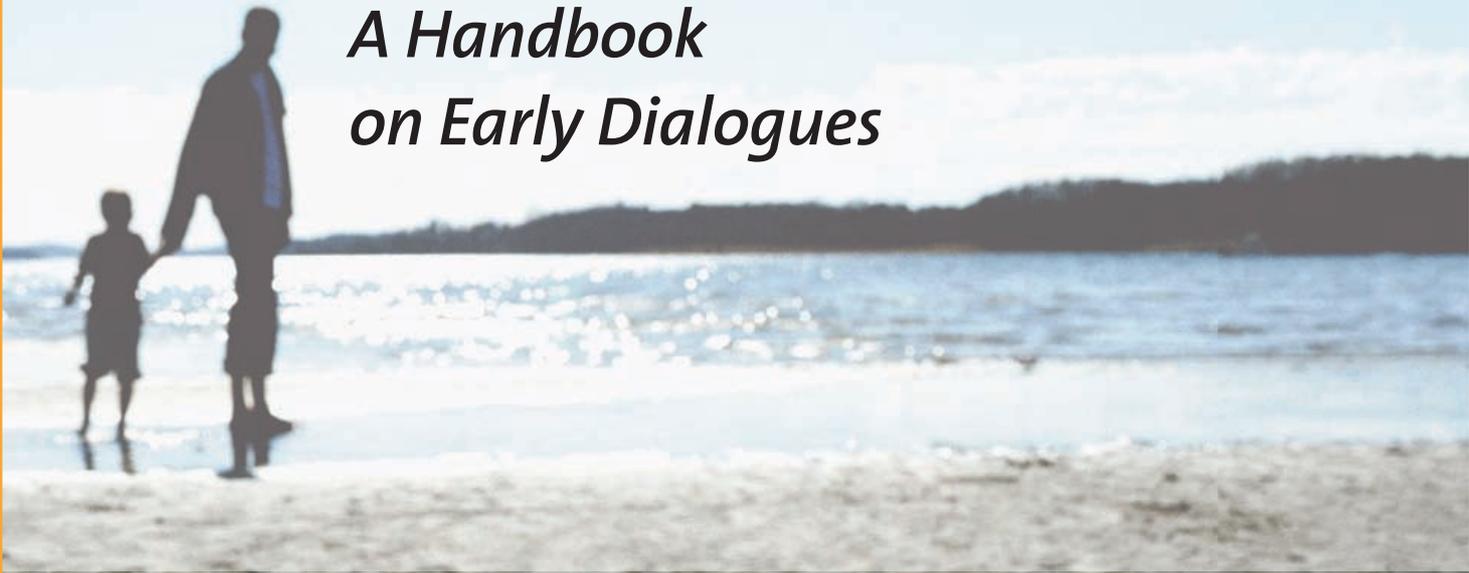


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Taking up One's Worries

*A Handbook
on Early Dialogues*



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Foreword

When there are worries concerning a child or an adolescent, it is best to act when there are ample possibilities and alternatives still available. The term “early intervention” might evoke ideas of disrespectful interference in other people’s business. But what about “respectful early intervention”? This issue was examined while developing good practices for early intervention, and this handbook was created as a result of those thoughts. In our understanding, early intervention could – and should – be early dialogue. It is never too early to be dialogical. Dialogicity calls for responsiveness. We prefer to call early intervention “early open co-operation”.

The idea for this handbook came during an experiment. In the late 1990s, we implemented a comprehensive, multi-professional project in two municipalities in Finland. The project’s objective was to develop networked co-operation to assist children, adolescents and families. A large proportion of the problems children and adolescents face seemed to be related to parental substance abuse and similar issues. Professionals acknowledged that these were the types of issues they found difficult to take up with parents. Thus, we decided to design tools that would facilitate taking up difficult issues. Some material was already available from our previous projects on developing methods to change or modify one’s own ways of operating. The first version was on taking up parental substance abuse. As it seemed to go well, we proceeded to taking up any issues that are generally found difficult to address.

The tool was developed further in co-operation with numerous professionals. Dozens of professionals in the psycho-social sector around the country have participated in the development work. Our team has trained several hundred local trainers, who in turn have trained colleagues in their municipalities. The total number of professionals trained must be in the thousands.

Of course, difficult issues have been taken up before, and excellent methods for taking up substance abuse and violence exist today. However, this handbook is intended for those professionals who need to take up their worries concerning a child or adolescent with the parent(s) or guardian(s). According to our follow-up material, implementing this method has facilitated taking up issues and contributed to a positive attitude in searching for alternative actions.

Our aim has been to publish a down-to-earth, easy-to-read guide. The first version was written by Satu Antikainen (head of a day-care centre), and her personal experiences serve as an introduction to the contents of this handbook. Our research and development team was most helpful in creating the handbook. We especially thank Marie Rautava, who significantly contributed to fine-tuning the draft version. The undersigned take full responsibility for the final layout and contents.

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INTRODUCTION AND INSTRUCTIONS FOR USE

The objective of this handbook is to lower the threshold for early intervention. It is primarily intended for professionals in basic services working with children and adolescents (e.g. day-care staff nurses at schools, pre-natal clinics, child health clinics, school staff, etc.). However, this handbook can also be useful for professionals in specialised services (family counselling clinics, child welfare, and mental health, for example).

The handbook introduces the anticipation method for taking up one's worries and operates best in situations where the professional is uncertain about how to take up a subjective worry concerning a child or adolescent with his or her parents or guardians. It will facilitate early intervention when the child's/adolescent's situation is worrying, in a supportive atmosphere, aiming at genuine dialogue. Taking up one's own subjective worries and anticipating the dialogue are the focal points of this method. In practice, taking up one's own worry means that instead of focusing on the child's or family's problems, the professional is raising his or her subjective concern for the child, and asking the parents to help him or her help the child. In this way the professional expresses the need to co-operate with the parents to diminish his or her worry. It is emphasised that this approach greatly differs from defining others as "problematic". The tone of these discussions is entirely different, as is the perspective of a long-term dialogue. Anticipation provides professionals with a tool to assess various alternatives and their possible consequences.

Taking up one's worries is an essential part of respectful early intervention. Being worried indicates that something in the child's or adolescent's situation is starting to go off track and will develop in an undesirable direction unless something is changed. Often the situation calls for co-operation with both the child/adolescent and his or her parents or guardians. Thus, this handbook is intended for professionals in situations where they are confident their worry will not be diminished unless they can establish fruitful co-operation with the parents.

Subjective worry is a sensitive "meter". However, its "results" are usually not easily interpreted. When a professional is worried about a child or adolescent, his or her perspective is that of a trained professional. He or she might be worried about what seems to be happening to the child or adolescent, if the actions intended to help continue unchanged. He or she has probably tried different approaches, but they have not diminished his or her concern. At this point, one may start to look around for additional resources to solve the situation. Co-operation with the parents or guardians might seem necessary, yet what if it is the parents' own conduct one wishes to change? In such a situation, how should one express oneself without making things worse by antagonising the parents?

The threshold to take up one's worries can be extremely high. Most professionals (e.g. staff at day-care centres and in schools) are principally concerned only with the child or adolescent. Is taking up worries with the parents part of the job description? Of course one meets the parents, but encounters with them are more in the way of general socialising than discussing actual problems. Children might be the topic of conversation, but how should one address the issue when one feels that the child's problems are related to the parents' behaviour? On the other hand, there are professionals whose clientele comprises primarily adults, such as those working in mental health agencies, family counselling centres and A-clinics. What should the professional do, if he or she is worried about the children of his or her client? Is taking up this worry part of the job description? Professionals at pre-natal and child health clinics work with both children and their parents. How should one take up worries related to the parents' conduct? Fear of the parents' negative reactions may hinder taking up worries. Training and education do not necessarily provide any tools for taking up difficult issues. As a result, the professional puts off taking up his or her worry, perhaps hoping that someone else will address the problem, while his or her worry for the child/adolescent continues to grow.

The anticipation method for taking up worries has been summarised as a series of questions. These are the kinds of questions a close colleague would put, when you are pondering how to take up your worry concerning the child/adolescent. The alternative approach comprises filling in a form. The form can be used to develop one's technique and is intended to facilitate adopting the new anticipation method. Once you are fully familiar with the process, you will no longer need the form for support. However, occasionally writing down your own actions might be a fruitful way of reflecting on your work and improving your professional skills. The theoretical basis for the series of questions is discussed with illustrative examples.

When worry becomes part of a professional relationship, it should be taken up by the professional. In this handbook, zones of subjective worry are used as a tool to conceptualise worry. 'The zones of subjective worry' is a method that facilitates the assessment of available possibilities in relation to the level of worry. However, there are special situations when it is advisable to consult others and perhaps even to invite them to participate in taking up the issue. Such a situation could be intimate partner violence, for example, and special methods have been developed that take into account the special nature of violence.

The method is introduced first as a series of questions, which is followed by argumentation separately for each question. Next, the theoretical basis for the method is discussed. And finally, advice is given for continued co-operation following the initial discussion. Appendices include reviews by professionals from different parts of Finland who have implemented the method. These reviews provide an insight into method implementation and offer an opportunity to judge the results for yourself. In addition to personal experiences, the reviews further illustrate the consequences of taking up worries.

UNEASY ABOUT TAKING UP A WORRY?

Personal experiences by Satu Antikainen

Is there something we could have done differently?

“Jukka” entered our day-care centre when he was two years old. Prolonged goodbyes in the morning tested the patience of our staff. Jukka clung to his mother, and refused to join the other children. We felt that the mother was reluctant to leave her child in day-care, and felt that she did not trust us.

As Jukka became older, the number of problems increased. He had trouble saying goodbye to his mother and missed her during the day. Jukka did not play with the other boys. He was shy and motorically delayed. Jukka could not take others into consideration or wait for his turn, and often the other children complained about him jumping the queue. One day we invited the mother to discuss the situation. We told her about Jukka’s problems and suggested a joint meeting with our non-resident specialist kindergarten teacher. Jukka’s mother did not think such a meeting was necessary and was convinced that everything was fine.

Jukka started pre-school, yet there had been no change in his behaviour. During the day, he cried and missed his mother. No progress could be seen in his motor skills or behaviour (waiting for his turn, taking others into consideration). The staff felt that immediate intervention was necessary, or he would have serious problems at school. We thought it absolutely necessary to invite Jukka’s mother to another meeting. However, we were uncertain about how to get the discussion going. Previously, Jukka’s mother had refused a proposed joint meeting and ignored Jukka’s problems. We felt that Jukka’s mother was reserved and evasive.

We decided to invite Jukka’s mother to a meeting. We openly told her about the problems Jukka was having, and advised her to contact the family counselling centre. We said that we believed Jukka’s emotional problems could be best resolved in the family counselling centre and that in this way Jukka could receive adequate assistance before starting school. After listening to what we had to say, Jukka’s mother informed us that she had been thinking about withdrawing him from day-care. To us, this sounded like the worst possible alternative. We tried to appeal to Jukka’s mother by telling her how serious the situation was, especially because Jukka was to start school next autumn. Again, she listened to what we had to say and promised to think it through. Two days later, she phoned and announced that Jukka would no longer be attending day-care. She said she had made this decision in spite of the advice given by the day-care professionals.

Taking the first steps on the road to fruitful co-operation

“Liisa” was transferred from family day-care to our day-care centre. At the same time, her delayed speech development and difficult behaviour were being addressed. As the autumn progressed, Liisa began to adjust to the day-care group. However, her behaviour continued to be unacceptable and she suffered from mood swings. The day-care staff had doubts about successful co-operation with Liisa’s mother. This was a challenging situation: on the one hand there was the worry about Liisa’s behaviour, but on the other hand her mother’s inconsistent behaviour at the day-care centre was confusing. How could we encourage the mother to co-operate?

We were so worried about Liisa that we were forced to plan how best to take up the issue with Liisa’s mother. However, we postponed taking up the issue, because we were afraid her mother would become very angry. Furthermore, there were so many issues that needed to be addressed that we felt it might have been too much for Liisa’s mother to take everything in during the first discussion. Hence, we decided to address the problems stage by stage and tell Liisa’s mother only about her mood swings at first. We further decided to give concrete examples of how Liisa’s mood swings affected her behaviour. We also decided to ask how she was coping in general, and with Liisa in particular. We decided to be very open and honest about our worry. We also carefully considered the forms of support we could offer Liisa which would also be acceptable to Liisa’s mother. We also actively looked for positive things in the situation between Liisa and her mother. Once we had acknowledged that everyone possesses strengths and resources, we became more optimistic, and this also helped in taking up the issue.

We held a meeting with Liisa’s mother as agreed. To our surprise, Liisa’s mother was very open, and told us she had been worried about Liisa as well, and explained her own difficult situation in life. She accepted the support measures we had devised for Liisa. Furthermore, on her own initiative she suggested she should spend more time with Liisa. The atmosphere was very constructive. Although we did not discuss all of the problems at this point, we felt that this was the beginning of a good co-operative relationship.

Working first as a kindergarten teacher and then as head of a day-care centre, I have faced several problematic client situations. I have met children and families who have evoked a genuine feeling that intervention would be in the child’s best interest. In my leadership position, I have consulted my staff and together we have searched for answers to difficult situations. To be quite honest, I was uncertain about how to take up my worry about the child with the parents, and did not dare to approach the issue for a long time. Perhaps I was afraid the parents would be offended, or that they would become angry with me. I also had doubts about having the opportunity to talk about my true worry at all. I also looked for reassurance and

wanted someone better equipped, such as our non-resident specialist kindergarten teacher, to confirm my observations.

I participated in Arnkil and Eriksson's project, which gave the necessary impetus to my professional development. The objective of the project was to develop new methods for early intervention and multi-professional co-operation. On the first day, I heard the term "subjective worry", which opened up a whole new perspective on meetings with clients. It is such a relief to understand that being right and able to define the problem are not prerequisites to taking up a worry I have concerning a child. It is sufficient to voice my worries and ask the parents for help in helping their child. There have been times when I have been worried for no reason. But so what? Who could be offended, when we show that we care for their children?

Co-operating with the parents and guardians is most successful if I have been able to identify the strengths and resources of the family. This will also be of help when identifying adequate support services where the parents can also participate. Meeting eye-to-eye on equal terms is possible only when I can see the positive aspects in addition to the problems. Being able to see good things in the child and in the family as a whole generates optimism and faith in the possibility of improving the situation. I am confident that parents want what is best for their children. However, difficulties in life may hinder a parent's capability to act like a parent.

THE METHOD FOR TAKING UP WORRIES

Taking up worries and suggesting supportive measures

This method of taking up worries can be applied in situations where a concern regarding a child/adolescent needs to be taken up in discussion with his or her parents or guardians. Implementing this method facilitates taking up difficult issues in a respectful way and offering the stakeholders appropriate support. Reactions to this method can be surprised, even confrontational. However, the method can be successfully implemented to create sincere relationships between professionals and parents based on honesty and frankness instead of pre-judgement and guesswork. Worries are taken up in respectful discussions where the main objective is to build an alliance to help the child.

A form can be used as a supportive means to approach the difficult subject. It includes questions to help you prepare for the discussion, and serves as reference material for evaluating the discussion afterwards.

The form comprises three sets of questions. *The first set of questions* is intended for the stage when you find taking up an issue is necessary and wish to have a better understanding of the situation. The questions are as follows:

- What are you worried about in the child's/adolescent's situation?
- What will happen if you do not take up the issue?
- How worried are you?

The second set of questions is considered when you are *preparing for the meeting* with the parent(s)/guardian(s) of the child/adolescent. This set of questions will assist in identifying a respectful, relaxed way of expressing your concern. The questions are as follows:

- In your opinion, what are the areas where the parent(s) of the child/adolescent feel they receive support from you?
- Do areas exist where they might find you threatening?
- What are the resources you have been able to identify in the child/adolescent and his/her situation, and how could you communicate these to the parent(s)?
- What could you and the parent(s) do together and/or separately to improve the child's/adolescent's situation?
- How do you intend to take up your worries and express your wish to co-operate?
- Anticipate what will happen during the discussion.
- Anticipate possible results of the discussion in the near future.
- What would be a suitable setting and a suitable time to meet the parent(s) and discuss the difficult issues?

The third set of questions is to be used soon *after the meeting*. The questions simulate what your colleague might ask: “How was it?” and “How are you feeling now?” The questions are as follows:

- How did you take up the issue?
- How did you feel before voicing your concern? How did you feel during it? How did you feel afterwards?
- Was it as you had anticipated, or was it completely different? Were you surprised?
- How do you view the actions to help the child/adolescent now? Are there grounds for optimism? Are there things that still worry you?
- What are you going to do to diminish your worries?

A form comprising these sets of questions can be found in Appendix 1.

The stages of progress

In the previous section, the method for taking up worries was presented in a nutshell. In this section, the stages of progress are addressed one question at a time. The objectives and content of each question are discussed in detail, and question-specific issues to reflect on and bear in mind are suggested.

Question set 1 – Assessing the situation

- What are you worried about in the child’s/adolescent’s situation?
- What will happen if you do not take up the issue?

It is very important to reflect on your feelings of worry and to analyse the things that worry you in the child’s/adolescent’s situation. Reflecting on your worry will help identify the context and put your emotions in a more concrete form, which in turn will facilitate taking up your worry. Think what would happen if you did not take up the issue. Would the child suffer? In what way? How would it affect your professional relationship with the child or family if you did not voice your worry?

Thinking back, have you ever been worried about this child/adolescent before? If so, what did you anticipate would happen when you decided not to take up the issue?

- How worried are you?

Are you merely mildly concerned, slightly worried, or worried to a great extent? Assess your level of worry, and estimate the need for resources – do you need extra support? If you feel that your own means of helping are running low, consider what additional resources and/or control might be necessary. Map out where to find the

additional resources you need; whom do you need to contact? Use the zones of subjective worry (see “The zones of subjective worry”).

Question set 2 – Preparing for the meeting

- In your opinion, what are the areas where the parent(s) of the child/adolescent feel they receive support from you?
- Do areas exist where they might find you threatening?

The aim of these questions is to consider how the parent/guardian might perceive you. It is important that you understand what your position in relation to him or her is (see “Successful assistance is a combination of support and control”). What are the areas where the parents find you safe and a source of support? Although you might think that your relationship with the parent is good, it is possible that he or she might consider you a threat in some areas. Parents may think that you are critical of their lifestyle, or they might suspect that you speak ill of them to the other staff, for example.

- What are the resources you have been able to identify in the child/adolescent and his/her situation, and how could you communicate these to the parent(s)?
- What could you and the parent(s) do together or separately to improve the child's/adolescent's situation?

In addition to worries, it is important to map the resources the child/adolescent possesses. Which of the resources that the child/adolescent has should be strengthened or supported? Which of the resources that the parents or the family have should be strengthened or supported? What other resources can be identified in the situation? In our experience, the fact that the professional can identify the child's/adolescent's/parents' resources is sufficient in itself to have a positive impact on the conversation. Parents are able to sense the professional's attitude. If you can see nothing positive or encouraging in the situation, you might find it hard to identify any means of helping the child/adolescent. Furthermore, your non-verbal communication will reveal this attitude and contribute to a negative atmosphere preventing true co-operation from developing. (See “Identifying resources”).

Think in advance what supportive actions could help the child/adolescent. What could you do? And in your opinion, how could the parent(s) support their child/adolescent? Is there something you could do together?

When offering support, to which resources could you link the support? Is co-operating with the parents enough, or do you need extra support? Should other professionals be invited to join the process? Would holding a network meeting be beneficial? If you decide to refer the family to another professional, should you accompany them on their first appointment?

While considering alternative supportive actions, find out if the issue has been addressed before. If so, what actions were taken? Was the supportive

action successful? Did the child's/adolescent's situation improve? Did worries diminish? What type of support would produce further improvements in the situation? Perhaps you will be able to discover completely new alternatives. What kind of action would be "appropriately different"? Or, in other words, does a type of action exist that differs from the ones that have been tried before, but is not so different as to intimidate the parents or appear critical. (See "Actions that are appropriately different")

- How do you intend to take up your worries and express your wish to co-operate?

Verbalise your worries. Consider alternative ways of expressing your worries, discussing resources and suggesting co-operation. To ensure successful dialogue, it is important to consider in advance the types of expressions to use and how you tend to emphasise your speech. There is a difference between sharing your concern with the parents and asking for their help in helping the child/adolescent, and informing the parents about a problem you have observed and how you think it should be solved. It is not a bad idea to write down the sentences you intend to use in taking up your worry and expressing your concerns. This method of verbalising your thoughts can be used as a tool to organise your thoughts. However, what you will actually say depends on the context – what feels right and natural in the actual situation. When expressing your concern, it is a good idea to give concrete examples. Focus on the behaviour of the child/adolescent/parent – not on personality. Ask the parents for help. You can say, for example, "I need your help to be able to support your child here at school." (See "Worry is a concrete thing")

- Anticipate what will happen during the discussion.
- Anticipate possible results of the discussion in the near future.

Anticipation is a basic function of thought – we anticipate the consequences of our actions. Here, our aim is to become aware of anticipations, and use this awareness to consider the appropriateness of our actions in detail. The method includes anticipating immediate reactions and long-term consequences. How will the mother/father/child react when you take up your worry? Will they be upset/happy? Will the parents wish to join the effort? Anticipate and consider the feelings and emotions taking up your worry may cause in the parents. Think also how you will respond to the parents' reactions. How will you feel like if the parents become very angry? What will you do?

Anticipating your own and the parents' reactions provides you with an opportunity to assess the method you have chosen. Will the method you have chosen be successful in helping the child and improving your professional relationships, in the long run at least? If you anticipate that your approach will be successful, you can calmly proceed with a well-structured course of action. However, if you

anticipate that your relationship with the parents will suffer and as a result hinder co-operation and the possibility of offering support, try to think of another way of presenting your concern, and rehearse it in your mind. Anger and irritation are natural reactions in some situations, and you should not be afraid of having to face them. However, if you anticipate that such emotions will signal the end of all dialogue and co-operation, you might want to reconsider your approach. Maybe your worry will diminish, if you modify your own actions a little more. Or perhaps you will need to take up your worry with another party to secure additional resources. (See “Being aware of anticipations”.)

- What would be a suitable setting and a suitable time to meet the parent(s) and discuss the difficult issues?

The objective of taking up a worry is to develop and maintain co-operation that will support the child/adolescent. If you have been thinking about your worry and how to take it up with the parents for quite some time, it shows respect and consideration if you allow the parents an opportunity to prepare for the meeting as well. If it is at all possible, agree on a time and place beforehand. When making the appointment, tell the parents the topic of discussion.

You should hold the meeting in a peaceful place where confidentiality is not compromised. Do not take up your worry in the doorway or some other place where there are other people who can overhear your conversation. Furthermore, the parents need not hide their emotions in a private place – taking up your worry might evoke sorrow, anxiety, guilt, despair and anger. You should also remember to reserve enough time to avoid being rushed and to communicate your genuine interest.

If the issue is very sensitive, it might be wise to take up your worry as part of a team. Having a colleague present provides support in case of a conflict. If you anticipate an aggressive reaction, we recommend you invite a colleague to join the meeting. Furthermore, the parent might also feel more at ease if he or she can bring a friend/support person to the meeting. As an additional benefit, the support person can remind them afterwards what was discussed and what was agreed upon.

Question set 3 – After the meeting

- How did you take up the issue?

Following the meeting, assess whether you were able to share your worry with the parent(s). Were you able to cite good, concrete examples that illustrate well why you are concerned about the child/adolescent? Were you able to identify the resources the child/adolescent/parents possess, or that are present in the situation? Were you able to describe those resources and factor them into your offer of support? Were you able to formulate your offer to support the child/adolescent through your

work? Were you able to suggest co-operation? Estimate also how appropriate the place and time of the meeting were; did they support confidential interaction?

- How did you feel before voicing your concern, during the event, and afterwards?

Reflecting on your personal feelings will aid in understanding the experience and learning from it. Were you uneasy or afraid before the meeting? Did it turn out to be OK, or were your fears justified? How did you feel taking up your worry? Were you tense at first, but relaxed as the meeting unfolded? Or was the situation more relaxed than you had anticipated? How do you feel now? Do you think it was a good idea to take up your worry with the parents? Does this experience encourage you to take up your worries with other parents as well?

- Was it like you had anticipated, or was it completely different? Were you surprised?

Think back to what you initially anticipated to be the result of taking up your worry. Was it as you had anticipated, or completely different? Think about the reactions – who reacted and how? When you have anticipated possible outcomes in advance, you will be able to take advantage of the feedback generated by your conduct. Regardless of what happened in the meeting, you will gain insight into the situation and new resources for future work by reflecting on your own conduct, the nature of the meeting, and the parents' behaviour. Post-processing will improve your skills and enhance your understanding of possible outcomes.

- How do you perceive the actions to help the child/adolescent now?
- Are there grounds for optimism? Are there things that still worry you? What are you going to do to diminish your worries?

Afterwards you should pause to analyse your feelings regarding the situation. Did your worries diminish? What are the things that make you believe that the child's/adolescent's situation will improve? Are you going to continue processing the issue, or is the case now closed? How did the parents respond to your offer of support? Is there something that continues to worry you? What are you going to do to diminish your worry? The aim here is to review the results and actions to take in the future. Depending on the situation, you might have various hopes and expectations about the future. (See "The importance of feedback")

Summary: taking up your worry

The method discussed above can be summarised as follows – we call these “Rules of thumb in taking up one’s worries”:

1. Reflect upon your worry and consider where you genuinely need the parents'/guardian's help.
2. Make a mental list of the positive things about working with the child.
3. Thinking in advance, consider how you could express the positive aspects as well as your worries without them being misunderstood as a complaint or criticism.
4. Anticipate what will happen if you act the way you have planned – how are the parents/guardians likely to react?
5. Go through your lines either mentally or with a co-worker, and try to find a way to express yourself so that it invites others to share their opinions and thoughts, encourages listening to others, and strengthens continued co-operation.
6. If you anticipate that the approach you have been trying out might not encourage dialogue, or that it might not give long-lasting results, reformulate your approach.
7. When you feel confident that you have identified a respectful approach, take up your worry at an opportune moment, in a suitable setting.
8. Listen carefully, pay attention and be flexible. Taking up worries is an interactive process – do not stick stubbornly to your plan without taking account of the overall context.
9. Reflect upon what happened – Was it as you had anticipated? What did you learn? And for your part, how do you intend to secure continued dialogue and co-operation?
10. Most importantly, remember that you are asking for help in diminishing your worries – it is crucial for the improvement of the child's situation that the dialogue continues.

Outcomes of practical experiments

The method of taking up worries has been tested and developed for several years in connection with various projects and training programmes. Participants have included a wide variety of professionals and others working with children, adolescents and families with children. Material has been received on 349 cases where worries have been taken up in real-world settings with clients. An analysis and detailed results can be found in Appendix 2.

The results demonstrate that contact with children, adolescents and their parents/guardians (which is the basis for all psycho-social and educational work) is also central in taking up one's worries. Almost without exception, support realised in professional settings is in the form of (confidential) discussions, counselling, guidance, encouragement, etc. Limiting criticism or shying away from the negative aspects is seen as incompatible with a genuine relationship with the parents. For fear of jeopardising this relationship, professionals often refrain from taking up their worry. When the relationship is relatively new, it is felt that mutual trust should be generated first, while in established relationships, the professional might not wish to compromise what has already been achieved. While taking up one's worry needs to be linked with resources and support, these can be found within the framework of a relationship, such as discussions, encouragement, guidance, and co-operation.

Once the worry has been analysed and taking it up is considered beneficial in clarifying and improving the situation, anticipations about the possible reactions tend to be contradictory. In two thirds of cases, it was anticipated that taking up a worry would create problems that could in some way have a negative impact on the relationship and long-term possibilities for co-operation. In only one third of cases, anticipations were positive and it was believed that taking up a worry would result in fruitful, continued co-operation.

However, results from taking up a worry in real-life situations were quite the opposite. In a majority of cases, taking up a worry led to fruitful discussion, opened up new operational possibilities and improved the relationship. Naturally there were also problems, but only in one third of cases and even then, the feelings of confusion or anger tended to be just the initial reaction. None of the cases involved serious impairment or complete breakdown of the relationship. Few of the anticipations and actual events were classified as neutral, which indicates that the method is something of a novelty. It might be said that the "price" of employing such a method is anxiety and uncertainty prior to the meeting, but the "prize" is relief, satisfaction and optimism after the discussion.

The results received thus far are strongly in favour of implementing this method. When working with children, perceiving problematic situations as subjective, professional worries and taking them up with the parents in a respectful and well-structured fashion yields positive outcomes which improve the relationship and open up new operational possibilities. Naturally, there will always be cases where this method will not improve the situation. However, even in such cases the method will provide further insight into the child's situation and the limits of one's own resources. Often these are also the cases where additional resources and expertise are required.

THEORETICAL BASIS – KEY POINTS

The following section discusses the theoretical background to the method, and defines some of the central terminology (e.g. *subjective worry, anticipation, support, control and dialogue*), while aiming to provide further insight into the basic points of departure in taking up worries. We also discuss some practical approaches to taking up worries, such as how to use the zones of subjective worry; how to discover resources; and why it is important to carefully consider your own position in different situations.

Subjective worry – the point of departure

The traditional approach in problematic situations is to define the problem, pinpoint the solution and then implement it. In such an approach, the underlying assumption is that there exists an issue which can be objectively defined as a problem, and as soon as the problem has been defined, appropriate actions to “fix” it can be implemented. When the situation is particularly challenging, there is a tendency to look up to some higher authority – a specialist, or an expert – to define the problem.

However, defining an issue as a problem is inherently complicated, and may even prevent finding a solution. When an issue is defined as a problem, it is assumed that there is a shared problem that all stakeholders agree upon. In some cases, this can lead to a competitive situation concerning authority and “Who knows best”. These discussions may end in an argument over the type of problem (psychological, social, health-related or financial), and who is best qualified to solve it. Thus, defining the problem becomes a problem in itself. In our view, there is no such thing as a shared problem, but everyone approaches the issue from his or her own point of view – children will try to solve their own acute issues while parents struggle with parenting, and professionals to find an appropriate professional approach to the issue.

A health care nurse is worried about Anni's mother. Anni is now 2 months old and the mother would like to start feeding her solids in order to reduce breastfeeding. The nurse knows the importance of breastfeeding for the child's health, and she is also worried that should breastfeeding be terminated, the child might not get enough attention from her mother. In her opinion, the mother is immature and selfish.

Liisa's mother is a single mother and exhausted by night-time feeding sessions. She would like to give her baby enough to eat in the evening, and get a goodnight's sleep herself. She is worried that breastfeeding is not enough for Liisa, because she wakes up to feed so many times during the night. The mother is also worried about the aggressive thoughts she has towards Liisa.

In the psycho-social field, we find it fruitful to talk about subjective worries instead of problems. In this context we use the term “worry” to describe the subjective or personal view generated in a professional relationship by the professional. This worry concerns an issue related to a child or a family. It is generated within a professional relationship, and it is felt by the professional. Usually, a subjective worry is bi-dimensional: there is worry for the child and how he or she is going to cope, and there is worry regarding one's own resources to provide appropriate support. Another way of phrasing this is that worry is targeted at the relationships between the professional, the child and all other stakeholders. Worry is always future-oriented – regarding the next moment or the next year – and can be defined as a subjective anticipation of how relationships will develop and what are one's own supportive resources.

Underlying a worry is on the one hand the professional's intuitive perception of the child or adolescent and his or her situation and, on the other, the known or assumed personal resources and those of his or her professional network. This perception is built on knowledge, emotions and duties. Observing the child's/adolescent's situation generates a worry. The professional will review these observations through his or her knowledge, education, and previous experience. This results in an overall view of the situation, which may manifest itself as worry. The level of worry depends on the quality and intensity of emotions. Hard facts and knowledge are traditionally regarded as more reliable than a general feeling about a situation. However, intuition is a very useful tool. It creates an image founded on training and professional experience, and draws our attention and gives meaning to certain issues. This could be classified as a form of tacit knowledge or tacit skill. However, whether the child's/adolescent's situation requires the professional to act depends on morality, or professional ethics.

Thus, in all situations/professional relationships, understanding is based on an intuitive image comprising three elements: cognitive, emotional and moral.

The cognitive element comprises observations, images, thoughts and associations resulting from the interactive situation. These are affected by the educational background, work experience and personal history of the professional. If the perception of the child's situation is formed solely based on cognitive factors, one would only need to know, understand and define the problem, predict which method or action will be influential, and then implement that method or action. However, an effort to predict what will happen is to reach for the stars – we can

never know for sure how people are going to react, or what will happen next in their lives. Everything we do has intentional and unintentional consequences. No-one can foresee the future, but anticipating the future is an important characteristic of the psyche. (See “Being aware of anticipations”)

The emotional element comprises the interactive relationship and the feelings the situation evokes in the professional. With their feelings people “read” the interactive signals sent by others. Verbal communication is only one part of the message. Feelings can only be understood by feeling – to understand another person you need to relate to him or her. In emotions, people select from the available information that which they find *meaningful* in a given relationship/situation. There is always an abundance of information, and not until you have an emotional experience, a “feel” of the situation, do the observations gain a meaning. Thus, the overall view generated by a professional over a child’s situation is personal, subjective and bound to its context.

The moral element comprises an assessment of what is right and what is wrong and includes a further estimate of what in the given context and job description is *morally binding*. For example, a worker who is greatly worried over matters which are not directly under his or her authority may decide not to take action but wait until someone else takes charge. However, if the troubling issue is within one’s own territory, the worker will attempt to improve the situation.

Taking action in a given situation is a result of a combination of cognitive, emotional and moral elements which have been forming over time, from moment to moment as well as during longer processes and consideration. Attempts to base all actions on definite predictions based on cognition are futile. We routinely anticipate the consequences of our actions, and if you feel that taking up a worry would offend another, for example, you sense that hurt inside yourself. When you get the feeling that proceeding in one direction would be unwise, you generally tend to refrain from proceeding in that direction. And vice versa, when you feel that a given action would actually improve the situation, you are more than likely to implement that action. However, there is no way of truly knowing the consequences in advance. Thus, all actions are basically experimental. A precondition to experimenting is a conviction that a given action will be supportive and not destructive, but it is not until the action has been taken that the professional is at liberty to assess the consequences – to the client and to herself or himself – and to gain a better understanding of the professional relationship with the client and its possibilities, and how to approach similar situations in other relationships.

Worry is a concrete thing

Writing down observations about the child's/adolescent's/parent's conduct or situation that is causing the worry will facilitate taking up the worry. It will be easier for the parent to understand the subject of worry when the professional is able to give concrete examples. In this case, the professional is not talking about the child's/adolescent's/parent's personal traits but merely pointing out specific types of behaviour in a given context. Taking this approach will ensure that the level of conversation stays respectful without lapsing into disparagement or criticism.

In addition to providing order, taking notes will also facilitate in deciding on available support. It is easier to define supportive methods when there are detailed observations. Furthermore, a worry expressed at a general, unspecified level can be something the parents will find difficult to grasp, and thus committing them to co-operation will become more difficult. When the subjective worry is deemed great, it should be divided up into smaller sections. For example, when there are several areas that evoke worry, it will be beneficial to consider which issue needs to be solved most urgently. Taking up one's worry can also well be divided into several sessions – this will also give the parents time to reflect on the issue.

Worries concerning parenting are often discussed at a very general level. Taking up very concrete issues that the parents are expected to take care of, and which they seem to have been neglecting, is often very difficult. For example, if a day-care worker is worried about parents not setting limits for their child, worrisome behaviour could include the following:

- In the evenings, the parents let the child fall asleep on the floor or on the sofa, because the child does not want to go to bed.
- Gets sweets or a toy every time the family goes grocery shopping.
- Is still wearing nappies at the age of 3, because the child does not want to use the potty.
- Doesn't eat proper meals at home, only pizza and "goodies".
- Insists on having everything right now; does not take others into consideration.
- Provokes parents when they drop the child at day-care or come to pick him up (e.g. runs off, whines, spits, bites, screams).
- Parents play according to the child's rules, and do not set limits.

Restlessness at school could be described as follows:

- Leaves the table before finishing lunch.
- Repeatedly leaves his/her seat and goes to other tables to chat.
- Becomes agitated when it is time to go out.
- Cannot concentrate and listen to the teacher's instructions.

- Cannot concentrate on school work, but wanders around the classroom.
- Unable to sit still for even a short period of time.
- Disturbs others by talking, poking, making a mess.

The benefit of writing down everything you are about to take up in a discussion is that these issues will thus also be sorted in your own mind. In the follow-up discussions of experimental sessions, the professionals often mentioned that preparing for the meeting by writing down the issues also facilitated taking up the difficult issues.

You can also think in advance how to phrase your concerns. However, remember that clients, workers, worries and meetings are unique, and it is essential to keep in mind whom you are addressing and to choose your words accordingly. It is recommended that you use normal everyday language and not hide behind professional terms to discuss the observations that have evoked your worry. This will ensure that your message is understood. As important as finding the right words is to meet the parents eye-to-eye and to respect their expertise in their own life.

In meetings with the parents your conduct is bound to reveal your attitude whether you wish it or not. We are all responsible for our own thoughts, feelings and actions. It is not possible to have an impact on the attitudes or actions of others except through your own reactions. If you are avoiding your true topic or completely fail to mention it, your client will sense this and try to guess what it was that was left unsaid.

We assume that the positive results received from experimenting with this method are at least partly based on the fact that by taking up his or her worry the professional is in fact saying out loud something that has been affecting the relationship for some time already. For example, if the parent has a substance abuse problem, he or she might have been wondering whether this has been noticed and, if so, how the professionals are going to react. The professional, on the other hand, might wonder whether the parent has realised that they have noticed signs of substance abuse. Here, the interaction is marked by *hiding-and-guessing* where both parties are trying to guess what the other thinks and is about to do. If the professional contacts Child Welfare and asks for a social worker to intervene but does not allow the source of the information to be disclosed, the *hiding-and-guessing* approach is transferred into the network of authorities.

Valuable contact information

Because worry is subjective, the client's situation will be seen from different angles by different professionals. Professionals in different fields may have very different experiences with the same clients. Furthermore, the basic tasks in different sectors

are also different. Everyone literally has their own point of view, and this viewpoint dictates how the situation is perceived. Contact information – information from within interaction – forms one part of understanding. Contact information is an understanding of another person and the nature of interaction, and is closely connected to the overall picture. Often, this type of information is extremely difficult to verbalise. The contact information each professional has, is something unique that no-one else can possess. For example, the understanding and overview of a child's situation can never be the same for a healthcare nurse and a day-care worker – not even concerning the same child – because the interactive situation and overall context for interaction is different. However, compiling information from the various professionals results in a rich and varied picture of the child's situation.

Lasse's behaviour at the day-care centre was very symptomatic. In group situations, he would withdraw into a corner, rock himself, or bang his head against the wall. Staff found it difficult to make contact with the child. Lasse's behaviour evoked a worry, and disturbed the functioning of the whole day-care group.

During an individual examination at the family counselling clinic, Lasse's behaviour was normal. Interacting with the psychologist went well and Lasse showed no signs of problems. According to the examination, Lasse's development was close to normal for his age, and he performed well in individual tasks.

The zones of subjective worry

In situations where a professional is worried about a child, there is also worry concerning the professional's own capabilities and resources: How will I manage as a professional? Will my own resources be sufficient? Do I need extra supporters and controllers? We produced a system called *The Zones of Subjective Worry* to answer these questions (Arnkil, Eriksson & Arnkil 2000). The zones of worry help to identify the level of worry a professional has concerning a child/adolescent, his or her personal resources, and the need for extra resources or control measures. Children's/adolescents' problems usually affect several sectors and, thus, require professionals from different sectors to co-operate. The zones of worry can be used as a tool to go beyond the "language barrier" fencing professionals within their own compartments and to create a new, shared language supporting early intervention and collaboration.

TABLE 1. Zones of professional's worry about the child's/adolescent's situation

NO WORRY	SMALL WORRY		GREY ZONE		GREAT WORRY	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
No worry.	Feelings of slight worry or wondering every now and then; strong confidence in one's own ability to offer support.	Repeated thoughts of worry and wondering; confidence in own ability to offer support. Thoughts of a need for additional resources.	Worry growing; confidence in own ability to offer support diminishing. Wish for extra support and control*.	Marked worry; own resources running dry. Clearly felt need for extra support and control.	Constant strong worry: child/adolescent in danger. Own means being exhausted. Additional resources and control needed immediately.	Worry very deep and strong: child/adolescent in immediate danger. Own means exhausted. Change in the child's situation needed immediately.

*control = increasing control over the situation by restricting something undesired.

The subjective worry over children and adolescents experienced by professionals can be seen as a continuum where there is no worry at one end, and at the opposite end the child or adolescent is considered to be in immediate danger.

It needs to be emphasised that the tool is *not* for categorising children. It is the professional that feels that he or she “is” in a worry zone. To be exact, it is the *relationship* at a given moment one is describing.

In a situation where there is no worry (1) the professional feels that the situation with the child is ok. For example, the child is developing normally both physically and mentally, and in a supportive environment. In this zone, everything – including the professional's own activities – is seen to be progressing well and in the desired direction.

In the zone of small worry (2–3), the situation includes factors evoking a minor degree of worry. This worry might be repetitive, but the professional nevertheless has confidence in his or her own abilities to offer support. Worries belonging to this zone are usually easy to take up, because the support which can be offered is readily available and usually results in the desired progress. In this zone, the possibility for early intervention is enhanced.

In the grey zone (4–5), the worry is considerable and growing. The professional's own resources are running low, if not completely exhausted. The professional's confidence in his or her own ability to offer help and support is diminished. Worries in this zone have usually lasted for a longer period of time, clients are challenging, the division of labour between different stakeholders is unclear, and knowledge

about other participating stakeholders is lacking. The professional's worry is growing, he or she needs additional resources and control, but at the same time fears that he or she is overreacting and is worried without sufficient justification. Further, the professional must consider his or her legal position, for example the needs to observe codes of confidentiality. The professional may also be bound by legislation to notify child welfare authorities and seek support and expertise from them (see section Child Protection Notification as a form of support).

In the zone of great worry (6–7), the professional considers the child/adolescent in immediate danger. There is a considerable degree of worry, and the professional's own resources have run out. Worries in this zone leave the professional with no alternative but to take action. Typical of this zone is that the professional anticipates a disaster concerning the child/adolescent if the situation is not immediately rectified and all necessary stakeholders activated. In this respect, taking action in the “crisis zone” is easier than in the grey zone – the situation of itself forces the professional to react by contacting a social worker, psychiatrist, or the police, for example.

Our team studied the distribution of subjective worry. Various professionals were asked to record their worries during a certain period of time. Worry assessments on approximately 30,000 children/adolescents were carried out in two provinces in Northern and Southern Finland in 2001 and 2002. There is some overlap as some authorities assessed their professional relationship with some of the same children and adolescents (under-18s). Professionals from 14 different municipalities, in social and health care services, schools, police forces and the church, working with children and adolescents, participated in the study (n = 1 556). Of the assessed situations, 64 per cent were in the “no worry” zone, 2 per cent in the “small worry” zone, 8 per cent in the “grey zone”, and 1.5 per cent in the “great worry” zone.

Thus, approximately 25 per cent of the workers experience a “small worry”, which inevitably affects the relationship. The question is, does the professional allow this small worry to remain unspoken, or will it be taken up in open discussion? The zone of small worry is ideal for implementing the method of taking up worries. In these situations, it is still possible to change the conduct of both the parents and the child to diminish the worry.

Professionals find themselves in the grey zone in roughly one out of ten situations. Situations in the grey zone are characterised by uncertainty the professional is already processing the issue in his or her head and wondering what the problem is about and who should solve it. Taking up the worry means taking a step towards order; i.e. what can be done with the resources that are available to me and what else is needed to solve the issue?

In situations where the worry is great, taking up the worry is inevitable. A well-known fact is that the sooner an issue is confronted and the necessary actions

taken, the better the supportive activities and methods that can be implemented for the benefit of the child and the family.

Being aware of anticipations

Anticipation is at the core of the method of taking up worries. Anticipation refers to the mental testing a worker does when he or she is trying out different approaches in his or her mind, and considering possible reactions to them. Anticipations are more or less intentional. When a worker is fully aware of anticipations, he or she will be able to identify the approach that will render the best possible results. In this case, taking up his or her subjective worry in such a way as to maintain good contacts and improve the child's situation.

Being aware of the anticipation process facilitates the development of structured activities. It is not a novel approach in the human context, but being aware and taking advantage of this awareness is something new. Anticipation comes naturally to everyone; we wonder what will happen next and what the consequences will be in the longer run. Anticipation is routine to the extent that we seldom even notice we are doing it. Typically, you first become aware of anticipation when you have anticipated incorrectly: you lift a milk carton and it flies towards the ceiling because instead of being full (and heavy) it was empty, or when you hurt your back taking the last step down the stairs you did not anticipate was there.

When something evokes a worry, the professional begins to reflect what should be done, by whom, and how to help and what might be the consequences of intervention. Emphasising aware anticipation, it is possible to evaluate the consequences of different actions and in this way identify the best possible alternative. If you have already taken up a worry before, include experiences from that event, what actions were taken and what were the consequences. If the previously implemented supportive actions did not improve the situation, think what could be done differently and what might be the possible consequences. However, if the professional relationship with the client has already lasted for a long period of time and there are several worries, the professional may suffer from a lack of confidence in any improvement. Once the professional loses hope, alternative forms of support are hard to come by. In these cases, anticipating possible outcomes can be successfully employed as a method to invoke curiosity and find hope and new means of operation.

Anticipations need not be – and, indeed, often are not – correct. Anticipation is not an art of foreseeing the future – it is not aimed at gaining knowledge of future events. The focal point is that the professional will concentrate on finding out what in the given situation has drawn his or her attention, what are the areas where he or she needs further information, and how this information might be used to assist in selecting appropriate supportive actions. In these private thoughts,

the professional might come up with the most excellent anticipations: however, a discussion is always bilateral involving another person who brings his or her own thoughts, experiences, expectations and anticipations into the situation. Thus, whether the meeting turns out as the professional has anticipated is irrelevant, and even uninteresting. What is relevant and interesting is the feedback received during the discussion, an enhanced understanding of the situation, and the effect these have on future co-operation. In this sense, all actions are experimental as one will never know for sure the consequences of one's deeds in advance. The only precondition to this experimentation is a conviction that a given action will be supportive and not destructive, at least in the long run. If a worry has lasted for a significant period of time, or there are several issues, additional meetings and process work may be required. There are also cases where no improvement can be seen before the issue has been taken up on several occasions.

Anticipations assist in focusing on the central issues which act as points of reference for the work. The abundance of feedback received from the environment and other people's reactions would be impossible to process without reference points.

When immediate positive reactions are anticipated, taking up a worry is easy. Sometimes immediate reactions are anticipated to be problematic, but taking up the worry is considered to be beneficial. When negative reactions are anticipated, preparations must be done more thoroughly. When negative reactions have been anticipated, the professional is able to consider in advance how to counteract these reactions. Thus, he or she is mentally prepared to face the negative reactions and will not as easily be embarrassed, or frightened, but instead can remain calm and continue a rational discussion once the initial heat has subsided.

Negative reactions and taking a defensive position are natural reactions in these situations. The professional is not the only one anticipating – the clients anticipate themselves as well and when a controlling element is introduced in the form of a subjective worry into the relationship, it might go against the client's anticipations. To understand a worry, it must be lived and experienced within the relationship. Typically, worries entail sadness and/or anger and resistance. The parent may well have been aware of the situation, but has chosen not to think about it. But now that the issue has been taken up, there may be a surge of emotions. Additionally, the professionals have defence mechanisms that may have prevented them taking the worry up any sooner.

It is safe to be faced with what might be called "normal negative reactions". However, if you anticipate a threat of violence, think carefully about taking up your worry – there is never a need to sacrifice your own safety. In such cases, try to find other ways of addressing the issue. Depending on the nature and severity of your worry, consider inviting a colleague to the meeting. Carefully consider also the possibility of involving an agency with greater powers. It is

the professional's duty to take action in the child's interest – in one way or another.

Identifying resources

The objective of taking up a worry is to initiate co-operation to improve the situation. Therefore it is crucial to identify the resources possessed by the child/adolescent/family and present in the situation. Identifying these resources offers an opportunity to give positive feedback. Furthermore, it is possible to factor these resources into your offer of support.

Riitta takes her 4-month-old baby regularly to the child health clinic. She takes excellent care of her baby's development and basic needs (food, hygiene, clothing). However, the nurse is a bit worried about the interaction between the mother and the child. During appointments, Riitta shows no affection towards the child, she does not hold her, does not talk with her, and does not make eye contact with the baby. She treats the baby as if it were a "package".

In the nurse's opinion, Riitta's willingness to take good care of her child and to secure her basic needs is her positive resource. When taking up the issue, she refers to these resources and encourages Riitta to show affection to her baby and to make eye contact every time she talks to her. As a support measure, she shows Riitta how she can exercise with her baby at home and suggests attending the child health clinic's group meetings for mothers and babies.

The objective of co-operation is to form an alliance where parents/guardians and professionals collaborate for the benefit of the child. Showing respect and dealing with the client as an equal are prerequisites for high-quality client relationships. When this relationship is successful, a family which is the expert on its own life meets with a professional with expertise in child development and growth. Optimally, these two areas of expertise complement each other resulting in fruitful co-operation which improves the child's situation.

Inability to identify any positive aspects in the situation often hinders the creation of successful co-operation. When it is difficult to find anything that would motivate co-operation, the professional should stop to reflect on his or her relationship with the child/adolescent and his or her parents. After all, taking up a worry indicates that something can yet be done to improve the situation.

It is important to:

- Honestly assess your own feelings concerning the situation, and to identify your own prejudices and attitudes.
- Write down the resources present in the child's situation.
- Think about the possible resources that you could factor into your offer of support.

Resources possessed by the child may include that he/she:

- likes to play outside
- has a healthy appetite
- is interested in music
- can stand his/her ground
- likes to go to day-care or school
- is not too shy or timid
- enjoys having the attention of adults
- has a good imagination.

Resources possessed by the parents may include:

- the parents love their child
- the children are dressed in clean clothes
- the family has regular meal times
- the child comes to day-care as agreed/the child is not late for school
- the child is looked after when he or she is ill
- the parents set limits for the child
- the parents know how to find help
- the parents participate in parents' meetings.

After the professional has been able to identify the resources, his or her task is to consider the possible forms of support he or she can offer to improve the child's situation. Assessing and then deciding on the type of support acceptable to the family, in which the family can also participate, necessitates entering that world albeit temporarily (see "Actions that are appropriately different"). This is enabled by a well-functioning dialogue (see "Taking up a worry is a form of dialogue").

Offers of support could include:

- regular meetings and follow-up
- making agreements with the parents
- home help
- financial support for holidays
- support targeted at the child
- remedial teaching.

Appendix 3 comprises a few short everyday examples of support offers made during a discussion where a worry has been taken up.

Successful assistance is a combination of support and control

Social support and social control are often seen as opposites. Professionals prefer to view themselves as providers of support instead of exercising control. In such a context, support is understood as assistance and encouragement whereas control is considered as surveillance and domination. However, there is no such thing as pure support or pure control, but they are always connected – assistance is a combination of support (opening up possibilities) and control (setting boundaries). If something must be viewed in terms of opposites, it is the realisation of this combination: is it empowering or is it subordinating?

COMBINATIONS OF SUPPORT AND CONTROL

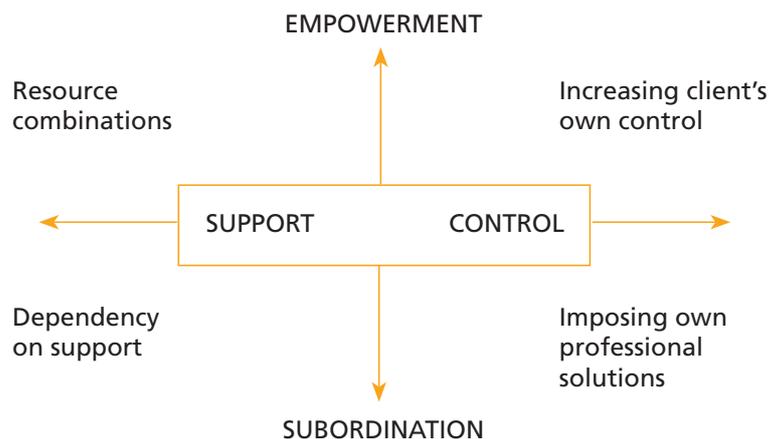


FIGURE 1. Combinations of support and control

When support is empowering, it opens up new horizons, shares information, combines resources and offers encouragement. When control is empowering, it provides structure to one's worries, curbs undesirable behaviour, and supports the control of these boundaries. When support is subordinating, it is over-understanding, acts on behalf of others, and creates and sustains dependence. When control is subordinating, it imposes normative requirements without sensitivity to variables in operational cultures and unique circumstances.

Thus, support is not sufficient in bringing up children – being able to set and maintain limits is an essential part of child-rearing and a vital support for the child's development.

Pekka's mother is a substance abuser. The day-care centre informed the social worker that Pekka's mother had "had a few" when she had picked Pekka up from day-care. The day-care centre further said that Pekka's mother had picked him up by a taxi, together with a drunken group of friends. When asked about this, the mother explained that she had been celebrating the child allowance payments. Following the notification by the day-care centre, the social worker made a house call to Pekka's home, agreed on future rules, and informed the mother what would happen if she picked Pekka up drunk again.

*Is it **support**, when the mother's drinking was tackled by intervening immediately and contacting the social worker?*

*Is it **control**, when the social worker made a house call and intervened on the basis of the legal authority invested in him/her?*

Typically, taking up a worry means that the control element gains emphasis. While controlling another, the care worker is bound to face a conflict even if the control exercised is intended as support. The conflict is first faced during the anticipation process. If the professional anticipates that the relationship might suffer from this type of control, he or she might hesitate to take up the worry. However, the only way to find out for certain is by trying it.

For the professional, it must be more rewarding to regard oneself as the supporter. Even in problematic situations, professionals prefer to see themselves as supporters offering help and assistance in a positive client relationship. In basic services (day-care, pre-natal and child health clinics, schools), any actions aimed at controlling the client's conduct are considered negative and a threat to successful client-professional relationships. Hence, supportive actions and controlling actions are separated from each other, and the controlling actions delegated to others, while supportive actions are kept for oneself. However, making such separations is problematic. Dividing professionals into supporters and controllers results in a good cop-bad cop setting which is not beneficial for anyone.

Creating successful support-control combinations is facilitated by considering how the client views the professionals: Does the client feel he or she is supported by the professional? In which areas? Are there areas where the client might regard the professional as a threat? When the professional is aware of his or her position in the client-professional relationship, he or she can better anticipate what actions the client might consider supportive. Obviously, when the professional emphasises his or her controller-profile, the threat experienced by the client increases. When an authority acts in the best interest of the child/adolescent, there is no alternative but to accept the position of control and the fact that the parent will feel threatened by it. However, being aware of your position will help you prepare for taking up your worry. When

you have prepared yourself for possible reactions, you will not be taken by surprise, and you will be able to formulate an offer of support where support and control are well combined.

Beneficial support-control combinations can be created by linking supportive actions provided by different professionals/agencies. The different forms of support beneficial for the child and the family can be mapped in co-operation with the parents/guardians. (See "Dialogues following the discussion where a worry was taken up".)

Actions that are appropriately different

Identifying oneself with the family's situation will facilitate the assessment of that situation. "Stepping into the client's shoes" provides additional understanding of the situation. However, if the professional fully empathises with the client, he or she may end up offering the same, ineffectual forms of support as before. In a sense, he or she becomes blind to the alternatives. By offering more of the same, the professional is maintaining the problems rather than offering any solutions. Such conduct naturally helps to maintain a good relationship, but it will not generate any change.

Heikki's and Kaija's mother's behaviour is unpredictable when she is dropping the children off or picking them up from day-care. One day she might be very positive and chats with the staff, on other days she arrives raging with anger. The children as well as the staff are left vulnerable to her different moods.

The staff are getting frustrated with the mother's conduct. They attempt to solve the issue by keeping the mother in a good mood: they are ready to welcome the children in the morning, and dress them up in the afternoon, pack their backpacks, wash their rain gear, and stand them by an adult to wait for their mother so that she does not need to look for her children in the playground. The workers are trying their utmost to keep the mother happy.

The problems of the client are evident in his or her way of interacting, e.g. the division into good and evil: "I would but it's the others that won't". Such an approach is also evident in her relationship with the day-care staff. The staff member also brings his or her personal ways of interacting into the relationship. For example, his or her way of processing a subjective worry concerning the child – he or she may try to hide and cover up the worry, or actively attempt to solve the issue.

Being able to empathise, able to identify oneself with the interaction patterns used in the family, is an irreplaceable source of understanding. However, there is the inherent risk that the professional interactions begin to resemble – even become alike to – those of the clients. In essence, the network of professionals becomes infected with the interaction patterns of the family. The phenomena detected in the family become evident among professionals and between service points: silence, blaming, withdrawal, delegating issues to others, hiding, etc. This phenomenon where partners become alike is called isomorphism.

Isomorphic interaction patterns are an essential part of psycho-social work – solving and processing these patterns are among its core areas. In general, relationships cannot be created, or in the least they cannot be sustained, if the different parties have profound differences in their interaction. On the other hand, if the patterns are very similar, relationships can be sustained, but no change can be generated. An “appropriate difference” will promote change; possibilities for support are discovered by acting in an “appropriately different” way.

If working with the family has continued for a long time without progress, think back to your previous efforts and assess their consequences. Following your assessment, try to think of a support-control combination that would provide better support. However, remember to target your own actions, not those of the client. For example, take up your worry anew and try offering some new forms of support and find (additional) control needed to create an alliance to take care of the child.

There are risks to acting differently. Offering something completely new might turn out to be a form of support the parent cannot receive. When there is no mutual understanding between the professional and the parent, the parent might find the situation threatening and withdraw from co-operation. Such threatening offers of support might, for example, include support forms that are too unconventional, or something the parent currently cannot dedicate sufficient resources to. In cases like this, the child’s situation will not improve, and forcing a form of support deemed appropriate by the professional is futile.

When considering possible “appropriately different” forms of support, keep in mind the resources currently available in the family. Appropriately different forms of support are often minor actions which open up a channel for co-operation, generate mutual trust and enhance hope.

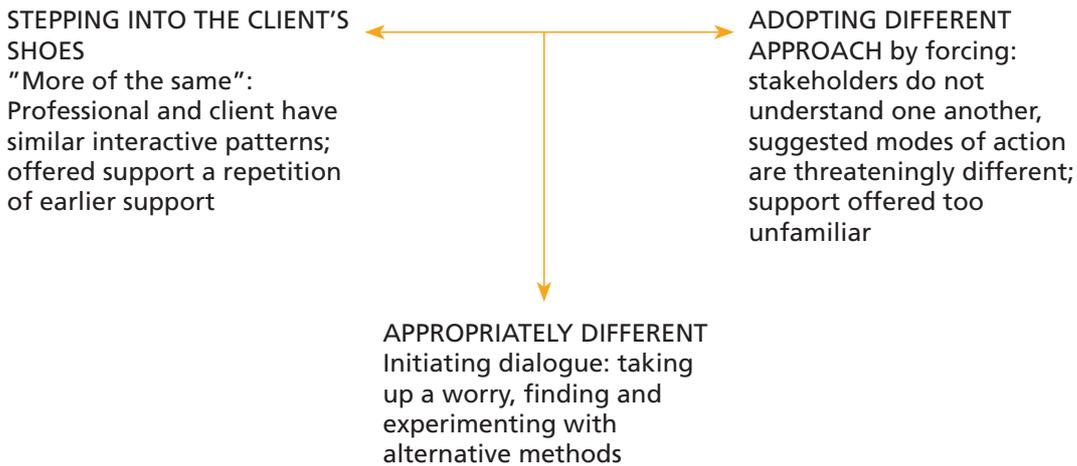


FIGURE 2. Appropriately different action

Taking up a worry is a form of dialogue

In an ordinary conversation, the participants make a point and argue it.

Dialogue, on the other hand, is a conversation where the participants build on each other's contribution. In a dialogue, participants are willing to let go of their pre-set ideas and listen to the contribution of others and, thus, are open to ideas generated as a result of this joint interaction which would have otherwise gone unnoticed. In other words, your opinion is not final, but a step towards the ultimate outcome. The aim of dialogue is to gain a new insight, a new understanding of an issue. However, it does not seek consensus, but to appreciate how others think. Thus, the secret of dialogue is that no one will know where it leads. Therefore, dialogic methods are ideal for acting *appropriately differently*.

Genuine contact with another person is central for dialogue – facing another person and appreciating his or her views and objectives with focus on listening rather than speaking. In a dialogue, instead of concentrating on differences in opinion, energy is focused on something that remains to be discovered and understood.

Dialogue is realised between people and as inner dialogue. Knowing how something seems and feels from somebody else's point of view is an enriching experience and likely to affect previous perceptions. Through speech, you assemble and observe your own thinking. Dialogue, however, is not just speech. Dialogue is communication in a holistic contact, and realised through speech, gestures, expressions and emotions.

Taking up a worry is an invitation to open up the process of thinking together. Its outcome cannot be foreseen, but it can be anticipated. Deliberate anticipation sustains interest in the differences of others and enables learning.

Unveiled curiosity towards the otherness of another, your own changing opinions, and possibilities opening up in a dialogue lay the foundations for co-operation.

Experience has shown that when parents are invited to participate as experts in their own life, an alliance can be formed that will benefit the child/adolescent and enhance the client's commitment to the objectives set and agreements reached.

The importance of feedback

During a meeting where the professional has taken up a worry, he or she will also receive additional information regarding the situation that evoked the worry and also his or her own operational frame of reference. The parents' reactions indicate how strong the relationship is, and what it can hold. Knowing this, it is easier to anticipate future co-operation and plan your own activities.

Through anticipation and reflecting on the meeting afterwards, "tacit knowledge" can be discovered. Processing the feedback helps you to identify what it is that you are doing and supporting. In the light of this new information, you can re-assess your worry levels. Often, the client's willingness to co-operate is in itself sufficient to diminish the professional's worry. They may have agreed on future operations. Constructive discussion alone can diminish worry and contribute to a more positive outlook.

When taking up a worry has been successful and the problematic situation has taken a turn for the better, the clients as well as the professional will be able to view the situation in a less bleak light. Attention should be focused on small changes. The positive impact of implemented actions increases job satisfaction and enhances belief in the effectiveness of the efforts made. The professional's positive attitude towards the client will further enhance positive development. In its turn, this will promote the client's positive attitude towards the professional. At this stage, the participants have entered a virtuous circle where the positive events start feeding further positive developments.

It is also possible that sometimes the professional feels frustrated or angry after the meeting where a worry has been taken up. In such cases it is advisable to focus on the feedback, and then create new anticipations for the development of the relationship with the client. Sometimes more things will be revealed during the discussion than the professional had anticipated. Such an experience can be extremely hard on the professional. It is likely that he or she is left with more worries than before the discussion. On the positive side, taking up one's worry revealed the true nature of the situation, providing an opportunity to reassess the situation.

DIALOGUES FOLLOWING THE DISCUSSION WHERE A WORRY WAS TAKEN UP

Continued co-operation

The professional might wish for things to get better soon after he or she has taken up a worry. However, such hope is unrealistic. If the family has been having these problems for several years, how could they miraculously be solved after just one discussion? Sometimes helping the child will require several sessions where worries are repeatedly taken up. This is true especially when there are several worries that need to be addressed.

It is very seldom that a worry is completely diminished after one meeting. The professional's worry often relates to the child's behaviour or conduct in everyday settings. Thus, he or she will have to assess any possible changes in those settings. The result of a successful discussion is a plan of action completed in co-operation with the parents. The plan details everyone's own and shared areas of responsibility to diminish the professional's worry and to improve the child's situation. Such a plan contributes to a positive outlook for the future. Concrete results, i.e. changes in a child's behaviour, are seen in everyday situations, such as lunch times in day-care, active participation in lessons, etc. Hence, it is important to monitor improvements and to re-evaluate the situation after a specified period of time (see experimental actions). In the follow-up meeting, make sure there is enough time for everyone – the child, the parents, and the professional – to share their views on possible progress and to give each other positive feedback. For the child and parents, it will be beneficial to know whether the professional's worry has been diminished. The follow-up meeting is also the place where the participants decide whether to continue with the meetings or whether there is any need for follow-up. If the situation has clearly improved and the professional's worry diminished, it can be decided to discontinue the monitoring. However, it should be agreed what the child, parents, or professional should do the next time there is something that evokes worry.

If the professional feels that his or her worry has increased after the last meeting, the methods to diminish the worry must be re-assessed: Should we continue with more of the same? Or should we try something new to diminish the worry? The professional should evaluate his or her resources together with those of the family to determine whether the worry is so great and his or her own resources so low that additional support is necessary. This is the grey zone of worry where no one can cope without supportive networks – what needs to be

determined is who and which networks could provide adequate support in this particular situation.

Networks are resources

The zones of worry introduced in the previous sections of this handbook can be seen as a tool when using the method of taking up a worry. Considering the zones of subjective worry, bilateral discussions are considered most appropriate when the worry is minor. For the other zones of worry, other dialogue methods have been developed where the focus is on multi-sectoral and multi-professional networking.

In the zone of small worry, modifying one's own behaviour might well be enough to diminish the worry and to improve the situation. It is possible that the child's situation does not evoke worry anywhere except for some specific context and maybe at home. In the grey zone of worry, problems are visible in a number of places and situations. At this point, the family and other stakeholders need to join their resources. In this respect, the situation resembles that in the zone of great worry, and calls for implementation of networking dialogue methods.

During the discussion where the worry is taken up, or soon afterwards, the need for additional support is assessed. It is also possible that the joint resources of the parents and the professional/point of service are sufficient to help the child/adolescent. Sources of additional help can be discussed with the parents – maybe it would be wise to organise a network meeting? Improvements in the child's and family's situation may be slow and require various supportive actions.

Professionals working with children and adolescents form a network of co-operation which is a great resource and source of empowerment for the individual professional. A prerequisite to activating this co-operation is taking up the worry with the network partners. In this context you should also remember the rule of thumb: ask for help to diminish your worry. Our team developed methods of co-operation following taking up a worry (see Anticipation Dialogues in Seikkula & Arnkil, 2006). Networks, resource orientation and dialogue are at the core of all of the methods developed. In this context, networks refer to solving those issues which have the potential to develop into multi-sectoral issues in co-operation and separately from the issues which are not likely to spread into the network of professionals. Resource-oriented action refers to linking people, ideas and resources to generate resource combinations exceeding the sum of the individual components. No effort is wasted on identifying problems, guilty parties or insufficiencies. Dialogue refers to discussions where listening is equally important as expressing oneself, and expressing oneself refers to

thinking aloud. A dialogue seeks to establish multiple voices instead of finding a single view that controls the others.

TABLE 2. Zones of a professional's worry concerning a child/adolescent and working methods using networking

	Small worry	Grey zone	Great worry
No worry	<p>Feelings of slight worry or wondering – possibly repetitive – good or strong confidence in own abilities to offer support.</p> <p>Thoughts of a need for additional resources.</p>	<p>Increased worry; confidence in own abilities to offer support diminishing; resources are running low.</p> <p>A wish or clearly felt need for extra supporters and controllers.</p>	<p>Continued great worry: child/adolescent in danger (possibly immediate danger). Own resources exhausted or running out.</p> <p>Additional resources, control and change in the child's situation needed immediately.</p>
<p>Functional supportive networks (family, professionals, friends). No need for further actions. Own activity forms part of the whole.</p>	<p>Worries can be diminished via own actions. Anticipation: Situation will be resolved as part of basic tasks.</p> <p>No need to orient towards or activate private or professional networks.</p> <p>Networking possibility: How to diminish a small worry (e.g. concerning a suburb) that does not relate to the individual or the basic tasks?</p>	<p>Worries cannot be diminished via own actions. Anticipation: implementing basic tasks as before will lead to problems.</p> <p>Uncertainty: what are the others going to do? Attempts at co-operation are not successful.</p> <p>Networking need: How to improve clarity and have coordinated operations and plans?</p> <p>How to join the resources of family and friends and professionals?</p>	<p>Worries will not be diminished until the child is safe. Anticipation: the situation cannot be solved as part of basic tasks.</p> <p>Determined actions and sufficient authority are necessary – crisis situation actions.</p> <p>Networking need: How to quickly organise a network that can offer support during the crisis, offer security and provide a psychological sense of continuity?</p>
	<p>ANTICIPATION DIALOGUES I: Local conferences = inhabitants and professionals meet to find out whether joint actions are needed, and if so, on which issues. Thematic conferences = planning joint operations involving a theme that is important to both sides.</p>	<p>ANTICIPATION DIALOGUES II: Multiprofessional dialogues; meetings with clients, i.e. recalling the future with the families to gain clarity and coordinated actions.</p> <p>←←Family group conferencing to agree on a child welfare agreement with the family and give the child a fresh start</p> <p>←←Network Therapy to distribute the emotional burden and commit networks to solving the crisis</p> <p>←←Open dialogues, to replace psychotic symptoms with a common language in an unthreatening dialogue process</p>	

Anticipation Dialogues I and II cover dialogic co-operation methods from the zone of small worry to the grey zone. When a situation belongs to the zone of small worry, *local conferences* can be held to map the well-being of children and families with children within a specific region and to define possible co-operation or operational targets or topics. When a worry concerning various stakeholders is identified (e.g. shop-lifting), *thematic conferences* can be held to understand how the worry is seen from different viewpoints and what actions and forms of co-operation can be undertaken to solve the situation. In a grey zone situation, *anticipation dialogues* can be used as a tool to solve difficulties concerning one family. Anticipation dialogues are network meetings chaired by network facilitators, convened to give the stakeholders a better picture of the situation, to increase understanding and to define possible supportive actions either together with the family and all professionals involved in helping the family (*Recalling the Future*). Highly beneficial networking methods exist for situations belonging to the zone of great worry: *family group conferencing* in child welfare, *Network Therapies* in crisis work, and *Open Dialogues* in psychiatry. Employing the zones of worry in the context of these methods is, of course, very approximate, but nevertheless very useful as a suggestive tool.

Another way of improving collaboration between professionals working with children and adolescents in different sectors is by gathering together the good practices of the local psycho-social sector. Each working unit organises its own good practices and viable co-operation practices zone-specifically on the zones of worry, and when the results from all units are combined, the outcome is a local palette of methods indicating the areas where there already exist functioning well-tested practices, and the areas that require additional development.

Suggestions for further reading

- Seikkula, J., Arnkil, T. E. & Eriksson, E. (2003). Postmodern society and social networks: Open and anticipation dialogues in network meetings. *Family Process*, 42 (2), 185–203.
- Seikkula, J. & Arnkil, T. E. (2006). *Dialogical meetings in social networks*. London: Karnac Books.

Stakes / Arnkil & Eriksson

Taking up one's worry – Anticipation form

This form is intended to be used in situations where:

- *you are worried about a child/adolescent,*
- *you have for one reason or another not taken the worry up with the parents, and*
- *you wish to develop a method of taking up your worry as part of your tool box in working with children and adolescents.*

The form comprises three sections:

Section A: Complete the first section when you are *about to select the situation*, where you can practice taking up your worry.

Section B: Complete the second section when you are *preparing for the meeting* with the parent(s)/guardian(s). This form can also be used when meeting with other adults in the child's life.

Section C: Complete the third section soon *after the meeting is over*.

A. Complete this section when you are about to select a situation (Questions 1–3).

1a. Basic information about the child/adolescent, family (excl. personal details)

1b. Basic information about yourself: service point, occupation

2. Which of the family members are you going to meet and what do you intend to do with them?

3a. What are you worried about in the child's/adolescent's situation?

3b. What will happen if you do not take up the issue?

3 c. Which zone best corresponds your level of worry? (check appropriate zone)

Small worry

Grey zone

Great worry

B. Complete this section prior to the meeting (Questions 4–8)

4. In your opinion, what are the areas where the parent(s) of the child/adolescent feel they receive support from you? Do areas exist where they might find you threatening?

Support:

Threat:

5a. What are the resources you have been able to identify in the child/adolescent and his/her situation, and how could you communicate these to the parent(s)?

5b. What could you and the parent(s) do together and/or separately to improve the child's/adolescent's situation?

6. How do you intend to take up your worries and express your wish to co-operate? How will you phrase it? Consider alternative ways of expressing your worry, and how to explain resources and offer co-operation.

7a. Anticipate what will happen during the discussion. Who will react, and how?

7b. Anticipate possible results of the discussion in the near future.

If you anticipate that taking up your worry will diminish the possibilities open to you of improving the child's/adolescent's situation, start the process over and consider a) where you genuinely need the parent(s) help and (b) how to get that help; i.e. rephrase your offer of co-operation.

8. What would be a suitable setting and a suitable time to meet the parent(s) and discuss the difficult issues?

C. Complete this section soon after the meeting (Questions 9–11)

9. How did you take up the issue?

10. How did you feel

a) before voicing your concern?

b) during the meeting?

c) after the meeting?

11a. Review the anticipations you had (Question 7). Was it as you had anticipated, or was it completely different? Were you surprised?

11b. How do you view the actions to help the child/adolescent now? Are there grounds for optimism? Are there things that still worry you?

Results from implementing the method of taking up worries in 1996–2004

I Methods and Materials

The following is a summary of experiences gained when the method of taking up a worry has been implemented. Material was gathered during the years 1996–2004 by interviewing professionals attending project and training sessions organised by us, on their experiences of the method in real-world situations. These results have been applied in refining the method, but its basic structure has remained unchanged, which renders this summary of results gathered during a lengthy timeframe illuminating.

The material comprises 349 cases where a worry was taken up in client contact using this method. The material is from different parts of Finland, and professionals working with children and adolescents in different sectors.

MATERIAL BY SECTORS:	N	%
Day-care	144	50
Schools	43	15
Health care	32	11
Social work	29	10
Family work	12	4
Psychiatry	10	4
Family counselling clinics	9	3
Home help	4	2
A-clinics	3	1
Total	287	100

(N = 287, because the material included 62 forms where no service point or occupation is mentioned.)

The vast majority of this material was received from service organisations whose basic task was not problem solving, but providing general care and education for children and adolescents. Therefore, these results give a clear picture of what happens when a worry evoked in a day-care centre, school or Child Health Clinic is taken up on site. Part of the material was received from services whose basic tasks are centred on solving problems. In these cases too, the first step was taken using this method.

II Results

Results are presented below in the same order as the questions in the question forms. Replies were classified and summarised in tables. Frequencies were calculated based on the number of occurrences, not replies. Hence, there is considerable variation in the sums of the frequencies and they might actually exceed the amount of replies. The classification applied is approximate and only indicative, classes are not exclusive. Results are given in percentages of the total, and intended only to give a general view of the overall situations and events.

1. Topics of concern in a child's situation

	%
Behaviour (restlessness, bullying, substance abuse, social problems, etc.)	39
Development (delays, school performance, health issues, social problems, etc.)	27
Emotional disorders (depressions, anger, etc.)	6
Problems in parenting (care)	10
How the parents cope (resources, mental health, substance abuse, etc.)	9
Child-parent interaction (lack of understanding, violence, incest, etc.)	8
Parent-professional interaction (problematic co-operation)	2
Total	100 (N = 471)

In a majority of the cases (72%), worry is linked with the child's behaviour, development or emotional status. In approximately one in every five cases, the worry concerns parents or parenting, and in one out of ten cases the worry concerns interaction.

2. Form of support

	%
Discussions, therapy	40
Support/guidance for the child or adolescent	21
Support/guidance/counselling for the parents	20
Creating support networks, co-operation	9
Encouragement, respect	6
Setting limits for the client	2
Financial support	2
Other (reviews, decisions, etc.)	1
Total	100 (N = 403)

In the majority of cases (81%), support is realised in the form of (confidential) discussions where support, advice and guidance is provided to the child or parent. In roughly one out of every ten cases, support is delivered via constructing support networks and by encouraging, setting limits and giving financial support.

3. Client feels threatened

	%
Parenting criticised	25
The position of the professional; interfering in the family's business (e.g. substance abuse)	24
The professional "knows too much", contact with child welfare	16
Fear of stigmatisation	10
Setting limits	7
Fear of taking into care	6
Other (being exposed, coerced, etc.)	11
Total	100 (N = 276)

When it is estimated that the client feels threatened, in one in every four cases the feeling is related to perceived criticism of parenting skills. In one in every four cases, the professional's position enabling interference in the family's life is seen as a threat. In half of the cases, it was estimated that the client either fears stigmatisation or controlling actions.

4. What prevents a worry being taken up?

	%
Fear or damaging the relationship or complete breakdown (client is offended/angry/insulted, etc.)	30
Short client relationship (wish to establish good contacts first)	25
Long client relationship (established pattern and topics)	20
Desire for additional "objective" evidence (unsure of personal observations)	13
Practical issues (trouble finding a suitable time/place, client not easily reached, etc.)	13
Total	100 (N = 164)

In about half of the cases, the worry had been taken up before, and in the other half something had prevented its being taken up. In one out of every three of these cases, the reason was fear of damaging the client relationship. Other reasons included a new relationship (one quarter) – where time was needed to establish good contact – or a long relationship (one fifth) – where there was a wish not

to jeopardise the relationship. In some cases the reason stated was uncertainty or problems in arranging meetings.

5. What are perceived as resources?

	%
Resources of the child, positive development	27
Caring for one's children, child's best interest at heart	23
Willingness and ability to co-operate	19
Positive characteristics of the client	10
Experts in their own children, parenting	7
Support network	5
Other (coping with everyday life, the will to try, etc.)	9
Total	100 (N = 242)

Understanding and identifying resources is apparently difficult, because this section was missing in a majority of the forms. Most resources are perceived as resources that the child possesses. A close second is caring for the children. These two comprise half of the cases. In a fifth of the cases, resources are perceived as the possibility of co-operation and the parents' skills and expertise concerning their own lives. In a few cases, support networks and coping with everyday life are defined as resources.

6. Which form of support can be linked with taking up a worry

	%
Discussion, encouragement	33
Targeted support, guidance	31
Supported parenting (parenting models, setting limits)	18
Personal guidance of the child	10
Co-operation, networking	3
Other (coping, reviews, financial support, etc.)	5
Total	100 (N = 401)

In one third of the cases, a worry is taken up through a pep-talk. In one third, a worry is taken up through some other form of support. A worry is taken up in discussions clearly related to child-rearing issues in every fifth of the cases, and to child guidance in every tenth. Some cases rely on network support and concrete actions.

7. Anticipations and actual events

	ANTICIPATION %	EVENT %
POSITIVE		
successful discussion	22	45
actions commenced	4	9
improved contact	3	7
relief, satisfaction	3	3
other	2	4
Total	32	68
NEGATIVE		
problems belittled/denied	22	16
confusion, reserved, anxiety	19	10
anger, offended	18	2
break-up of contact	3	0
other	3	1
Total	66	30
NEUTRAL		
no special reactions	2	2
Total	100 (N = 370)	100 (N = 294)

Anticipations and actual events relating to the taking up of a worry have been classified. The classification is further divided into three: positive, negative and neutral events. This division is somewhat misleading, because confusion or anger, for example, are not necessarily negative events, but a very understandable first reaction. However, we have applied the classification, because it reveals some of the central features of the experiences. In two thirds of the cases, it was anticipated that taking up a worry would create problems that would in some way have a negative impact on the contact and the long-term professional relationship. In only one third of the cases, anticipations were positive and taking up a worry was expected to result in fruitful, continued co-operation. However, results from taking up a worry in real-life situations were quite the opposite. In a majority of the cases, taking up a worry led to fruitful discussion, opened up new operational possibilities and improved the relationship. Naturally there were also problems, but in less than one third of the cases and even then, the feelings of confusion or anger tended to be just the initial reaction. None of the cases involved serious impairment or complete breakdown of the relationship. Few of the anticipations and actual events were classified as neutral, which indicates that the method is something of a novelty.

8. Surprises

	%
POSITIVE	
client more open than expected	42
improved/good relationship	19
actions commended	10
client did not take offence, deny the problem	7
other	3
Total	82
NEGATIVE	
problems belittled/denied	11
offended, anger	2
silence	1
Total	13
NEUTRAL	
others taking care of the issue	3
strong emotional reactions	2
Total	100 (N = 134)

Only some of the cases describe surprises. This might be due to the fact that there is some overlapping with issues described in the previous question. Similarly, the results are repetitive: the majority of surprises relate to new possibilities for future co-operation: successful discussion, improved relationships, taking up new issues, and lack of resistance. Problematic surprises relate to resistance, although such cases were few.

9. Feelings during the discussion

	BEFORE %	AFTER %
PROBLEMATIC		
anxiety distress	39	0
uncertainty, worry, reserved	29	10
doubts about benefit, irritation	3	2
disappointment	0	4
Total	71	16
POSITIVE		
relief	3	52
satisfaction	0	16
optimism, cheerfulness	4	4
brave	3	3
Total	10	75
NEUTRAL		
normal	19	9
Grand total	100 (N = 257)	100 (N = 208)

Feelings preceding taking up a worry often include anxiety, hesitation and uncertainty. One fifth of the professionals claim to feel quite normal, while one in ten has positive feelings. Following the discussion where a worry was taken up, feelings are very different: over half of the professionals mention feeling relieved and one in every four feel satisfied, optimistic and brave. One in ten is left feeling hesitant, doubting the discussion made any difference, or feeling downright disappointed. In most cases, the situation is emotional – very few have neutral feelings following a discussion.

III Review

The classification method applied in this material is only indicative. However, it enables the results to be summarised from a range of material, pointing out the key topics and observations. The results can be summarised as follows.

When a professional, usually in basic services, detects a subjective worry while working with a child, the worry typically concerns the child's behaviour, development or emotions, and sometimes also the parents' situation or co-operation with the parents. Contact – the foundation for all psychosocial and educational work – with the child and with his or her parents is understandably emphasised in the considerations preceding taking up a worry and in implementing the method. Almost without exception, support realised in professional settings is in the form of (confidential) discussions, counselling, guidance, encouragement, etc. Limiting criticism or shying away from the negative aspects is seen as incompatible with a genuine relationship with the parents. For fear of jeopardising this relationship, professionals often refrain from taking up their worry. When the relationship is relatively new, it is felt that mutual trust should be generated first while in established relationships, the professional might not wish to compromise what has already been achieved. While taking up one's worry needs to be linked with resources and support, these can be found within the framework of a relationship, such as discussion, encouragement, guidance and co-operation.

Once the worry has been analysed and taking it up is considered beneficial in clarifying and improving the situation, anticipations about the possible reactions tend to be contradictory. It is anticipated that something important will happen during the discussion. However, negative events are also anticipated. Only in every third case, anticipations are positive. The fear of impairing the contact exists, and it also is realised when the discussion takes place – but usually only as a first reaction without any long-term effect on the contact. In a majority of the cases, the outcomes are positive, and the discussion is rational, constructive and opens up new possibilities for co-operation. This is further emphasised by the fact that the mentioned surprises are largely positive ones, relating to improved contact with the parents. It might be said that the "price" of employing such a method is anxiety

and uncertainty prior to the meeting, but the “prize” is relief, satisfaction and optimism after the discussion.

The results and experiences received thus far are strongly in favour of implementing this method. The outcomes are mainly positive, improving the contact and opening up new possibilities for co-operation. Naturally, there will always be cases where this method will not improve the situation. However, even in such cases the method will provide further insight into the limits of one's own resources. Often these are also the cases where additional resources and expertise are required.

Examples of taking up worries

The following four examples are summaries of case descriptions contributed by professionals who have implemented the method of taking up worries discussed in this handbook.

Unexpected change – At school – 4th grade

Worry: “Teaching difficulties. A boy with a negative attitude to school and homework. Other children complained about the boy, e.g. he would steal pencils without the teacher noticing. None of the girls would sit next to him.”

Attempts to solve the problem:

The teacher had discussed the issues with the boy in private, but there was no long-term change.

Giving it another try:

The teacher took up the problem in a meeting where the boy's parents, the teacher, and the boy himself were present. “I told the parents that I was worried about teaching their son. It was possible to be very straightforward about the issue, because I knew the parents well and expected them to be capable of receiving my message rationally, to discuss the issue with their son at home and to participate in the solution. I also emphasised that he is a very nice boy, and that there is no need for him to try to attract extra attention by taking pencils from the girls, etc. I also told the parents about his negative attitude towards school, although I believe that he could be a very good student, if he just set his mind to it. The whole meeting was more of a monologue where the parents and the boy just sat listening to me without making any comments about the issue.”

What happened: “The next day I already witnessed a complete change in the boy's attitude. He did not complain about stupid tasks, was active during class and made a real effort. Teasing has also diminished, and there have been no complaints from the other students. Now even the girls are prepared to sit next to him. The boy is now in the 6th grade. This meeting was held when he was in the fourth grade and there have been no problems ever since.”

Co-operation is the word – Day-care – a 5-year-old

Worry: “The boy started day-care at the beginning of September. He was a lively, active 5-year-old kid. The beginning went well, and we got to know each other. But then I started to wonder about his lack of initiative in everyday routines. If he wanted bread, for example, he would make no effort to actually take a slice although they were set out on the table. His hold of cutlery was feeble and unsteady. What really got me worried, however, was his pencil grip. He would hold the pencil inside his fist and the result would be just lines in a mess. We started to practice by using a support, but it was not very promising. My worries increased when we started using scissors. He would hold the scissors in his fist at a 90-degree angle to the paper.”

Attempts to solve the problem:

“When the issue was taken up with his mother, she told us that she had been extremely fussy with the child and had never risked giving him scissors, for example. Together we decided to encourage the child to show initiative both at home and at day-care. The nurse from the Child Health Clinic visited our day-care centre, and we discussed whether we should have his 5-year exam earlier, because he was obviously behind in fine motor skills. Although our worries increased, we nevertheless decided to wait and monitor the situation.”

Giving it another try:

“I initiated systematic practice, and the boy made progress. I also started to share with the mother what we had done and how it had gone on a daily basis. I explained the skills we were practicing and asked her to repeat them at home as well. At first, she was not too keen. However, during a parental meeting we had a very sincere discussion with the mother. I listened to her and made related questions, and many things just snapped into place. We started speaking the same language. I encouraged her in parenting and gave some practical advice on daily routines, and encouraged her to spend time with her son.”

What happened: “Collaboration with the mother/family is now based on mutual trust. It is now almost Christmas, and he has made excellent progress in his fine motor skills. There are still some concerns, but the future will show if practice makes perfect!”

Baby steps – At school – 5th grade

Worry: “At the beginning of fifth grade, the boy had attended school with a new teacher and after one month she noticed that he never did his homework. When going through homework, the boy often tried to hide his unfinished work. The teacher could not make the boy stay after school, because he used school transport.”

Attempts to solve the problem:

“I discussed the issue with his English teacher and other teachers teaching children from the same family. I found out that his mother is a single parent and very busy. In previous meetings concerning other children in the family, she had complained about being too busy to look after the children’s homework.”

Giving it another try:

“I decided to make a phone call to the mother, although the others said it would not be of any use. I told her that I was having trouble with the boy, because he very seldom did his homework. She replied that she asked every night whether his homework had been done, and he always said ‘Yes’. I noted that the truth was quite the contrary and that something needed to be done. I also said that the boy was obviously a bright kid and could finish all of his homework with very little effort. Maybe he was just being lazy? The mother said the boy was very pre-occupied with his thoughts, and I agreed. However, I emphasised that things could not continue as they were and that he really needed to start doing his homework. She agreed and said that if I had any suggestions she would be glad to hear them. I told her that I had previous experience with similar children and suggested we try a solution that had worked before. Because I had heard she was very busy, I presented my idea to her as follows: I might spend a few extra

minutes every day after school to write down all his homework in a notebook. And the mother might spend just a few minutes every night to check the notebook and see that he had done his homework. And I emphasised that the boy could do his homework himself – all she needed to do was to check that it had been done, and then sign-off the notebook.”

What happened: “The next day I had not yet had time to write down the homework, when the boy came to school with a broad smile on his face to show how he had done all of his homework. I said I was very proud of him. At the end of the school day, we wrote his homework in the notebook, as we had agreed with his mother.”

Follow-up: “It has been a roller-coaster ride – sometimes he has done all of his homework, sometimes none. I was thinking that it would be easier just to give up, especially as the mother sometimes neglected her part in the deal. But then I decided I would be persistent. Every day I talked with the boy, and reminded him to show the notebook at home and to do his homework. And I have to remind myself that progress is made ‘by baby steps.’”

A chain reaction – deputy principal operating in a network

Worry: “A new student came to the third grade. It turns out that he has been bullied in his previous school. His teacher decides to prevent the bullying of this quiet, withdrawn boy in this school. The teacher handles the situation well and the boy’s father comments during a parents’ meeting that the issue has been solved and that the boy comes to school without fear. In a pupil care working group, the school nurse has met the woman living with the father and son, but who is not the boy’s mother. She and the boy’s father separate in October. She has told the nurse that she is worried about the boy, but the father refuses to meet the nurse. In PE classes, the boy is very tense, and has difficulties in playing games and participating interactively.”

Attempts to solve the problem:

In the pupil care working group: "The teacher is surprised at the amount of contradictory information regarding the boy. How best to proceed? The father's female friend has left. Why is the boy so tense while his father thinks that everything is ok? Again, the father fails to show up at the nurse's appointment. There is no need to go down this road."

Giving it another try:

"I put these questions to the group: What has been successful? – Attending the parents' meeting. Could we invite the father to come to a parents' meeting again (meetings are held once a year)? What issues does the teacher wish to address? – The parent's view, current family status, bullying, how the father sees his son's physical activity, could the father take up the problems and get help from the health centre, for example? Teacher's worries? – The father does not show up at school. Issues are not addressed although the boy's need for help is apparent to the teacher. Decision: The teacher will contact the father, share her worries concerning the boy and suggest they tackle the issue together at school (with the pupil care team)."

What happened:

"Surprise: Father is eager to visit the school the same week. The first of the teacher's worries has been solved. The father is a bit unkempt, but is perceptive about the good things and problems with his son. The boy does not suffer from learning problems. The problem is abnormal body language and tension in PE classes. When suggested, the father agrees to ask for help from the health centre (physiotherapy, occupational therapy). The teacher writes a note about her observation concerning the boy."

Conclusion:

"The discussion went well. Many issues were solved and prejudices eliminated through direct contact. Taking up the teacher's worries made the father feel that we care and are on the same side. The teacher felt she had been heard."

Routine social work – a major worry

- Situation:** A family including a mother, father and 4 and 7 year-old children. The parents are unemployed, have substance abuse problems and are violent. Meetings with mother and children where issues discussed at a general level.
- Worry:** Worker worries about the children and whether they can safely remain at home. Worried about the delayed development of both children: the 4-year-old cannot talk properly and wets his bed, the 7-year-old seems timid. How do the children view the situation? Worried about the appropriateness of present supportive measures.
- Taking up worries:** “I start with positive things: the kids are happy, active and well-behaved and eat and sleep well. I ask the mother if she has noticed anything about the children that might worry her. I lead the conversation to my own observations and share my concerns with the mother. I ask her whether she has given any thought to the type of help her children might need in the current situation. The mother and I are the only participants in this meeting. The atmosphere is relaxed.”
- Anticipation:** “She will belittle the problems, or refuses to acknowledge them. Will attempt to change the subject.”
- Occurred:** “I was surprised: she listens and notices that she has been a bit worried about the kids herself, especially the younger child’s problems with speech. It felt good to talk about these things. She received support for her own thoughts and feelings. Further, it was positive to realise that she is aware of the issues and the need to take action.”
- Follow-up:** “A plan has been drawn up for the family: Parents will seek help to solve substance abuse problems, and will attend therapy sessions to improve their marriage. Appointments made at the family counselling clinic for the children. Physical examinations at child health clinic. Speech therapy commenced. – Some hesitations about the degree of commitment on the family’s side. Close co-operation between the social sector, family members and other stakeholders is somewhat reassuring.”