can you hear? What can you feel (take your shoes and socks off for three minutes and walk around)? What can you smell, taste, experience? Being in the countryside is such a beautiful and powerful experience that it is enough by itself, and will definitely boost our progress towards the objectives we are working on.
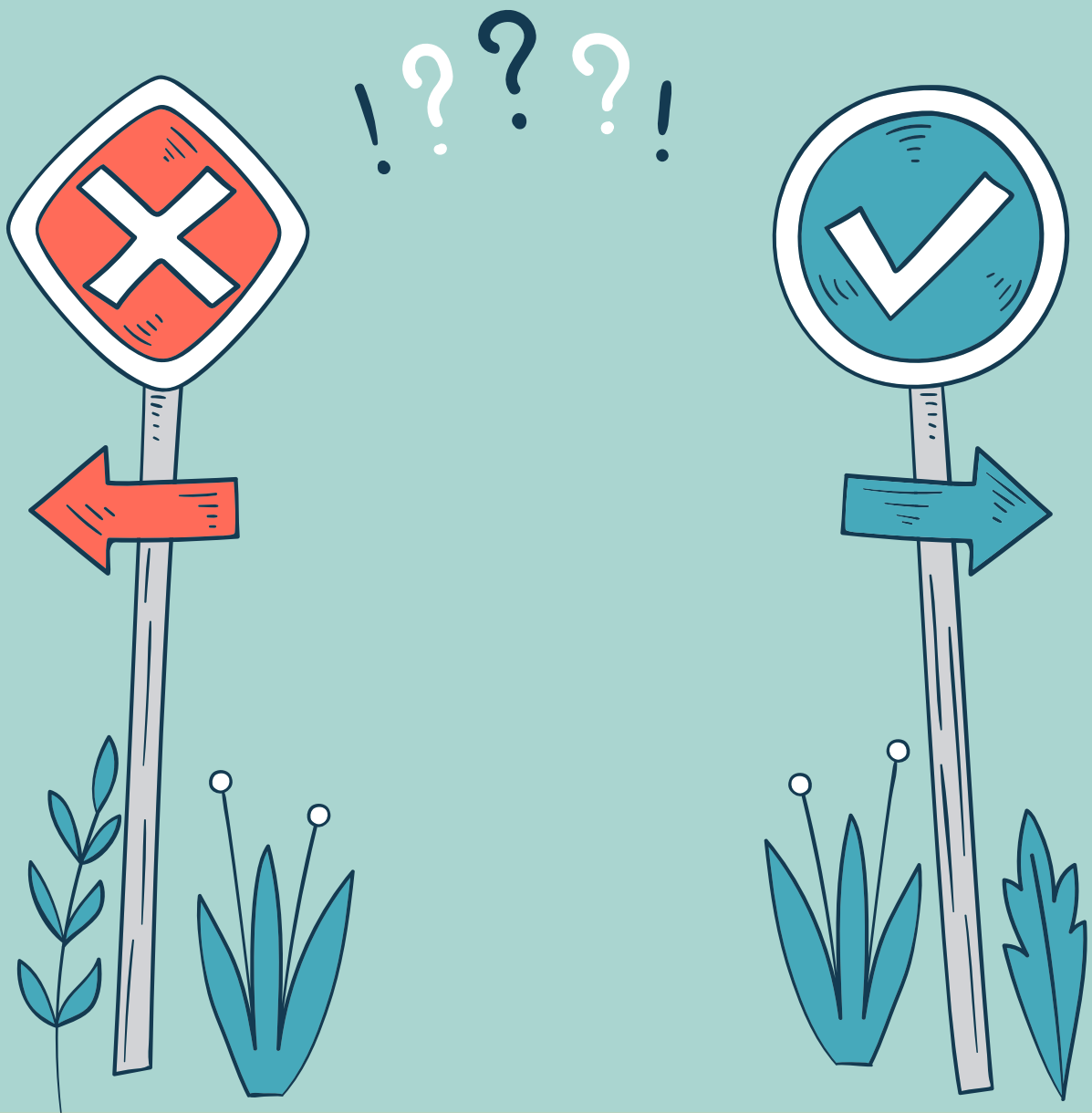
5

DO'S AND DON'TS – THE YOUTH WORKER'S ROLE

TO BE RESPECTFULLY CURIOUS

Špela Peterlin – Nayeli,
NFE trainer, psychologist and gestalt experiential psychotherapy practitioner

When we talk about the 'right actions' or the 'right ways to respond' within the mental health realm, there is surely more than one solution. It is important that we train ourselves to understand the complexity of psychological and behavioural functioning, and also to practise the personal position of 'respectful presence'.

But how do we start to understand this complexity?

I say that we should start with curiosity. To be curious is to open up in order to attune oneself to the other person, to be compassionate about how they live and what lives inside them. How can we be compassionate about something we do not necessarily understand or have no experience of? This means we might not solve their problems, but we can help them to be present and heard, which is already therapeutic (but is mainly human).

In gestalt we call this the 'phenomenological approach': that every person makes their own meaning of this world and of situations they are in. This 'meaning making' comes from their own life experiences and personality traits. When we listen to a person, it is important that we understand what they mean by what they say. If a young person comes and says they feel lost, we can explore what being lost means for them, rather than drawing conclusions based on what we already know. We might know what being 'lost' means for us, but not necessarily for them. So to be curious is an important inner state - it is not necessarily about 'wanting to help', which might be an action-based presence, but about staying in the state of 'being' with another and being curious of who they are at that moment.

'All behaviours have meaning in the context in which they were formed' Mario Salvador

We can start by getting to know the person and the environment in which they live:

- Who is this person?
- What is the environment in which they function?
- How do they behave and think, what do I know about their emotionality?
- Does this person already have some support? What kind? What do we know about their social peer support and the friendships around them?

This curiosity will help us create a safe and trustful relationship full of compassion and acceptance. This can be a very important step that provides a person with more emotional stability and makes them more receptive to further steps of support.

WHAT TO DO OR HOW TO BE

A person with a symptom is perhaps holding a story inside that might not have been expressed yet.

'Being' and 'doing' both have importance in time-space when we set out to support someone. We embark on that support with our own calming presence first of all - any action we need to take to provide help and support can follow on from that.

When a person is in emotional distress (reaction), they might experience different symptoms: their body or legs shake, they feel disoriented, they find it hard to focus, they cry uncontrollably, their chest tightens, they have very strong feelings of anxiety, they cannot sleep, and so on.

These symptoms depend on the degree of distress and the person's own capacity to contain it. They also depend on severity of expression (from very mild to severe).

What we can do-be at times like this?

- You first have to ground yourself in the present moment so that you can notice your own breathing. You must make sure you are clear with yourself about how much capacity you have to listen and be supportive of the other person. If you are pushing yourself to be supportive and do not feel that it is authentic for you at that moment, it might be better to ask a colleague to take your place.
- When you speak to them, speak slowly and calmly; it is therefore important that you feel calm as well, so that your voice is calm and soothing.
- You can invite them to look at you and take some breaths together (if possible, look at each other; if not, you can both look as some point in the same direction).
- Assure them that you are there and that you will not go away.
- Help them to reconnect with the present moment with some sense-related mindfulness exercises:
  - invite them to look around the room and count all the red objects they can find
  - invite them to smell some essential oils, flowers or tea
  - invite them to notice their feet and how they are in relation to the floor - they can push against the floor and walk around the room in this way for a while, etc
- When they are more present and centred again, you can ask them whether they experience this often and, if so, in what kind of situations, and whether they are already receiving some support.
- Normalise and validate what they feel. In this way you can help them feel understood and grounded in the reality of what they feel, even if their feelings do not make sense to you. They are not your feelings but theirs.
  Example: 'It makes sense that you are angry or sad if this happened. I guess it's normal.'
- Give them time and space to talk about their experience without you monopolising attention or space. Be aware of how much space you take when you share your own experiences or thoughts.
- Set boundaries that are consistent, clear and meaningful. Safe and clear boundaries bring a sense of structure and security.
- Ensure that you make it clear that what they tell you will stay between you two. However, you must inform someone if you believe that they wish to harm themselves or others.
- Talk to them about possible further steps and find common ground on how to proceed. Tell them what your role can and cannot be (it cannot be that of a psychologist). Be honest and clear while staying compassionate.

DON'TS

- Don't give advice on how they should solve their problems. Avoid 'you should' sentences altogether.
- Don't judge or criticise their behaviour, even if it annoys you or you don't understand it.
- Don't use meditation or visualisation techniques with someone who expresses symptoms of disorientation in time and space.
- Don't expose their problems in front of their peers or a larger group. Take a moment with them in a private and safe environment. Location is important and should have as few disturbances as possible (other people coming in and out, loud sounds coming from outside, etc.)
- Don't panic or create drama. Try to calm yourself first before you take any other steps to offer support.
- Don't push them to express their painful emotions or memories if they do not feel ready for it.
- Don't generalise ('Oh, this is nothing, it happened to me as well and I managed…')

REMEMBER:

We can:
- support them to find professional help and make further steps in that direction
- help them learn some social skills
- remind them they are not alone

WHEN SHOULD YOU ENCOURAGE SOMEONE TO SEE A SPECIALIST (PSYCHOLOGIST, PSYCHOTHERAPIST, PSYCHIATRIST)?

When the symptoms persist for a longer period and are therefore already affecting their ability to function on a day-to-day basis.

Example: They have problems sleeping and sleep very little. During longer periods of insomnia, our ability to regain equilibrium on our own and without any help might be limited. In order to start regaining psychological and physical balance, it is very important that we sleep enough and take sufficient rest.

It might be that someone is too afraid to go alone to the doctor or psychologist, or to a psychotherapy appointment. Help them find a person who will go with them.

If or when they express tendencies, wishes or plans to end their life, create an agreement that they will not try to harm themselves before you meet again. If they have a plan or make an attempt, you are obliged to call the emergency services or go with them to the emergency psychiatric unit. You should in any case check the legal procedures that apply in your country.

ONE LAST DROP … YOUTH WORKER SELF-CARE

As a youth worker, be clear with yourself about your role in supporting others: how much and what your responsibility is, and who around you can offer additional support.

Create a good network around yourself of people who work professionally in the field of mental health (psychologists, psychotherapists, etc.). Turn to others for advice when you encounter cases that disturb or emotionally touch you. If you are a very empathetic person, practice establishing boundaries and emotional distance so that other people's strong emotions do not overwhelm you. Be sure to know what your limits are.

And … take loving care of your own inner world so that the help you give to others comes from a place of self-care.

Thank you.
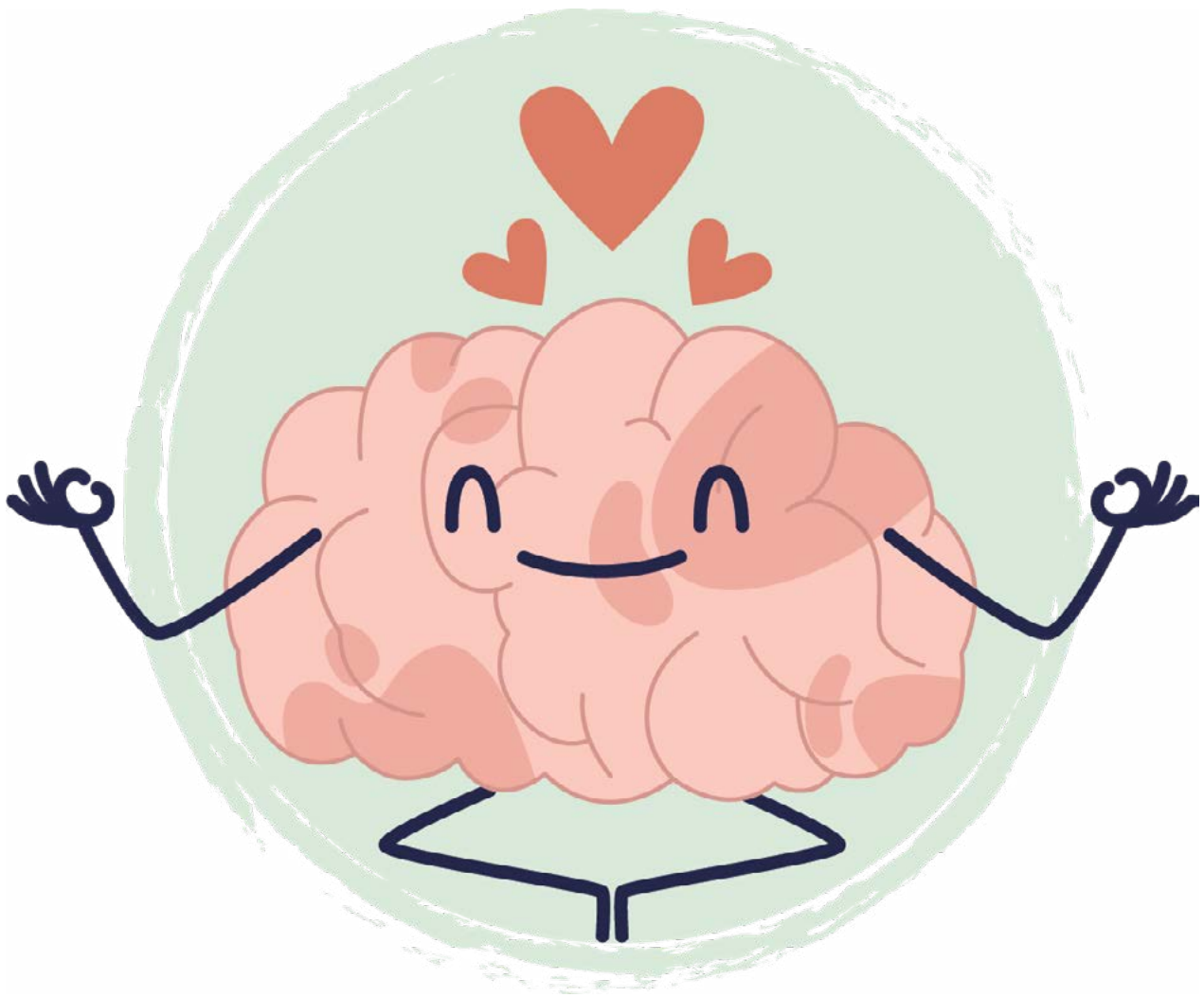
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TAKING CARE OF YOURSELF AS A YOUTH WORKER

Jaka Kovač, Non violent communication trainer and facilitator

Youth workers have an important role to play in supporting and empowering young people, and even shaping their lives and helping them to find a way through all the traps and challenges of adolescence, supporting them in making important decisions, encouraging them to develop their full potential, offering empathy while dealing with various family and life issues, and helping them to face their traumas, dysfunctional behavioural patterns and aggression. It is a rewarding role to witness their development, and all the little successes, moments of deep connections, and changes in self-perception and behaviour. But it is also emotionally, psychologically, and physically draining to be there all the time for them while also dealing with all other responsibilities (project work, reports, expectations of parents and financiers, logistics, etc.).

Here are some of the challenges that youth workers can face:

1. COMPASSION FATIGUE

Youth workers often invest significant emotional energy in their work, and continuous exposure to the struggles of young people can lead to compassion fatigue, a form of burnout that results from excessive empathy.

2. STRESS AND OVERWORK

The demands of youth work can be overwhelming, with long hours, tight deadlines and high expectations from stakeholders. These pressures can lead to stress and mental exhaustion.

3. EMOTIONAL INTENSITY

Dealing with young people who are facing issues such as substance abuse, family problems, mental health challenges or involvement in the criminal justice system can be emotionally draining.

4. BOUNDARIES AND SELF-IDENTITY

Youth workers may struggle to maintain professional boundaries and sometimes become overly invested in their clients' lives, leading to blurred lines between personal and professional identities.

5. BURNOUT

During depressive periods, people with bipolar disorder may lose interest in activities they once found enjoyable. They might isolate themselves, stop interacting with others and show signs of despondency or despair.

It is not just recommended that you practise self-care: it is a necessity if you wish to maintain mental and physical well-being, build up your resilience and offer high-quality support to young people in the long term. It is also about being a good role model: if you don't know how to take care of yourself, how will you be able to support young people in their efforts to practise self-care? If you don't care for yourself, it is almost impossible to care for others - at least not in a healthy, sustainable and long-term way.

You need to take care of yourself in order to be present in the situation you are in: to be calm, focused and in touch with yourself and the people you work with, even in challenging situations. This is the only way you can effectively lead the process of learning and help young people to go through their own processes. It means that you have to be prepared and to understand what you need and what you can contribute. In other words, taking care of yourself means being physically, emotionally and mentally present. When you are calm, you are better able to perceive, observe and respond to what is happening in the group. When you are focused and in touch with yourself, you can more easily recognise the needs of the group and of the individuals within the group - that is, what it takes for them to relax, connect, focus and move forward. Being attentive to the group's needs makes participants feel heard, respected and understood, and increases their internal motivation to participate. Focus and presence help you endure the chaos necessary for creativity and vitality, and prevent you from slipping into exerting control and establishing order when it is not yet needed. The calmer you are, the less you need to deal with yourself, and you can, with curiosity and openness, listen to others more. At that point, your perception of what is happening around you often changes. Young people are no longer wild, uneducated and spoiled: perhaps all they need is a little movement, relaxation and understanding. Colleagues are no longer annoying, confrontational and stubborn: maybe they just need some rest, empathy and a bit of time for themselves.

Self-care also means becoming aware of your internal dialogue and the patterns that influence your relationship with young people. If you are excessively critical and demanding of yourself, how can you possibly help young people fully accept themselves and build healthy self-esteem? If you lack self-confidence and trust in the people you work with, how can you help young people trust themselves and bring mutual trust into the classroom? How can you act in a calming way in intense situations if you already come to work nervous and triggered? What we carry within us, we bring into our relationships and the groups we work with. To explore such patterns, both in ourselves and in the group, honesty, authenticity and the courage to open up to vulnerability are needed, which may arise when we face our darker sides. The more willing you are to explore and embrace your vulnerability, the easier it will be for you to understand the people you work with and support them in their exploration. At the same time, this will bring more authenticity and integrity to your role as a youth worker. The more fully present and focused you are, the easier it will be to encourage the group members you work to be present and to focus.

How can one truly practise self-care? Here are some practical self-care strategies you can incorporate into your life:

1.   DEVELOP SELF-EMPATHY

Self-empathy means being in touch with your own feelings and needs. It means pausing when you are in an intense situation and checking how you feel, what is happening in your body, and what needs lie behind those feelings. It means enriching your vocabulary of feelings and needs in order to know how to name your subtle inner world. Self-empathy is the awareness that whatever you are doing, you are trying, in a more or less functional/successful way, to meet some of your own needs. The more you are aware of this fact, the easier you will find it to be compassionate and gentle when you encounter an intense situation. And the more often you do that, the easier you will find it to be self-connected and resilient. When you are conscious of your needs, it is easier to find strategies to fulfil

them - you are taking power and responsibility for your feelings and needs into your own hands and you stop being the victim of 'unfair' circumstances and surroundings. The more you practise self-empathy, the more likely it is that you will be able to find compassion for others. When we become aware that others are also simply trying, in more or less functional/successful ways, to fulfil their own needs, it can bring us a greater measure of peace in our lives and in our work with young people.

2. FINDING SUPPORT

Having a friend/colleague or a group of friends/colleagues with whom you meet on a regular basis and talk about the challenges you are facing at work can be life-saving. Having somebody there who is ready and able to listen to you, without interfering, and to give you advice and correct you so that you are able to fully express yourself can be something close to regular therapy. Set a date when you meet every week, every 14 days or every month. Divide and measure time so you both/all have a chance to express yourself and to practise deep, empathetic listening.

Many countries and cities have regular non-violent communication practice groups. People who are familiar with non-violent communication gather together for a couple of hours and listen to each other, or practise elements of empathy/self-empathy. Check for these groups in your country.

If you are dealing with constant intense cases or more demanding target groups, organise supervision. A professional supervisor will help you to process the intensity and get more insights into what is happening in specific relationships/situations. Individual psychotherapy is also always a good choice (if you have the financial resources, of course). The more you are conscious of your behavioural patterns and traumas and the strategies that you use to fulfil your needs, the easier will be for you to support young people in their struggles - and to care for yourself at the same time.

3. SETTING BOUNDARIES

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4.   REGULAR PRACTICE

Identifying practices that help you centre yourself and relax is another strategy that can support your efforts towards self-care. Find some activity that helps you get calm, centred and connected with yourself. It might be yoga or martial arts, country walks, dancing, meditation or breathing exercises. Do them on a regular basis. When we are in intense situations and under stress, we tend to hold on to what is familiar to us. If our usual coping mechanisms are to close down, attack others, defend ourselves or run away, it is very likely that we will hold on to those, automatically and subconsciously. Most of the practices mentioned above place emphasis on a calm, conscious response that helps us strengthen our peaceful core and create a calmer place from which to respond when called upon to do so.

Breathing exercises, either as individual practice or as part of yoga, martial arts, walking, meditation and the like, can be a very useful tool for use in everyday life. When we are under stress, our breathing gets very shallow, our sympathetic nervous system is stimulated and we enter fight-or-flight mode. One of the easiest ways to stimulate the parasympathetic nervous system (the thing that calms us down) is to slow our breathing. If we manage to breathe into our belly, with deep inhalations and long exhalations through the mouth, we stimulate the parasympathicus even more. This makes it more likely that we are able to maintain calmness and to distance ourselves from the drama that is happening around us. Consequently, we can respond much more constructively and in a supportive way, towards ourselves and others.

5.   RECHARGING ONE'S BATTERIES

Making a list of things you enjoy doing is a lovely activity that can help you recharge your batteries. Write down 30 things you love doing - at least half of them should be things that do not take much money, time or equipment, so you can really do them anytime, anywhere. Then incorporate them into your schedule so that you don't do them only if you 'have time', but consciously set aside time to do them. That makes it much more likely that you will do them. This will bring more joy and enthusiasm into your life and into your relationships at home or at work.

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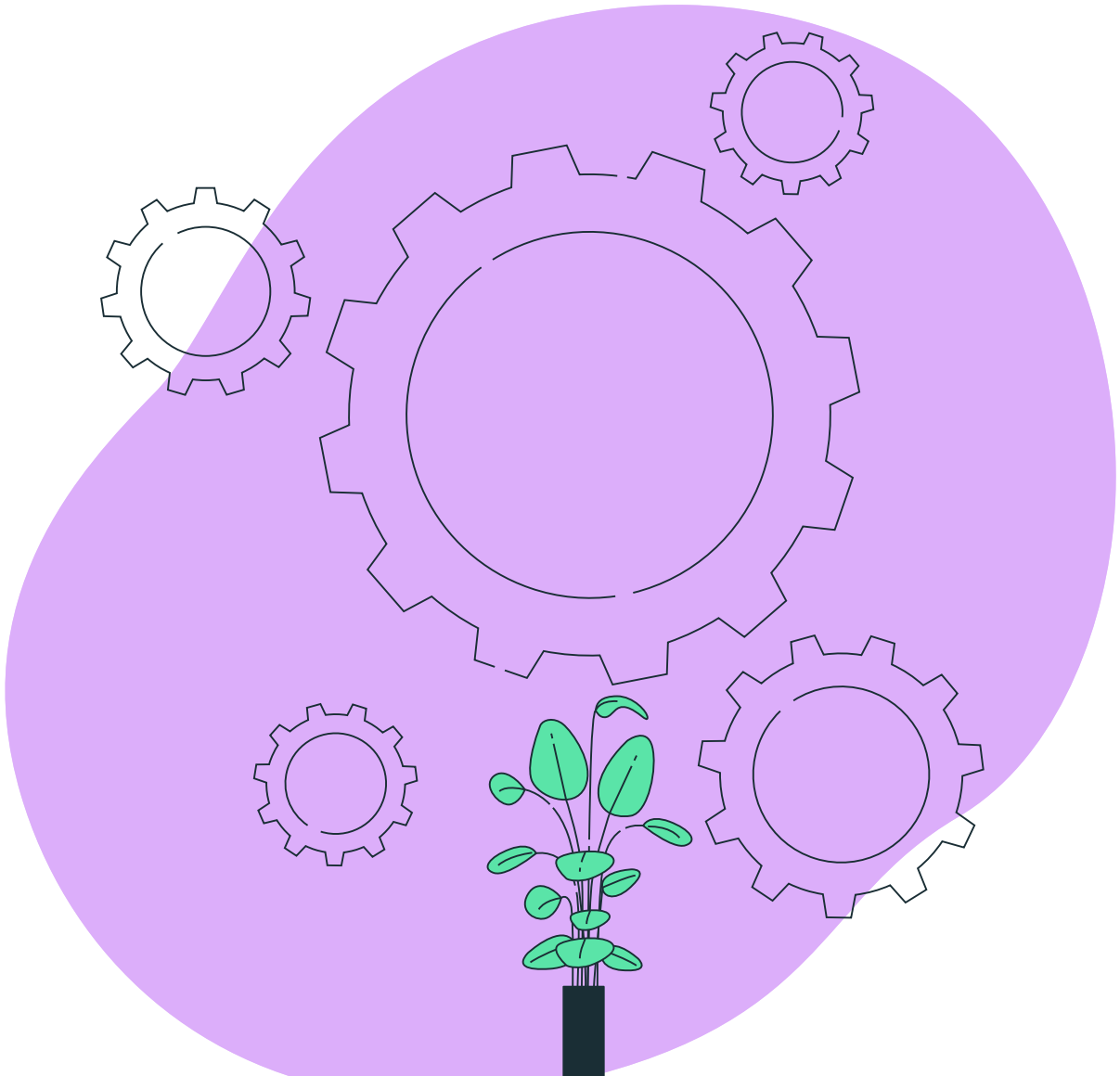
GUILDELINES FOR YOUTH ORGANISATIONS

Here are a few guidelines that could be of use to you in your future work:

1. REACTING TO EMOTIONAL AND BEHAVIORAL ISSUES:

- Remain calm and composed.
- Show empathy and understanding.
- Create a safe and private environment.
- Engage in active listening without making snap judgments.
- Set clear boundaries while validating emotions.
- Offer guidance and support, including professional help if needed.
- Implement de-escalation techniques.
- Involve the young person's support network.
- Take care of your own well-being as a caregiver.

2. DESIGNING ACTIVITIES:

- Understand each individual's needs.
- Establish a safe environment.
- Seek for therapeutic approaches if needed from professionals
- Encourage involvement and praise good behavior.
- Tailor challenges to each participant's capabilities.
- Foster healthy relationships through cooperative activities.

3. METHODOLOGIES FOR COURAGEOUS INTERACTIONS:

- Provide a clear framework for activities.
- Build trust through group exercises and discussions.
- Welcome different opinions and encourage vulnerability.
- Ensure everyone has the opportunity to speak.

4. ACTIVE LISTENING:

- Create a positive atmosphere.
- Focus on understanding the young person.
- Avoid negative criticism and maintain curiosity.
- Observe nonverbal cues and allow silence for thought.

5. BUILDING TRUST:

- Present facilitators and the framework clearly.
- Allow everyone to share information in the group.
- Conduct team-building exercises to enhance trust.

6. REGULAR CHECKPOINTS:

- Reflect on progress, learning, and personal feelings.
- Use smaller groups for more open discussions.

7. INCORPORATING MOVEMENT AND NATURE:

- Use movement to reduce stress and foster connections.
- Engage in activities outdoors for a more relaxed and trusting atmosphere.

8. DO'S AND DON'TS FOR YOUTH WORKERS:

- Be respectfully curious and understand the complexity of each individual.
- Avoid giving direct advice or criticizing behavior.
- Don't use meditation with disoriented individuals.
- Keep discussions private and avoid creating drama.

9. SUPPORT FOR PROFESSIONAL HELP:

- Encourage seeking professional help when symptoms persist.
- Assist in finding support for severe cases or suicidal tendencies.

10. YOUTH WORKER SELF-CARE:

- Understand your role and limits.
- Practice self-care to maintain mental and physical well-being.
- Develop self-empathy and find support networks.
- Set clear boundaries between work and personal life.
- Regularly practice activities that help you relax and stay centered.

We have come to the end of this 'Gentle Curiosity' toolkit - or have we? We should perhaps more rightly regard it as the beginning of a life-learning journey. The toolkit embodies this ethos, serving as a vital resource in the dynamic realm of youth work.

It began with the unexpected departures of young people who were suffering from emotional and behavioural issues, and ended as a beautiful learning journey. We have learned a lot: that we need to set boundaries and understand, and that we need to know when to stop and let young people seek professional help. But there are still things we can do. This toolkit is grounded in the understanding that effective youth work transcends conventional approaches. It advocates for a compassionate, nuanced strategy that addressed the diverse needs of young individuals, particularly those facing additional obstacles placed in their way by socio-economic, educational or personal challenges. By emphasising active listening, the toolkit aims to create safe and empathetic environments for young people, fostering trust and opening avenues for meaningful dialogue. Integral to the toolkit is the concept of 'gentle curiosity', which urges youth workers to genuinely understand the unique stories and challenges faced by young people. Techniques such as grounding and mindfulness are tailored to the dynamic nature of youth work, and can assist in navigating conversations with clarity and sensitivity. The toolkit also stresses the importance of collaboration between youth workers, mental health professionals and other stakeholders to form a holistic support system. The toolkit is therefore not just a resource but a set of guidelines for integrating the principles of gentle curiosity into youth work. It aims to strengthen the impact of the profession and contribute to the holistic development and empowerment of young people over the long term, while emphasising the importance of also taking care of yourself.

GENTLE CURIOSITY

NAVIGATING MENTAL HEALTH CHALLENGES

AS A YOUTH WORKER