

"Suspicious Minds" by Andrew Bruun (1998)

We can't go on together with suspicious minds

Andrew Bruun (1998)

Introduction

"These kids have got either no one in their lives or a cast of thousands".

Since beginning work in the human services field in the mid-eighties, I've heard that line about as many times as I've listened to the Elvis song that provides the title for this article (which is a lot - believe me).

The words "these kids" refer to young people, most often from extremely disadvantaged backgrounds, who end up in the protection and care of the state. A majority of these young people use drugs. Of course the majority of people in Australia use drugs. For the young people I refer to, their drug use often puts their safety and well being at risk and they are far beyond caring whether what they do is legal or illegal. Most of the hundreds of young people that I have worked with over the years have experienced unwanted consequences as a result of their drug use but for each of them, there were understandable reasons for continuing to use. Their drug use served a purpose.

Understanding a young person's reasons for using drugs and the function it serves is crucial if the following question is to be answered:

"How can we respond in the most effective way possible?"

It is my intention in this article to go some of the way to answering that question.

In the end, it's whatever works best for that young person and their family. I am focusing on is on how best to structure the working relationships in a young person's life so as to:

- Increase their sense of security
- Reduce the risk of harm
- Maximise the potential for them to gain the information guidance and support to negotiate the sometimes tricky path towards adulthood

What kind of relationships are necessary for the young person who has "no-one"? Also, how is the "cast of thousands" going to find a cohesive structure and an effective way of working together so that the young persons developmental needs are adequately catered for?

Building protective relational structures with adolescents

The 'Limit-setter / Enabler model (represented in Diagram 1) relates to how the developmental needs of the young people are responded to by others in their life.

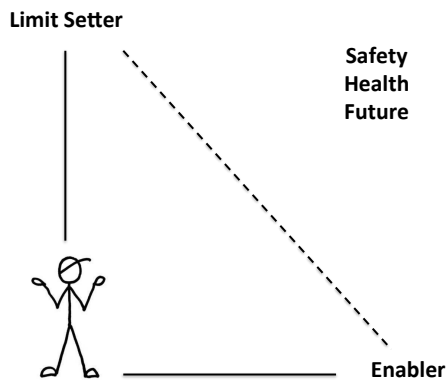


Diagram 1

For the model to make sense it is necessary to make some relevant points about adolescent development.

As adolescents are in something of a transitional state, competing interests are at play. On one hand the young person will expect or yearn for the structure, support and nurturing that was available to them as a child (even though they will almost always be loathe to admit it). On the other, they want to bust out of the childhood role and demand to be treated as adults. Therefore, they question the order of things and are seen as rebellious and disdainful of authority. They thirst for experience. They take risks that many of us who are adults wouldn't take, but possibly once would have. They have an intense desire to be seen as mature, so they often send out a message that they have everything under control even they don't.

This throws up a dilemma for parents and guardians with responsibility safety and well-being of the young person in their care. A natural tension often exists between teenagers and their guardians with differing perspectives over what is safe and acceptable. Dissonance also develops where the young person's values and goals clash with those that their parents or guardians would like them to hold.

Young people want to make decisions for themselves and be the masters of their own destiny, whereas parents or guardians often doubt their capacity to do so and usually take a "not till I'm sure your good and ready" approach. It may hurt a young person's pride to be "underestimated" but in most cases he or she will share at least some of the same doubts about their ability to manage as their caregivers. The fact that there is someone who is acting to moderate their exposure to the big bad world, regardless of how attractive it may be, engenders a sense of security. Protective workers and 'Drug and Alcohol' workers don't have to look too far to see what happens for kids when this role is not being fulfilled.

In the ideal sense a teenager will have a relationship or set of relationships where responsibility is taken for defining the parameters or "setting the limits" within which the young person is free to move and experience life.

It is a young person's job (in developmental terms) to push against and outgrow those limits. This means that they will be constantly testing the response of those that set limits for them. It's an age-old story dripping with tension and can be a tough time for all concerned. Very few parents or guardians would disagree.

Even with the palpable excitement and the fond memories that thinking of being 14 stirs up, I wouldn't want to go back. Andrew, the gawky, naive, sometimes brave, self-conscious, would-be Casanova with his jeans tucked into his uggs. An expert waster of time, I loved mooning around the family home eating biscuits before sneaking off with mates to parental no-go zones – desperately trying to impress local girls with feats of daring because I was too shy to talk with them. Without a fleeting thought as to my own mortality I would skate down the middle of steep and normally busy neighborhood streets and jump into murky waterholes. It's a world away now. You can put me down as the never-was Casanova and maybe now I just deal better with being gawky and sex starved. As for the skateboard, bitumen is a hard teacher. Too much information? I think so. Back to the paper.

The key themes come through loud and clear:

1. The need for each young person to have experiences from which they can learn and develop
2. The need to ensure that in the process of experiencing life and making decisions for themselves the young person does not get so out of their depth that their safety, health and future prospects are jeopardized

It is very important to own the fact that change and transition involves risk. Without risk constructive learning and self-discovery will not occur. The focus must then be on how the extreme and unnecessary risks might be removed and on how other risks are best managed.

What we do know is that it would be unnatural for a person to spend all their adolescent years living happily within the limits that are set for them. I can assure you that my reckless, late night, skateboarding descents of main roads in Brisbane were not sanctioned by my parents. Believe me I wasn't raising it at the dinner table as a topic of discussion to check out how my parents might have felt about it. I was flying under the radar and that's the way I wanted to keep it.

The same applies with drug use. It will almost always be subject to of some kind of regulation and so young people will almost always try to keep it (or at least the most risky parts of it) under the radar.

When the details of a young person's drug use are unknown, accurate assessment particularly in the area of risk to self or others is not possible. This renders limit-setters, with the health and well being of the young person at heart, powerless to address drug related issues in any meaningful way.

A tragic example

The true story comes to mind of a 15 year old Sydney girl who died in 1996 after taking 'ecstasy'. It is widely believed that she was killed by ecstasy but the coroner found that her death was due to water intoxication (internal drowning). An ambulance was called at 10.11am the morning after her and her friends had attended a dance party, unbeknown to their parents, and had taken ecstasy. None of the three girls were experienced users and to do so was against the rules. When the girl who died started to have a 'bad experience' after taking the ecstasy, her

friends had her drink water. This is recommended for people at dance parties who dance vigorously for hours on end to prevent dehydration. When she didn't improve and began to feel sick, her friends kept giving her water. Without going into detail, too much water is particularly dangerous for people on ecstasy as it limits the functioning of the renal system, meaning that water is not passed through the body as efficiently. As the problem worsened, the girl kept drinking water. She could definitely have been saved if medical help had been sought in time. Because her friends didn't want their parents or others to find out that they had been out and had taken ecstasy, they waited all night to call for assistance. By then the situation was beyond critical and it was too late. This is in no way a comment on the parents of the girl who died, who most certainly would have acted immediately to engage medical assistance. What could they do when they didn't know? What if the girls felt that they could turn to another more experienced and competent person who not involved in setting the rules that had been broken; person that they trusted. Perhaps, that young girl might have made it to hospital in time.

Complimentary relationships

The example of young girl who unfortunately died after going to a dance party and taking ecstasy without the knowledge of her parents, illustrates how young people often end up outside the protective influence of their parents and guardians. Those involved in setting the limits around behaviours and experiences are fulfilling an important role through applying direct or coercive power to regulate a young person's exposure to risk. The logical consequence is that young people are then very unlikely to share details of their experiences outside of these limits.

Other relationships involve enabling a young person to express and develop their own identity and pursue their interests. These relationships are an important source of information, support and guidance for the young person. They not only open up opportunities for new experiences but also help the young person to understand what these experiences mean. They facilitate learning. These people can be friends, siblings, members of their extended family, the parents of other kids they know, local youth workers, teachers, sports coaches, etc. I refer to them as "Enablers"(as in diagram 1).

People in the enabling role can have a strong protective influence in the young person's life, just as limit-setters do, but in a different way. With Enablers, young people can feel at ease to discuss their thoughts and experiences without expecting limits to apply or consequences to ensue. Information that might be 'under the radar' of a Limit-setter is then more likely to be 'on the radar' of an Enabler who has no coercive power. Young people choose the amount of influence that an Enabler can have in their lives. In this way the Enabler must be empowered by a young person.

In diagram 1, Enabling relationships are represented on the horizontal axis and Limit-setting relationships are represented on the vertical. You will also notice that I have used the terms "Have to" and "How to" to define the different functions the different relationships serve. A point of clarification is required here. Those with the crucial "have to" role will also deliver "how tos" for young people in a wide range of areas but not those that the young person keeps hidden or "under the radar". This highlights the importance of caring and responsible enablers in the lives of young people - complimentary in the sense that these people share a common interest with the limit setter in the young person's safety, health and future prospects.

Unfortunately, not all "Enabling" or "how to" relationships are complementary in this way. A young person may learn how to steal a car and go for a joy ride or be encouraged to have a go at train surfing. At times they might receive very unreliable information, like masturbation makes you go blind. That's fairly benign but it is much more concerning when information such as the following is being passed on and taken as fact:

- "Once you've got Hepatitis C it doesn't matter if you share with others who have it."
- or
- "When someone has a heroin overdose, shoot them up with saltwater, it will revive them".

Harmful misinformation can be unwittingly shared by others who care deeply for the young person but don't know any better themselves, as in the case of the Sydney girl who died from drinking too much water.

Other times it may be someone who preys on the young person's inexperience and gullibility. At the extreme end of the continuum of exploitative "how to" or enabling relationships are those formed with adults who are sexual predators. They are often expert at "grooming" the young people that they target and make the relationships they offer very attractive. They often meet young people's needs on a number of levels, whether it's accommodation, money for activities and new clothes or affection and commitment from an adult. As a community we need to face the fact that our response to the needs of many young people is vastly inadequate and we create the conditions that pederasts take advantage of to exploit young people.

An adult seeking to ensure that a young person isn't being exploited might find obvious relationships that are potentially detrimental and destructive. Even so, a young person's perspective might be different and the determining which relationships are deemed acceptable or unacceptable is often a source of disagreement and conflict.

Limits are often set that prevent a young person from entering or continuing enabling relationships that are deemed likely to have a negative influence. Like with drugs, this increases the likelihood that a young person will choose to keep these relationships "under the radar" or construct the people that they are hanging out with as virtual angels. It is therefore preferable for the young person to be connected with an Enabler who can explore what these relationships mean and offer another perspective. The guidance they receive may be virtually the same as what would come from the Limit-setter but is more easily accepted from an Enabler. This means that Enablers are often privy to different and more detailed information than limit setters. Enablers in complimentary roles with limit-Setters will need to answer the following questions:

- What information would be passed on?
- How are decisions made regarding what information is to be passed on?
- What is done with the information when it is passed on?

In determining the answers to these questions, there are two major issues that must be considered. They are:

- *The health and safety of the young person and others involved* - Sometimes guidance, encouragement, information provision and support will not be enough to protect a young person. There are times when limits will need to be imposed and a

young person contained. In circumstances where a young person is clearly in danger or is putting someone else at serious risk, information clearly needs to be passed on to someone who has the responsibility and capacity to act.

- *That lines of communication with the young person are kept as open as possible* - The protective benefit of Enablers being connected with young people will be reduced or cease if communication is shut down or constrained due to information continually being passed on to the limit-setter. Certain subjects, probably those involving the most risk, will no longer be “on the radar” and neither the Enabler or the Limit-setter will have any constructive influence.

Professional Limit-setters and enablers

I would expect that Limit-setters and Enablers in professional roles to have the capacity to form complimentary relationships in the interests of the young people that they work with. This requires workers being clear on their intentions or goals and being accountable for their practice.

I will now investigate further the complimentary relationship of a statutory worker with a Limit-setting role and a youth AOD worker in an Enabling role.

Statutory workers become involved in protecting and caring for young people when:

- No-one is performing the Limit-setting role
- The limit-setting role isn't being performed adequately
- Whoever has responsibility for the limit setting is exploiting or harming the young person or unable to protect them from the same

Statutory responsibility for the "Guardianship" of a young person involves setting limits around behaviours and experiences that are aimed at reducing risk and promoting healthy development. Statutory workers routinely assist young people without having to set or maintain limits but with drug use the setting of limits is crucial. This means that there are instances where young people in care are more likely to keep details of the drug use hidden. A young person might seek to keep details of their drug use secret when:

- They either plan to or are 'breaking the rules'
- They feel uncertain and feeling out of control but are invested in seeing themselves and being seen as 'in control'
- He or she is highly dependent on substance use as a way of managing his or her life circumstances and believes that there are no other effective options
- A young person is, or at least seems to be, not interested in changing their drug using behaviour and doesn't want to be forced to do so

These are the very times that some kind of protective influence is required. From a risk management perspective, young people require accurate, reliable and relevant information and education relating to drug use (not scare tactics) as well as the motivation and skills to put this knowledge into practice. If, because of the Limit-setting role, young people will not discuss their drug use in an open and honest way with a statutory worker, most of the relevant information concerning risk will not be on the “on the radar”. In such circumstances, a youth AOD worker could form a relationship as an enabler with a young

person and be in position to recognise, understand and help them manage the risks associated with their drug use.

Statutory workers and youth AOD workers clearly share a common goal to reduce the potential harm that drug use can cause in the lives of clients. Statutory workers set limits and adopt behavioural strategies as incentives for clients to adhere to them (see notes on effective limit setting below). Where the limits are not holding and the young person continues to engage in harmful drug use, statutory workers often refer the young person for AOD treatment. Sometimes young people are ready to accept help and the link is made without protest. It is easier to facilitate this connection when the local youth AOD worker is known and trusted by the client or possibly the client's friends. Some youth AOD workers are proactive in forming Enabling relationships with young people in care (an 'at risk' group) before drug use is identified as a problem. This can be done through either participating in activity based and/or health focused programs with statutory clients.

At other times, due to the level of risk or through the insistence of the Criminal Justice system, statutory workers use their coercive power to force a young person to see a youth AOD worker. While use AOD services are voluntary, this kind of referral is welcomed as youth AOD workers are mandated to provide services to young people with drug related problems regardless of their readiness to change. It is always better when it is made as part of a plan where expectations, roles and processes are clear and commonly understood (see below: Getting the balance right).

The focus of the statutory worker and the measure of success in these cases should be the engagement of the youth AOD worker and the client. To give this engagement the best chance of occurring statutory workers should prearrange with a youth AOD service or worker a certain number of sessions that the client is expected to attend. The youth AOD worker's task is to create the conditions under which a genuine Enabling relationship has the potential to form. Of course there will always be things a young person won't discuss but youth AOD workers work hard to increase the likelihood that drug related issues are raised, discussed and worked through. For this to occur, trust and open communication is essential.

Where statutory workers are focused only on the drug problem being "fixed" the temptation is pressure youth AOD workers to hand sensitive information about the young person's drug use. This of course will close down communication between the client and the youth AOD worker. It is more likely to occur when the statutory worker has not developed trust with youth AOD worker and doesn't realise the importance of complimentary Enabling relationships. There might also be times that the AOD worker disagrees with the how the statutory worker is performing their limit-setting role and managing the case. Exacerbating conflict between a protective worker and a young person will put the young person more at risk in almost every case. The same goes for complaining to a young person about the worker.

Providing high quality care and support for young people experiencing drug related problems requires statutory workers and youth AOD workers to be coordinated and intentional in their practice.

Where young people are considered at risk to themselves or others, the decision on what and how information held by the youth AOD service/worker either is or isn't passed on to the statutory worker is often the source of disagreement.

Remember that people have different perceptions of what is risky and dangerous. I recommend that professional limit-setters like statutory workers and professional enablers such as an youth AOD workers) have established processes and consultative forums in place for determining the level of danger/risk presenting and how it might be acted upon. The issues faced have to be worked through and all factors considered. The alternative is to rely on rigid, prescribed responses regardless of circumstance or context. Where this approach is applied the potential for harm can be increased inadvertently.

How and when this information would be shared and acted upon needs to be pre-determined and clearly communicated to all concerned. An underlying concern for most in the youth AOD workers in an Enabling role is that the relationship with the young person will end if such information is shared without the consent of the young person. In my experience this is rarely the case. What usually transpires is that the young person and the worker have some issues to work through. This process can be developmentally very beneficial for the young person. The worker needs to explain why the decision to pass the information on was made and invite the young person to discuss how they feel about it. Sometimes the young person is unable to do this. Sometimes it will take time. Other times, the penny drops pretty much straight away and young people realise that the people were acting in their best interest. This realisation will be easier for the young person to make if they have moved beyond the high risk or crisis period that they may well have been in and are in a position of relative stability. Even so, whenever information is transferred without client consent on the grounds of 'keeping them safe', the accompanying rationale and the effectiveness of doing so should be reviewed.

A real world example: The story of Mark

Mark was just turning 16 when I first met him. He was in protective care, living in what was then a short-term unit. He was also on a Youth Attendance Order with Juvenile Justice. He had been forced to come and see me for "drug counselling" against his will. So our relationship started with him giving me the silent treatment.

I was expecting Mark to react this way as I had been involved in a case planning meeting prior to his referral. I was invited there to give my perspective and see what I might be able to offer. At the meeting I heard that Mark's placement at the short term unit he lived in was close to breaking down. The staff were frustrated. They said that he was constantly aggressive, he'd damaged property on several occasions, he'd spray painted the fence and the side of the building and he often disappeared for days on end. Mark wasn't involved in any constructive activities like school or sport. The big concern at the meeting was that he was smoking marijuana intensively, although they had few details. Of course he was keeping it "off the radar". My big concern was that all the professional relationships in his life at that stage had been "tarred with the limit setting brush".

Consequently, his relationships with workers were conflictual although he did get on better with some more than others. His Juvenile Justice worker was one that he could tolerate.

When I asked about other relationships of significance I was told about his older brother who was 19 and dependent on heroin. He was the only known Enabler and was thought to have a negative influence.

Mark was definitely at risk in the immediate sense and in the longer term. I suggested that I could see Mark but the focus wouldn't be on drugs, it would be on engaging him and building rapport. I wanted to position myself as someone he could trust and would turn to

when he needed information or to sort something out. I explained that I needed to set myself up as a worker discrete from those with the limit setting role. In my opinion, taking drugs off the agenda was the only way to get them on it.

Of course, clear arrangements had to be established around confidentiality and in what circumstances would I deem the risk to Mark or others to be enough to pass information. It was useful to be working in an organisation separate to the government services and providing services under our own clinical governance framework.

The plan was for his Juvenile Justice worker to enact a court order and use her powers to make him see a "drug counsellor" for at least 6 sessions. My agency was some distance away and she pretty much dragged him over, kicking and screaming. Actually kicking and screaming may have been better for her than the loud, hard core, death metal that she had agreed to let him play on the way over.

When he arrived I tried to make him feel welcome. I offered him tea, coffee or hot chocolate but he refused.

I knew that he would think that I was going to try to "get him off drugs" and give him the "drugs are bad" line. I also knew that he thought that I would be the hired hand of his Juvenile justice worker or Protective services. For this reason I asked Mark and his Juvenile Justice worker into my office to inform them both at the same time where I was coming from. This included:

- That I wasn't here to get him off drugs but that I would be available to discuss any subject relating to drugs with him
- The Juvenile Justice worker confirmed that she was the one requiring Mark to show up for the 6 sessions.
- Explaining that talking to me about drugs was his choice
- That I could give him a hand with a whole range of issues and gave examples like housing, health issues, legal problems or questions, personal stuff, etc
- That during our 6 sessions together he could choose how we spent the time (within the bounds of the organisational policies in place).
- Explained that our conversations would be confidential and that I would not run back to Juvenile Justice or Protective Services with the details of what we discussed. There was the obvious proviso that if I thought he was at risk to himself or others I would pass information on but only that relating to the particular risk situation.

Neither Mark nor his worker had any questions. His worker then left the room.

I asked him what he thought of all that to which he barely grunted. The next thing I asked was how he felt about being forced to see me. To which I received another non-committal grunt. I explained that being forced to attend would piss me off too but that I understood the concern of the Juvenile Justice worker and her responsibilities. I then asked him what he wanted to do. He shrugged his shoulder and I made a few suggestions: the pool hall for a game, playing basketball, etc. Nothing registered until I mentioned the local amusement parlor and the prospect of free video games for an hour was too much to pass up. The rest of that session involved me being hopelessly out driven on the Daytona car racing video game. He was the expert and I the novice. He loved beating me and I was a dramatic loser. I try hard and I would say that I'm fun to beat. By the end of the session his resentment had

turned to pity for me. We finished up and I knew that even though in one way he hated having to come back next week, he was kind of looking forward to it.

If the Juvenile Justice worker and the case management team wasn't aware of the plan, the notion that drug counseling could involve video game playing would seem very strange.

In the following three weeks the sessions were almost exactly the same, a chat in my office to start and then off to play Daytona. Mark and I were getting on well and I was getting better at Daytona (I would say in fact that I am one of the best over 30's exponent of Daytona in the world). I kept letting Mark know that I was there for him if he wanted to talk about anything but the offer was always declined.

Week five was different. The talk started in my room and didn't finish until the end of the session.

The first thing I noticed that day was that he had a copy of "For Whom the Bell Tolls" by Hemmingway. It turned out that Mark was a voracious reader and in his own way, very articulate. This had nothing to do with his "problems" and he felt confident about discussing books with me. He was actually quite passionate about it. I suggested to him that he explore the option of going back to school and, while he had his doubts, he told me he would like me to give him a hand to do just that. Then the conversation moved to drugs and other issues. I don't need to go into detail but it is important to say that he had a lot of questions about marijuana, which was his drug of choice, and heroin. He had already used heroin 4 times in the past 6 months. Of course no-one in a guardianship role had any knowledge of this. His brother had injected him each time and at that stage it still made him feel sick when he used. He could talk about what using heroin had done to his brother. He believed it had changed him and he didn't like how desperate he was and how unhealthy he looked. His brother had also just been received a custodial sentence for trafficking heroin.

The big concern was the risk that he put himself in, unwittingly. He had found out most of his information about drugs from friends and his brother. Most of it was inaccurate or more to the point downright dangerous. So, I was in a position to fill him in. I also found that he had real doubts about where he was heading in general and in relation to the drugs. He mentioned his hurt and frustration at not being able to live with or even see his parents in an unsupervised visit. I won't go into it but there were very good reasons why these limits were in place.

The discussion that I had with him about his relationships, in particular those he had with Limit-setters, was most interesting. He actually had some capacity to see it from their perspective on some issues but struggled to manage his feelings of anger when he felt they were being unfair or when he didn't understand why they were doing what they were doing.

It raises an area in which a professional enabler can be very helpful. A professional enabler like an AOD worker can assist the young person to:

- Work through how they feel about the limits being imposed
- Work out how they will manage with those limits in place
- Understand the rationale of the limit setter for working to contain or limit behaviors that are risky or harmful.
- Assist the young person in defining for himself or herself where they believe the line should be drawn around particular behaviors. In other words enabling a young person to develop ideas around what they believe to be fair and reasonable.

Remember his Juvenile Justice worker was picking him up and taking him to see me. The process of doing this week in, week out meant that Mark bonded with her and actually had a lot of respect for her. To him now, she was a human being not just a faceless limit setter from the "department". He came to realise that she was setting limits because she cared about him not because she was a tyrant out to push him around. She was reliable and caring and through spending time together outside that of the Limit-setting role, she came to know Mark in a different way. One day we all had a big bowling date. It was great fun and very good for Mark's relationship with her.

This was the profound shift for Mark and he went on to make a lot of constructive moves, which included going back to school and finally maintaining a place of his own. He was still using marijuana but cut right back on it because he didn't want it to interfere with school. He was didn't use heroin again. He chose to continue seeing me and the Juvenile Justice worker well after his order finished.

When Limit setters and enablers don't work together

There are times when Limits-setters and Enablers become conflicted and end up working at cross-purposes. It usually occurs when the Limit-setter and the Enabler have:

- Different intentions or goals
- A lack of respect for and belief in the importance each other's role
- Are unaware of each other's shared intentions or goals
- Different interpretations of how these intentions or goals should be enacted
- Differing perspectives of risk and danger and how it should be acted on
- Differing assessments and understanding of the drug related issues and how they are best dealt with
- Undertaken inadequate preparation and case planning
- Not established review and ongoing communication processes

If the divisions that can exist mean that responses for young people are rendered dysfunctional, careful evaluation is required, so the issues can be identified and resolved. It all sounds a bit too simple. I understand that it requires a commitment of time, resources and will and that these commodities aren't always readily available. Still, it is a worthwhile investment to make. If practitioners and agencies continually work at cross-purposes, it is the young people who need assistance that miss out.

Table 1: Unhelpful accusations

Enablers to Limit-setters:	Limit-setters to enablers
"You're a nazi" "Talk about being a megalomaniac" "You've got power issues" "You don't understand this kid" "You can't see it from this kids perspective" "you're such a busybody" "I don't trust what you are going to do with this information"	"You're colluding with the client" "You just want to be popular" "You don't understand what this kid is really like" 'you're turning this kid against me" "This kid's sucking you in" "This kid's got you wrapped around her little finger"

The accusations that Limit-setters and Enablers sometimes level at each other (see table 1) are almost always unhelpful. Even so, there is always the possibility that some accusations

hold a kernel of truth. For example, some limit-setters do act in their own interest or are being unnecessarily rigid and unfair. Even if this is the case, accusations will not result in the limit-setter operating more effectively or the young person to handle these circumstances. As mentioned above the objective of a professional Enabler is to make the limit setting more functional and beneficial for the young person. Of course some of the accusations that Limit-setters make about Enablers that may also hold water but are equally problematic. It is a very big problem if professional enablers complain to a young person about the person setting limits. In one sense it may strengthen ties with a young person but to what end. It is unhelpful and harmful to undermine the important limit-setting role for young people.

At times a lack of communication and dysfunction in a relationship between the Limit-setter and the Enabler is projected on to the young person. I've been invited to case conferences where there the frustration and pessimism coming from workers is obvious and the young person is framed as the common foe. When this occurs, young people can be labeled as manipulative or worse, unofficially and most often incorrectly diagnosed with a psychological disorder. These tend to be the very cases when workers loathed bringing their own practice or motives into question.

Imperatives for striking a healthy balance in complimentary professional relationships

1. Relationship development

Effective and efficient collaboration requires preparation and occurs between workers at the coalface when it is well supported at the organizational and managerial level. This broader information sharing about each service's mission, program objectives and relevant policies builds understanding at and is a foundation for more detailed case-specific processes or protocols to be established.

It is also beneficial for workers from different agencies who routinely work together have the opportunity to get to know each other and trust each other on a professional basis.

The key to effective working relationships is in determining realistic and well understood expectations. For this to occur it is necessary for agencies and workers to overt the assumptions they make about each other and the clients with whom they both work.

2. Common assumptions and realistic expectations

Expectations must focus on what can realistically be achieved. The assumption that a young person can be changed or fixed, particularly in terms of drug use are sure to result in disappointment. How can one worker or another be held to account for the fact that a client did not change? As workers, regardless of our particular role, we can create the conditions that support the safety and development of clients but it cannot be guaranteed. In working together to create these conditions it is reasonable to expect workers or organisations stick to processes and work practices that have been agreed upon.

3. Identification of Shared Agendas/Goals:

Statutory workers and AOD workers have several shared interests:

- The young persons health, safety and well-being
- Reducing high risk behaviors that threaten the safety of others involved young person's orbit and the in the community in general

- The young person's ongoing development and future prospects
- Opening up as many life opportunities as possible
- Enabling the young person to make the most of those opportunities

In the ideal world a process for sharing this information would have occurred prior specific casework. It is effective for statutory workers and youth AOD workers to meet to share their concerns and interests in a "case" and develop a common intention. Processes and agreements for working together around a particular case can also be made as they are required.

4. A clearly defined and detailed referral and case planning process

With common intentions established, joined up work can proceed. Strategic planning from this point can determine:

- How the requirements of the particular statutory order can be met in a way that focuses on the young person's health and well being
- Particular strengths and attributes of the young person and other protective factors in their lives that can be utilised and developed
- What is going well for the young person
- The particular risk behaviors around drug use that will need to be effectively managed
- Indicators that the risk to the young person and others has become so extreme that information needs to be shared and acted upon
- Information sharing processes and arrangements according to the particular roles each worker will adopt and their organizational requirements
- A clear understanding of processes that will be enacted if a young person's high risk behaviors need to be contained.

5. Strategies for Managing Potential Disagreement

Conflict resolution or grievance procedures should be agreed to. Measures that can be used to manage potential or actual disagreements before they impact on the young person involved or their families are essential. It is preferable that the young person isn't involved in this process or that if they are involved, that it is planned and carefully monitored.

6. Competent, realistic, optimistic staff

Finally, high quality, collaborating workers are vital in making partnerships work in the best interests of young people.

Conclusion

Parents, statutory workers, youth AOD workers and most responsible members of the community all want young people to have the best chance to live a safe and satisfying life. Focusing on the common goals of protecting young people and building their capacity to better manage their circumstances makes provides motivation for collaboration. Making collaboration work in pursuit of these goals requires recognition that young people have different needs and therefore the caring adults in their lives have different roles to play. Building well-balanced relational structures in young people's that have the capacity to contain and empower take work and commitment. It is worth it.

Thanks for your patience and I hope this article has been thought provoking and is of practical use.

