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To Treat or to Accompany?ⁱ

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Introduction

It will soon be 50 years since I first walked through the door of a children's centre in Australia and into my first real job as a residential youth worker. There was no orientation and no training, I was just thrown into the action with ten children and young people to look after in my section of a larger facility. They ranged in age from around 5 to 14 years, a few with intellectual and other developmental disabilities. There was one other more experienced older woman from whom I took my cues. She was there most weekdays but I was often on duty alone on the weekends, although there were other workers on the same campus I could call for some assistance if this was needed. It was an intense learning experience for a young man, and I can clearly remember walking in on that first day along with many of the challenging issues and events I had to navigate my way through in that position.

A few years later I found myself at university studying psychology and after a nine-year journey that included post-graduate study in another country, I was back in the real world and applying the various skills I had learned. I had gravitated to psychology because I felt it would provide the insights and skills that were needed to support these children and adolescents and to address their needs—I'm less confident about the adequacy of those skills now. Yes, I did gain insights and learned some useful therapeutic techniques, but there were also significant gaps—I'm not sure that my training in assessment and treatment really got to the heart of healing and therapeutic change.

We all know what "treatment" or "therapy" can mean and it goes without saying that children and young people who have experienced abuse and neglect along with other forms of maltreatment may be in need of specialized treatment or therapy. But I'd like to talk about something that is just as important but less often discussed—the role of "accompaniment."

What is Accompaniment?

The Collins Dictionary tells us that to accompany someone is to "go along with or in company with" as in "to accompany a friend on a walk." Accompaniment may not have the professional *cachet* of therapy or treatment, but it is just as important.

Thankfully, most of us have been accompanied—by parents, partners, friends, coaches, grandparents, siblings, uncles, aunts, teachers, and other mentors.

Accompanying is a way of connecting, a type of relationship. It may be for a season or it may be for a lifetime.

Formal counselling often involves accompaniment along with other "treatment" elements. In fact, there is good evidence that the "relational" elements of counselling contribute more to positive outcomes than the more obvious "treatment" elements. In his book *Why Therapy Works*, Louis Cozolino reminds us that:

The central component in any helping relationship is the establishment of a safe, trusting connection.¹

A few months ago, I was having a conversation with the CEO of the organisation for which I work. His phone rang in the middle of the conversation, and he excused himself to attend to the call. When he returned ten minutes later, he apologised and explained that the caller was a young man in his late 20s who called him from time to time and this time he was in something of a crisis and needed some support and reassurance. It turned out that they had first met in a youth shelter some fifteen years before when the CEO was a humble youth worker. In subsequent years, the young man had had some successes in career and relationships, but he had also struggled at times. That day, the CEO was clearly a bit anxious about the young man and his wellbeing.

Accompanying is a way of connecting.... It may be for a season or it may be for a lifetime.

So, amidst all the crazy demands of a large NGO with around 800 staff members, negotiations with funding bodies, unions, media enquiries, interactions with government regulatory bodies, strategic planning, and so on, he always makes time for the young man. He might have passed along the young man to one of the professional counsellors or therapists in the organisation (and he indeed had helped him to access psychiatric support) but had decided to make time personally when the need arose. He had been doing so all these years. It is not his real job and it is not in his job description, but perhaps it is just as important—certainly it is vitally important for the young man. He is not providing treatment or therapy, but he is providing accompaniment.

Developmental Trauma and Its Impacts

Most of the young people in our care for child protection reasons have experienced years of adversity and trauma. Following are two well-known definitions of trauma:

- Trauma is "a psychologically distressing event that is outside the range of usual human experience often involving a sense of intense fear, terror, or helplessness"²
- Trauma is "any event that is extremely upsetting, at least temporarily overwhelms an individual's internal resources and produces lasting psychological symptoms"³

Many of us work with children/adolescents who have experienced the particular type of trauma referred to variously as developmental, complex, or relational trauma. Bessel van del Kolk, one of the prominent thinkers and researchers in the field, points out that these types of trauma result from exposure to "multiple, chronic and prolonged adverse events, most often of an interpersonal nature."⁴ It's these types of trauma that are the focus in this article.

In most definitions of trauma there are two components—the overwhelming event(s) and the impact of the event(s). In terms of the traumatising events, Sandra Bloom tells us that the trauma framework has shifted our perspective from a pathologizing one in which we seek to label a young person and then treat them to one that focuses on understanding what they have experienced. She is well-known for the dictum: "The question is not 'what is wrong with you,' it is 'what has happened to you?'"⁵

Focusing on the impacts, we know that there are many aspects of development that can be affected. These include the domains of:

- Attachment
- Social skills
- Biological systems and health
- Regulation of impulses and emotions
- Dissociation
- Behavioural control
- Cognitive functioning
- Self-concept, shame and guilt
- Future orientation⁶

In terms of the subjective impacts, Louis Cozolino says:

The traumatised young person is "drowning in a sea of fragmented and overwhelming emotions, sensations, and frightening thoughts."⁷

Shifts in Our Understanding of Trauma

In recent years, there has been a perceptible shift away from an exclusive focus on "what happened." This has included a re-thinking of what trauma is, how it develops, and what we can do about it. If I were to ask what the "essence" or the "essential experience" of trauma might be, my guess is that most would focus on the severe impacts on emotions and thinking. Perhaps the focus would be on the bodily impacts, or on detrimental changes in outlook, hopefulness, and self-confidence. Bessel van der Kolk states:

"The essence of trauma is feeling God-forsaken, cut-off from the human race."⁸

I had to think about this when I first read it. Van der Kolk (and an increasing number of other trauma specialists) focuses on the sense of separation, on being alone—not connected with family, with kin, with peers, with compatriots, with culture. The more I've thought about this, the more I think he is right.

I came across this piece from a young man remembering his first day in a children's home:

I turn to the spot where I last saw Mum, hoping that she's changed her mind, but there is no trace of her...My new home is filled with boys about my age. They're everywhere. Oh geez. Oh geez. I'm so alone—so all alone. Even my own parents do not want me.⁹

Yes, of all the possible emotions such as anger, and even rage or hopelessness, it is the aloneness and sense of abandonment that has stayed with him.

Others are echoing this theme. Peter Fonagy, Director of the Anna Freud Centre in London, says:

An adverse event becomes traumatic when it is accompanied by a sense that one is not accompanied—that one's mind is alone.¹⁰

At the very heart of the trauma experience is the feeling that we are on our own, that there is no one accompanying us, walking with us through the experience. It is often this fact in itself, not necessarily the actual event or the immediate impacts of the event, that shifts the experience from a very difficult, even an emotionally fraught one, to a traumatic one.

Stephen Porges tells us that connectedness is responsible for the survival of the human race:

Connectedness evolved as the primary biological imperative in mammals in their quest for survival.¹¹

Porges joins other researchers in calling into question the received wisdom that "it is the fittest who survive." No, the strong evidence suggests it is the *best connected* who survive—those who can lean on and derive their strength from others when they are in need. But, of course, the defining experiences of our children and young people are experiences of disconnection, separation, and emotional abandonment.

Bonnie Badenoch, one of the more compelling thinkers about trauma today, says:

Trauma is a relational experience in that embedding of trauma may arise not primarily from the nature of events, but from who is with us before, during, and after overwhelming happening (or non-happening in the case of neglect)¹²

So, we need to understand not just the event and the impact of the event but the relational context of the event.

Not long ago, I was asked to review a paper for a journal. The authors used a definition of trauma that captures this emerging perspective stating that trauma occurs when:

Interpersonal rejection, isolation, betrayal and emotional deprivation compromises our biological imperative for social engagement and connection¹³

Remember the adage that we need to understand "what happened?" Recently, I was privileged to attend a two-day seminar with Bessel van der Kolk, and he came up with this addition:

The question is not only "What has happened to you?" but also, "Who was with you?"

Given the pervasive experiences of neglect that mar the lives of so many children in the child protection system, he might well have added, "Who was not with you?"

The Roles of Accompaniers

So, what is it about connections and being accompanied at times of crisis that is so important? Well, there is the obvious immediate physical comfort, soothing, and support. There is also the pressing need to make sense of what has happened. Fonagy states:

Normally an accessible other mind provides the social referencing that enables us to frame frightening or otherwise overwhelming experiences.¹⁴

At the very heart of the trauma experience is the feeling that we are on our own.

Have you seen the video *Removed*? There is a part where the little girl is who is being removed from her abusive home expresses concern about her younger brother

who is being removed to another placement. "Who is going to hold him and tell him it's going to be alright?" she frets out loud. "And who is going to do it for me?" That is the social referencing to which Fonagy alludes, and the challenging behaviours that we encounter are often the result of children having to find ways to cope with overwhelming experiences *without* such accompaniment.

Kinniburgh says:

A child who receives inconsistent, neglectful, or rejecting caregiving is forced to manage overwhelming experiences by relying on primitive coping skills such as aggression, dissociation and avoidance.¹⁵

For many of our children and young people, no one was around to comfort and walk with them through the early adversities, indeed, those whose role it was to protect were often the ones who caused the harm. The embedded impacts of those wounds have shaped their emotions, thinking, and behaviours. It is these problematic emotions and behaviours that we see and experience daily, and they can blind us to the underlying traumatic drivers. Felitti and Anda, the lead authors of the influential ACE study into the links between

childhood adversities and later problematic social, health, and behavioural outcomes, tell us that traumatic childhood experiences are often "lost in time and concealed by shame, secrecy, and social taboo."¹⁶ So what do these children and young people most need from us?

Bonnie Badenoch says:

The ability to offer the safe sanctuary of presence is central to treating trauma...if we felt alone, we needed accompaniment. If we were frightened we needed protection. If we were shamed we needed acceptance. If we were hurt, we needed comfort...¹⁷

Notice that all of the responses that Badenoch mentions are relational qualities—presence, company, protection, acceptance, and comfort. I do not see treatment or therapy in this list. I do stress, I am not denigrating treatment and therapy. Many children and young people do need this, and it is part of my own work. I just want to point out that it is not the most important piece, and indeed, it is not the piece that will nourish and heal and guide the young people through life. Some of the children in my first residential home may well have needed formal treatment at some point, and that obvious need was what led to my choice of career. But more than that, they all needed accompaniment while they were with us, and they most certainly needed it when they went out to make their way in the world.

A few other thoughts about "accompaniment:"

Accompaniment is not just about feelings and being nice to someone—it does involve commitment over time, insight and some skill.

Li and Julian¹⁸ describe what they call the developmental relationship in which the supports and focus of the adult change over time in response to the developmental needs of the child—the early scaffolding and practical, often physical supports (such as when we teach a child to ride a bike or model how to behave in a restaurant or at a concert), give way to a mentoring, a cheering from the sidelines as the child develops greater skill and independence. Social, emotional, cognitive, and spiritual skills increasingly become the focus of support.

So, the priorities and strategies change as the child becomes a young person, develops autonomy and learns to make choices of their own. Instead of the

adult taking the lead, the power in the relationship shifts to child/young person.

The emerging research points to the central importance of the accompanier being able to help the child/young person learn to self-regulate emotions, thoughts, and impulses. Being able to accompany and co-regulate with our young people, again and again, especially in times of crisis, seems to be the key to them learning how to self-regulate.

According to Allan Schore:

At its root, the ability to learn self-regulation is dependent on there being available, trustworthy, empathic and committed caregivers¹⁹

Stephen Porges weighs-in about how children learn to self-regulate:

Self-regulation is a product of..."the mutual, synchronous, and reciprocal interactions between individuals...It is through processes of co-regulation, an individual develops a capacity to self-regulate."²⁰

Related to this is our ability to help our young people feel safe in the moment, which we now know to be highly dependent on our ability to provide social "cues of safety," especially when we are stressed or anxious.²¹ I rate communication skills such as Active Listening as high, if not at the top of the list of skills that an effective accompanier needs. How can we understand the inner child/young person and respond effectively if we have not learned how to truly listen? This includes the ability to:

- be present and attentive
- decode the nonverbal cues and behaviours
- prompt and encourage the child/young person to use words
- "hear" what is not being said
- provide affirmation and validation

Bonnie Benard²² reviewed the key contributors to resilience for young people who overcame the odds. Caring relationships with adults were front and centre. These were characterised by trust, warmth, availability, and kindness, but things like high expectations and opportunities to succeed were also important. An accompanier does not need to have advanced training and

vast experience, they do need to have commitment, perseverance, and a willingness to listen and learn. They need to grasp the truth that it is not what we can do *to* or even do *for* a young person that really counts, it is what we can do *with* and *alongside* them.

Finally, some have suggested that the relationship is the intervention. So, you may not have advanced clinical skills, but you may just have what the young person needs the most. Bruce Perry one of the pre-eminent research psychiatrists states:

*The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agent of change.*²³

Some of us (and I am including myself here) have roles that involve the provision of case management, supervision, training, or administration that often limit our capacity to actively accompany our young people. In such cases, we must ensure that

appropriate accompaniers for the young people are found and supported. Remember that shift of focus that the trauma perspective brought, "it's not what's wrong with you but what happened to you that's important." I quoted van der Kolk who added "who was with you?" If I can be so bold, I think we could well add another part to the question: "Who is with you now?"

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Larry Brendtro, Martin Brokenleg, Steve Van Bockern, Mark Freado, Howard Bath, and other leaders in the reclaiming youth movement look forward to meeting you at the 30th Annual Reclaiming Youth Seminars! The 2024 seminars will be held July 18-20, at Augustana University in Sioux Falls, South Dakota. The pre-conference trainings will take place July 15-17. For more details or to register, visit <https://reclaimingyouthatrisk.org/>

Endnotes

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