Foreword

When there are worries concerning a child or an adolescent, a client, a patient or – in management – about an employee, it is best to act when there are ample possibilities and alternatives still available. The need for early intervention has been widely acknowledged, but, nevertheless, there are more intentions than interventions. People hesitate. Already 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 acting early, 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 responsive and dialogical. And it is never too early to invite co-operation.

If you have sometimes hesitated to express your worry to a parent of a pupil, a client, a patient or a member in the staff you are managing, this manual is for you. It provides tried steps you can follow. Your gut feeling warning you that the person(s) would feel hurt if you took up your worry was probably justified. If the person *does* feel offended, the relationship could be severed. In *relational practices* (like teaching, nursing, counselling, psychotherapy and social work as well personnel management), good relations are the most important asset to have. It is wise to protect them. But is also wise – and in fact a core responsibility – to prevent problems from growing.

What if you took your worry up *in a different way?* Negative anticipations – that the person(s) will feel offended – are tied to the words and acts one has in mind. If you find a more respectful approach, your anticipations will alter also – and the threshold for taking up the worry lowers. This manual instructs steps in *taking up the worry dialogically,* in a way that *invites co-operation.* The steps are simple, but the turn is anyhow 180 degrees. Instead of placing the problem in the other person(s), *you ask for help in making your worry smaller.*

The manual is based on a long series of research and experimentation. Generating the approach started already in the late 90's in Finland, in a project for developing network-oriented 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 participated in the development work. Our team trained several hundred local trainers, who in turn trained colleagues in their municipalities. The total number of professionals thus trained must be in the thousands already in Finland, and the training program has since gained footing also abroad.

The positive outcomes encouraged us and colleagues to include also other sectors of professionals in implementing and further developing the approach – eventually involving also staff managers. The response was positive yet again. The manual in your hand is a slightly revised version of the original (Eriksson & Arnkil, 2005) which focused on work with children, adolescents and families. The revised version reaches out to a wider audience of relational practitioners.

The manual aims to be a down-to-earth, easy-to-read guide. We want to express our gratitude to team members and the front-line colleagues who helped to shape the approach, and extend special thanks for Satu Antikainen and Marie Rautava who significantly contributed to the first version of the manual. XXX and YYY contributed to the local examples in this revised version and we wish to thank them. The authors, Tom and Esa, have retired on pension from the Finnish National Institute for Health

and Welfare already, but Tom still trains in dialogical practices in various countries. Tom took responsibility for revising the manual. The changes are twofold: First, the text has been revised to suit *also other relational practices* than work with children, adolescents and families. Second, there is more emphasis on *responsiveness and dialogicity*.

In Helsinki, Finland, on August the 29th 2017
Tom Erik Arnkil, research professor emeritus
Esa Eriksson, psychologist

Introduction and instructions for use

An important challenge and a lot to be gained

Working at the Finnish National Institute for Health and Welfare the authors were in charge of research and development projects aiming at improving co-operation between professionals and with clients in health, social and education agencies. In the late 1990's an interesting dilemma occurred. Practically every professional – from kindergartens and schools to health centres and counseling units – in the participating two municipalities expressed a lack of means for *dealing with emerging worries before they grow bigger.* Teachers knew well what to do in the classroom, but how to act if the problems of a child at school or day care *somehow point to problems at home?* School and day care workers described situations where they felt that the restlessness, shyness, etc. of the child was connected with the parents' way of being, e.g. substance abuse, domestic violence or other problems – but where they also hesitated to bring up the worry. Professionals like social workers, psychotherapists and especially staff of substance abuse rehabilitation ("worry professionals", so to speak) have a clearer mandate to bring up such matters, but they too explained how they hesitated to bring up a worry *at less pronounced stages of observations.* They were weary that the still too weak work relationship would brake and would rather wait until the relationship grew stronger. The various participants in the project said they feared expressing the worry could actually push matters a step backward: that the parents, clients or patients would deny the problem and deny the professional's qualifications and right to make such arguments. And while they hesitated, the worries grew stronger, and as they grew, the relationships become more and more awkward. All the while the child remained in a problematic situation that got more and more complex. Discussing the dilemma some professionals told about occasions where they could not keep the anxiety in any longer and the worry burst out, only making things worse – as if validating the gloomy anticipations in the first place.

There was a challenge and a lot to be gained. How to act before too many doors

have closed but to do this without severing the relationships with parents? Tom and Esa had developed professional tools for *active anticipating* in previous projects and set about to fine-tune these for early dialogues. Here is a personal experience by Satu Antikainen (head of day-care centre) who participated in the project:

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 o en 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 ne.
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).Thee 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 di cult 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 su ered 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 rst. 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 di cult 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 di cult 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 o ended, 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 very first experiments were around substance-abuse-related worries, a dilemma not unusual in Finland and a very sensitive matter to be taken up. The positive results encouraged experimenting with taking up worries related to a guardian's possible mental health problems, another sensitive matter, and the relationships improved here, too. This lead to further experimenting around any difficult questions the professionals hesitated taking up – and the outcomes continued to prove very promising. Of course, not all the relationships improved, but a clear majority nevertheless. (See Appendix 2 for a follow-up summary from a 1996-2004 material of 349 cases.)

Nowadays there are training programs in the approach in Finland as well as abroad; entire groups of staff in whole municipalities working with children, youth and families are trained in the approach. The idea has also been adopted by relational practitioners from other branches, even by superiors and managers. It has proved also in such contexts useful to indicate a wish for co-operation to diminish worries instead of expressing potentially hurtful words of criticism.

Simple but not trivial

The objective of this handbook is to lower the threshold for taking responsibility for lessening worries. The handbook introduces the anticipation method for taking up one's worries dialogically 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 or with a client or a patient[1] one is seeing or a member of one's staff. It will facilitate early intervention when the child's/adolescent's, client's, employee's situation is worrying, in a supportive

[1] In the following we will use the term "client" to include also patients. The term "professional" includes managers and superiors in management relationships.

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/family's, client's, employee's problems, the professional is raising his or her subjective concern for them, and asking them to help him or her in lessening the worry.* In this way the professional expresses the need to *co-operate* with the persons to diminish his or her worry. It is emphasized 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.

Being worried indicates that something in the child's/adolescent's, client's, employee's situation is starting to go off track and will develop in an undesirable direction unless something is changed. Subjective worry is a sensitive "meter". However, its "results" are usually not easily interpreted. When a professional is worried about a child/adolescent, a client, an employee, his or her perspective is that of a trained professional or manager: he or she might be worried about what seems to be happening to the child or adolescent, the client, the employee, if the professional 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. Additional support and control might seem necessary, yet what if it is the parents'/guardians' *own conduct* one wishes to change? In such a situation, how should one express oneself without making things worse by antagonizing the persons? The same goes for taking up one's worry concerning one's client or employee: how not to antagonize them and make things worse.

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 socializing 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 counseling centres and substance abuse-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. The same fear may make professionals meeting service users seeking help for themselves hesitate, and keep managers of personnel of taking up a worry concerning a staff member. 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 continues to grow.

The anticipation method for taking up worries has been summarized 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 client, the employee. The alternative approach comprises *filling in a form.* The form can be used to develop one's approach 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 conceptualize one's worry and to encourage respect to the different views and worries people have in relation to even the same situations. 'The zones of subjective worry' is a tool 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 series of questions that help you take up your worry dialogically is followed by argumentation separately for each question. Next, the theoretical basis for the method is discussed. After this, advice is given for continued co-operation following the initial discussion. Towards the end, we discuss critical notions on early intervention and introduce key criteria for making early intervention strategies ethical. At the very end, there are suggestions for further reading. Appendices provide the form for preparing oneself for the early dialogue and a summary of a follow-up made in Finland in 1996-2004.

The method for taking up worries

Implementing the method of Early Dialogues facilitates taking up difficult issues in a respectful way, suggesting co-operation and offering the stakeholders appropriate support. Response to applying this approach can be surprised, sometimes even confrontational. However, the method can be successfully implemented to create sincere relationships 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 relieve worrying developments.

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/client's, employee'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, the client, the employee. 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, your client, the employee feel(s) they receive support from you?
- ✓ Do areas exist where they might find you threatening?
- ✓ What are the resources you have especially observed in the child/adolescent, the client, the employee and his/her situation, and how could you communicate these to the them?
- ✓ What could you and the parent(s), the client, the employee do together and/or separately to improve the child's/adolescent's, client's, employee'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), the client, the employee 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, the client, the employee 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 introduction, 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, the client's, the employee's situation?

Sometimes it is difficult to describe a gut feeling like worry even for oneself, but thinking in terms of anticipation may help to get a grip:

✓ What will happen *if you do not* take up the issue? How will things develop?

It is very important to reflect on your feelings of worry and to analyze the things that worry you in the child's/adolescent's, the client's, the employee'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, the client, the employee suffer? In what way? How would it affect your professional relationship with the child or family, the client, the employee if you did not voice your worry? Thinking back, have you ever been worried about this child/adolescent, this client,

this employee before? If so, what did you anticipate would happen when you decided not to take up the issue?

✓ Where do you genuinely need the help of the parents/caregivers, the client, the employee?

It might be somewhat strange – or novel at least – for professionals or managers to think that *they* need help *from* the parents/caregivers, clients, employees. However, the picture is cleared if one thinks what happens to the working relationship if the parents/caregivers, the client, the employee do not want to co-operate in diminishing the worry. How can the teacher be a good teacher to the child/adolescent in a worrying situation if the parents/caregivers turn down suggestions of trying out something helpful together? How can the nurse, the doctor, the counselor, the psychologist, the therapist, the social worker be of help if the client does not want to co-operate? How are worries concerning a staff member best dealt with if the staff member shuns the manager? Joint action with the parents, the client, the employee by trying out something each from their own position would be helpful.

It is utmost important that the plea for help and joint action is *sincere.*
If one does not genuinely need help, the plea for help is false, and therefore sounds, looks and feels false. Telling the other off via masking a reproach as a plea for help sounds, looks and feels like a masked reproach. Even if we can be clever at choosing words we cannot help "sending" non-verbal messages by tone of voice, gestures and other body language – and people are masters at reading them. Discrepancies between sweet words and bitter body language do not help you get the help you seek. So, think carefully: where do I *genuinely* need the parents', client's, patient's, , employee's… help in lessening my worry?

✓ 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 section " 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, the client, the employee 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, the client, the employee 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, the client, the employee find you safe and a source of support? Although you might think that your relationship with the parent, the client, the employee is good, it is possible that he or she might consider you a threat in some areas. Parents, the client, the employee 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 observed in the child/adolescent, the client, the employee and his/her situation, and how could you communicate these to the parent(s), the client, the employee?
- ✓ What could you and the parent(s), the client, the employee do together or separately to improve the child's/adolescent's, the client's, the, employee's situation?

In addition to worries, it is important to see the resources the child/adolescent *and* the resources of the parents/caregivers in taking care of the child/adolescent. In our experience, the fact that the professional take a note of the child's/adolescent's/parents' resources is sufficient in itself to have a positive impact on the conversation. The same goes for commending the client's or the employee's resources. Parents, clients, employees are able to sense the

professional's/manager's attitude. Furthermore, seeing strengths and resources is crucial for the professional's /the manager's own possibilities for action: 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, the client, the employee Moreover, your non-verbal communication will reveal this attitude and contribute to a negative atmosphere preventing true co-operation from developing. (See "Taking note of resources").

Think in advance what supportive actions could help the child/adolescent, the client, the employee What could you do? And in your opinion, how could the parent(s) support their child/adolescent or the client, the employee co-operate with you? Is there something you could do together? When offering support, to which resources could you link the support? Is co-operating with the parents, the client, the employee enough, or do you need extra support? Should other professionals be invited to join the process? Would holding a network meeting be beneficial? (See Networks as resources).

If you decide to refer the family, the client, the employee 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, the client's, the employee'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, the client, the employee 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?

Verbalize 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 emphasize your speech. There is a difference between sharing your concern with the parents, the client, the employee and asking for their help in diminishing your worries, and informing the persons 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 verbalizing your thoughts can be used as a tool to organize 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, the client, the employee – not on personality. Use verbs instead off attributes and keep your description to the context: Instead of describing characteristics express concrete action in concrete situations. "The child is timid", "you are reserved" may sound like categorizations of more or less permanent features. "The child/adolescent prefers to withdraw from the group when we…", "I have noticed that you prefer to keep to yourself while the group assembles…" would not place a label on the person but, instead, invite discussion about concrete phenomena.

Ask the parents, the client, the employee for help and suggest joint action. You could say to the parent(s), for example, "I need your help to be able to support your child in the situations I described, could we try doing something together, me in my work here and you with the child at home" (See "Concrete matters in concrete activity" and "Identifying resources for joint experimenting".)

- ✓ Anticipate what will happen during the discussion. Try to take the other person's position and listen with her/his ears. What would your words sound like, how would the people respond?

In reality, it is not possible to take the other person's position exactly and to hear,

see and think as they do from that position. Every person occupies a unique place in their relationships and every such place affords a unique perspective. One can see what one can see from that particular point of view.[2] Places in relationships are not interchangeable even in families or between closest friends. Even identical twins observe their world and also each other from their unique point of viewing. One needs to respect the uniqueness of every person and not take for granted that the other person can or should see things as I do. (See "Taking up a worry as an invitation to dialogue".) However, apart from not being able to see things exactly as the other person sees them, one *can* feel the other person's feelings. The other person's joy transmits, and so does fear, grief transmits, and so does enthusiasm. This happens already in anticipations: Trying to identify how the parent(s), the client, the employee would take your words and think they would feel hurt, you feel hurt inside – and vice versa, words probably not offending do not evoke such feelings inside you. (See: "Taking up worries as an invitation to dialogue.")

✓ Anticipate possible results of the discussion in the near future.

Anticipation is a basic function of thought – people anticipate the consequences of their actions, routinely, mostly unaware of this. Here, the aim is to become more aware of one's anticipations, and use this awareness to consider the appropriateness of one's actions in detail. The method includes anticipating immediate reactions and long-term consequences. How will the mother/father/child, the client, the employee react when you take up your worry? Will they be upset/ happy? Will they s wish to join the effort? Anticipate and consider the feelings and emotions taking up your worry may cause in the persons. Think also how you will respond to their reactions. How will you feel like if the parents, the client, the employee become very angry? What will you do? Anticipating your own and the parents', the clients, the employee's reactions provides you with an opportunity to assess the approach you have chosen. Will the approach you have chosen be successful in helping the child, the client, the employee and improving your professional relationships, in the long

[2] And the *point* of *view* is literal: a view from a point

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 persons 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 "Anticipations: reference points for high-quality work".)

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

Thee objective of taking up a worry is to develop and maintain co-operation that will support the child/adolescent, the client, the employee. If you have been thinking about your worry and how to take it up with the persons for quite some time, it shows respect and consideration if you allow the them 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 client, the employee 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, the client, the employee 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, the client, the employee might also feel more at ease if he or she can bring a friend/support person to the meeting. (See "Networks as resources".) 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), the client, the employee Were you able to cite good, concrete examples that illustrate well why you are concerned about the child/adolescent, the client, the employee? Were you able to identify the resources the child/adolescent/parents, the client, the employee 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, the client, the employee 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, the client, the employee? Does this experience encourage you to take up your worries with other parents, clients, employees 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 responses – 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', the client's, the employee's 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, the client, the employee 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 analyze your feelings regarding the situation. Did your worries diminish? What are the things that make you believe that the child's/ adolescent's, the client's, the employee's situation will improve? Are you going to continue processing the issue, or is the case now closed? How did the parents, the client, the employee 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 e 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 summarized 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, client's, patient's, employee's… help.
2. Make a mental list of the positive things about working with the child, the parents/guardians, the client, the employee.
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 people likely to respond?
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, the client's, the employee's situation that the dialogue continues. If, however, you manage to hurt against your best intentions, you can always say you're sorry and explain that you were aiming at a genuine plea for co-operation in lessening worries. An apology will provide a new start for a respectful dialogue.

Outcomes of early experiments

During the early stages of developing the method, we collected material on 349 cases where worries were taken up in real work settings with children, adolescents and families. An analysis and detailed results can be found in Appendix 2.
The results demonstrate that *contact* with children, adolescents and their parents/guardians is at the centre of work and *also central in taking up one's worries.* Almost without exception, *support* realized in professional settings is in the form of (confidential) *discussions, counseling, 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 jeopardizing 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 analyzed 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.

Despite the somewhat gloomy anticipations, the professionals went on to take up their worry. It the turned out, that the results from taking up a worry in real-life situations were *quite the opposite* to these anticipations. 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 were strongly in favour of implementing the method and, as mentioned, many municipalities have made it a rule that *all* the workers dealing with children, adolescents and families take the Early Dialogues training. 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 and control, dialogue*), while aiming to provide further insight into the basic points of departure in taking up worries and thereby encourage the reader to take up their worries as *invitations into dialogue.*

Subjective worry – the point of departure

The traditional approach in problematic situations is to define the problem, pinpoint the solution and then implement the necessary intervention. 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 (e.g. 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, the clients view their situations from their unique life contexts and relationships and so do staff members in organizations. And, of course, not only the service users but also service providers view things from their palaces in relationships – and so do the managers. Problems and need for professional help bring clients and helpers into contact, but this does not make their problems

identical. The help seeker's problem becomes in a way the help provider's problem, but in closer analysis they are not one and the same or a shared problem. Nor are the tasks for solving the problems the same, although the parties need to join strengths to generate solutions. If a person fractures a leg, he or she has a problem and so has the spouse, the doctor and the physiotherapist, but their problems are not one and the same.

In the psycho-social field and all relational professions, 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. All parties have their worries, also the non-professionals, but here, in this manual, we focus on the worries of the professional – in order to encourage her/him to take them up dialogically.

Worries are subjective anticipations and subjective anticipations have huge importance in relational work. Human beings "feel out" their relationships all the time, and professionals in relational professions do this as an integral part of their work, even if they are not aware of doing this.

The British psychologist and philosopher John Shotter wrote (1993) about three kinds of knowledge one can acquire and posses, knowing *what* (things and matters are), knowing *how* (thins operate) and *knowing from within relationships how the relationships are.* The third kind of knowledge you can only have from within your relationships and only about those relationships – and this relational knowledge, not only knowing what things are and how they operate, is of cardinal importance for relational practices.

Worries are anticipations of something untoward emerging, and in relational practices these worries are anticipations that something unwelcome is emerging in the relationships that are vital for successful work. Such a worry is bi-dimensional or multi-dimensional: for the teacher, 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 as a teacher, for a therapist there is a worry about the patient, but also the worry about one's possibilities for being a helpful therapist in this relationship. The manager observing worrying behavior by a staff member is also worried about his or her possibilities od putting good management into practice. And so on. Another way of phrasing this is that worry is targeted *at the relationships between the all the relevant stakeholders*.

People anticipate responses to one's actions and use this "radar" all the time. While people are masters of anticipating, this does not mean that they always "guess" right. Relationships are complex, even one-to-one situations, let alone multi-actor relationships, and there are no relationships that are not connected to other relationships. Thus, evidently, people face not only intended consequences they anticipated but also unintended outcomes, and life situations tend to be a mix of both.

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.*

Underlying a worry is on the one hand the professional's intuitive perception of the child/adolescent, the client, the employee 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, the client's, the employee's situation the professional will review his/her observations through his/her knowledge, education, and previous experience. This results in an overall view of the situation, which may manifest itself as a subjective worry.

The level of one's 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, the client's, the employee's situation requires the professional to act depends on morality, or professional ethics.

In all situations, including professional relationships, understanding is based on an intuitive image comprising cognitive, emotional and moral elements. According to the Russian psychologist P.J.Gal'perin , the human psyche makes use of all three for "feeling out" situations, and the cognitive, emotional and moral elements always operate in inseparable combination.

The cognitive element in anticipations comprises observations, images, thoughts and associations resulting from the interactive situation. For the professional, these are affected by the educational background, work experience and personal history of the professional. If the perception of the child's, client's, employee'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.

The emotional element comprises the interactive relationship and the feelings the situation evokes in the professional. People attune to each other and with their feelings they "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, client's, employee's situation is personal, subjective and bound to its context.

The moral element of anticipations comprises an instantaneous feel 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.* The moral feeling may "advice" one to avoid the situation and refraining from action or "oblige" one to go ahead. For example, a worker who is greatly worried over matters which are not directly under his or her authority may dislike the idea of taking action and decide to wait until someone else takes charge. However, if the troubling issue is within one's own territory, it will be harder to decide not to 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 for example feel that taking up a worry would offend another, *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 her/himself – and to gain a better understanding of the professional relationship with the client and its possibilities, and how to approach comparable situations in other relationships.

The zones of subjective worry

In the late 90's project mentioned earlier, numerous debates occurred where professionals from the various agencies got into arguments on when to act and who especially has the responsibility. Typically, teachers and social workers would criticize each other, teachers blaming social workers for overlooking warning signs

and refusing to hear pleas for action, and social workers in turn blaming teachers for not taking action earlier themselves. Teachers would reply by stressing the how serious the cases were they meant, and social workers would reply by inviting them to spend a day with them to learn what serious cases look like. At the height of these arguments the project participants turned to Tom and Esa with a request: Could you researchers please produce a solid, unambiguous scale of problem definitions and "trigger-criteria" for interventions so that we can all agree upon them. Tom and Esa responded by generating a scale for subjective worries.

Subjective worries are indisputable, problem definitions are not. Each person views the world from their unique position and what they see is *potential fields of activity.*[3] If you are observing a pupil/parent/client/patient/employee, you are also looking at your potential field of activity. *You* are *also* in the picture, not only the "objects" of your observations, you and the other(s) *in relation,* to be precise. If a feeling of worry arises, it is not telling you only about others, it is also telling about you and your relations to the other(s). You want to do a good job – to teach, to cure, to heal, to help solve problems. If something unwelcome emerges, a worry arises, and it involves you in your potential fields of activity. Your overall intuition is messaging about *your possibilities to do what you value* in this particular context and relationship.

If the pupil you are teaching fails to learn, you are worried about the child but also about your own performance as a teacher. If the patient in crisis you are trying to treat does not find relief, you are worried not only about the patient but also about yourself as the psychotherapist. And, so on. The same goes also for non-professional relationships. Worries about a family member, a friend, etc. are also worries about

[3] *Looking at the world as potential fields for activity means that were are looking and making sense subjectively – and it is precisely for this reason – our subjectivity – we can make sense.* Not everything has significance at every given moment the time. Subjectively important matters stand out and gain more attention, and this allows us to be selective observers. Having to be fully sensitive to every single thing every single moment would be overwhelming and crush us. However, it is important to realize that you are selective and subjective – like everyone else, each from their unique place in relationships.

yourself in this particular relationship and your possibilities of being helpful.

In the 90's project , professionals were seeking an unambiguous answer to "who should intervene and where and when". Tom's and Esa's response was "you, into your worries, as they arise". To help the professionals weigh their worries and need for co-operation they produced a tool, "The Zones of subjective worry" (here slightly modified to include also other jobs than work with children, adolescents and families).

Table 1a Zones of subjective worry

No worry	Small worry		Grey zone		Great worry	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
No worry in relationship. Supportive networks (family, friends, professionals) functioning. Own activity forms a positive part in the whole	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, client, employee in danger. Own means being exhausted Additional resources and control needed immediately	Worry very deep and strong: child, client, employee in immediate danger. Own means exhausted. Change in the child's, client's, employee's situation needed immediately

The subjective worry over children, clients, employees experienced by professionals can be seen as a continuum where there is no worry at one end, and at the opposite end the child, client, employee is considered to be in immediate danger. It needs to be emphasized that the tool is *not* for categorizing people. There are no "grey zone

children, clients or employees. 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, client, employee 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 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 (for example obligation to notify child welfare authorities and seek support and expertise from them).

In the zone of great worry (6–7), the professional considers the child/adolescent, client, employee 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, client, employee if the situation is not immediately rectified and all necessary stakeholders activated. In this respect, taking action in the face of a crisis 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.

In the no worry and great worry situations, as opposite as they are, things are more or less clear to the professional. Worry-free relationships on the one hand and feelings of great danger on the other hand are quite distinct. In the grey zone situations, in turn, nothing is clear. I feel worried but am I exaggerating – or should I be more worried than I am; there are others connected to the situation, but what are they doing and how should or could I integrate my efforts with them? And so on. These situations are even more stressful than clear danger situations where one knows that is time to act immediately. How are the worry situations distributed along the scale? Many professionals reckon they have a considerable load of grey zone situations, but this seems to reflect more the strain of these opaque situations than the actual number of relationships.

We asked professionals working with children, adolescents and families to record their worries during a certain period of time. Worry assessments on relationships involving 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, 26 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 experienced 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, the possibilities for change even with slight efforts are high.

Professionals find themselves in the grey zone in roughly one out of ten situations. Situations in the grey zone are characterized 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? It is important to combine efforts in grey zone situations, one needs a orientation, bringing the stakeholders together in dialogue and to join strengths. (See Networks as resources). Taking up one's worry is the first step towards integrating efforts.

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.

The zone-instrument did not provide the professionals a shared scale problems and "trigger-criteria" for intervention but a shared language instead. It encouraged the various professionals to ask how the others viewed their situations instead of trying to make others see the way they did. This respect for each other's unique place in relationships for far more fruitful for co-operation than the ideal of a single shared view. Teachers can feel at a different zone in relation to the same pupil, one not worried, one in a small worry zone and the third in the grey zone – depending what they know about the resources available, what they have experienced so far in the setting and how they feel about their possibilities of being helpful. And the same goes for other professionals dealing with the same child and family. They all have their own place in the given network of relationships.

Once again, it needs to be underlined that the zones are about relationships where the person evaluating is in the picture, too, not for categorizing objects of

observation. Another important point has to be emphasized in addition: The picture is not permanent, worries come and go, the evaluation of one's relationship is a picture at a given moment. The feelings of worry change with events, with new information, with new partners entering the network, and so on, an may dissolve entirely. The proper use for the instrument is to *consider one's tasks for making worries diminish and go.* And the first steps are taking up one's worries as invitations to dialogue and co-operation. The seven zones of worry can be reduced to four:

Table 1b Zones of subjective worry – reduced version

No worry relationships	Small worry relationships	Grey zone relationships	Great worry relationships
Supportive networks (family, friends, professionals) functioning. Own activity forms a positive part in the whole	Feelings of slight worry or wonder; confidence in one's own possibilities to support Thoughts of a need for additional resources	Worry growing; confidence in own possibilities diminishing or running dry. Clearly felt need for extra supporters and controllers	Constant strong worry: child/client/ employee in danger. Own means exhausted. Change and safety needed immediately.

You always communicate also relationships

Worries point to problems you have observed and anticipate, but expressing a problem the other person may pave the way to conflicts. First of all, such descriptions tend to leave you and your relationship to her/him out of the picture. The other person is portrayed as an object. Second, taking the liberty to define the other person's problem you inevitably declare yourself in a position to define the other person's problems. This is called meta-communication. One always communicates also relationships and mutual positions. This is the silent part of communications. By saying "you have a substance abuse problem", you inevitably also communicate "and I am in the position to define your problem" even without stating this aloud. The other person may accept both your definition of her/his problem and your authority as the definer, but he or she might also deny one part of the communication or both. "I do not have a substance abuse problem" goes against your problem definition, "and who are you to tell me something like that" denies your authority. Taking up *a subjective worry* makes communication and meta-communication different. You are talking about a human relationship and not the other, and, unlike problem definitions, your subjective worry is indisputable. There is no need for the other person to claim that you have the worry. He or she might deny the need to be worried, but that is another thing. If you respond by saying, for example, "is that how you see it, please tell me more and help me ease off my worry", you are in dialogue already.

Concrete matters in concrete activity

In expressing your worry, be concrete. Prefer verbs and avoid attributes in order to talk about the matters as activity in time and context instead of permanent characteristics in the person. Calling someone a substance abuser is likely to hurt, explaining your worry through describing concrete action in concrete situations will be more likely to open up dialogue.

Many professionals have found it useful to make notes in preparing to take up the worry – especially at the stage of learning to use the method. Writing down your observations about the child's/adolescent's/parent's, the client's, the employee's conduct or situation that is causing the worry, as well as the positive things you have seen, will facilitate taking up the worry. It will be easier for the person 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 person'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 discussing co-operation. It is easier to define supportive methods you could deliver when there are detailed observations. Furthermore, a worry expressed at a general, unspecified level can be something the parents, the client, the employee will find difficult to grasp, and thus joining efforts in co-operation will become more difficult to reach. 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, the client, the employee time to reflect on the issue.

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, 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. 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, the client, the employee eye-to-eye and to respect their expertise in their own life. In meetings with the parents, the client, the employee 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, the person 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, in your observation, the parent, the client, the employee consumes alarming amounts of alcohol, 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 person has realized 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 other agencies, e.g. 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.

Anticipations: reference points for high-quality work

Anticipation comes naturally to everyone; we wonder what will happen next and what the consequences will be in the longer run. In everyday life there is no need to rehearse anticipating, in relational professions, however, it is important to become aware of them. Anticipations provide reference points for work and reference points are essential for making use of feedback.

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 li 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. In high quality relational work, 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. Such anticipations are more or less intentional. When a worker is aware of his or her anticipations, he or she will be able to identify the approach that could render the favourable results.

Being aware of the anticipation process facilitates the development of more aware professional actions. It is not a novel approach in the human context, but being aware and taking advantage of this awareness is something new. 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. One's own activity, not only that of the "objects of intervention" come into the picture. Emphasizing aware anticipation, it is possible to evaluate the consequences of different actions and in this way identify the most appropriate 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 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 – and above all, *what he or she needs to change or redo in his or her own activity.*

In these private thoughts, the professional might come up with the most excellent anticipations: however, a discussion is always bilateral or even multilateral involving other persons who bring their own thoughts, experiences, expectations and anticipations into the situation. Thus, whether the meeting turns out exactly as the professional has anticipated is not the main point. 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. There is always too much feedback to take into account. Reference points make it possible to

focus attention. Active anticipations provide such 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, client, patient, employee… 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.

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 but do not do so behind the person's back and thus invoke a hide-and-seek power game. It is the professional's duty to take action in the child's, the client's, the employee's interest – in one way or another.

Identifying resources for joint experimenting

The objective of taking up a worry is to initiate co-operation to improve the situation. Therefore it is crucial to identify two sets of resources and the possibilities to join them. There are the resources possessed by the child/ adolescent/family, the client, the employee and there are the professional resources that could be brought in to support positive development. Identifying the resources of the service users offers an opportunity to give positive feedback and also the possibility 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 such 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.

In the same way a teacher at school can suggest *joint experimenting* in search for positive outcomes for the child/adolescent: "Could we try something together, me doing X at school and you doing Y at home for some time and the us meeting again to see how things are." The same goes for work with adult clients, and management relationships. It is important to reach for an alliance – and here too it is essential to see that the change is brought about by *co-evolvement* instead of changes in one party alone. The *appropriate combination* brings about the change. The client /the employee and the professional/the manager are not doing the same thing but doing what is possible for them in their place and position, and combining these efforts makes the change. (See "Appropriately different actions".)

Inability to identify any positive aspects in the situation of the child, the parent, the client, the employee often hinders the creation of successful co-operation. If the professional sees only deficiencies, he or she has nothing to connect his or her resources with. It is not possible to support deficiencies , it is only possible to support strengths. 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 persons. After all, taking up a worry indicates that something can yet be done to improve the situation.

Successful assistance is a combination of support and control

Social support and social control are often seen as opposites. At least in Finland, the threshold of entering the private life is high and acts of control are seen as intrusion. Many 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 realization of this combination: *is it empowering or is it subordinating?*

COMBINATIONS OF SUPPORT AND CONTROL

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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 safety 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.

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, in the feelings of the body. 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 may 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), actions aimed at controlling the client's conduct tend to be considered intrusive and thus a threat to successful client-professional relationships. Even in professions with a clear "worry mandate", like social workers, psychotherapists and staff of substance abuse rehabilitation may hesitate to apply control measures at less pronounced stages of

observations. 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 emphasizes his or her controller-profile, the threat experienced by the client increases. When an authority acts in the best interest of the child/adolescent, the client, the employee, there is no alternative but to accept the position of control and the fact that the person will feel threatened to a certain extent. However, being aware of your position will help you prepare for taking up your worry in a way that opens possibilities for dialogue. 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 can be mapped in co- operation with the parents/guardians, the client, the employee. (See "Dialogues following the discussion where a worry was taken up".)

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.

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 di cult 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 counseling 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.

Actions that are appropriately different

People have the fantastic ability to identify with each other, that is, to feel each other's emotions. If one cannot feel how the other person feels, one has only slight possibilities for understanding the other. Understanding is thus not only a cognitive process. The other person's joy transmits, and so does fear, grief transmits, and so does enthusiasm. Understanding through identifying is essential in all social interaction – and, obviously, in relational work especially.

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 aiding 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 o 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.

Being able to empathise, to be able to identify oneself with the family, the client, the employee, 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/ the employees in management relationships. The 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, the client, with the employee in management relationships, 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 others. 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, the client, the employee.

There are risks to acting differently. Offering something completely new might turn out to be a form of support the parent, the client, the employee cannot receive. When there is no mutual understanding between the parties, the parent, the client, the employee 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, the client, the employee currently cannot dedicate sufficient resources to. In cases like this, the child's, the client's, the employee'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, with the client, with the employee. Appropriately different forms of support are often minor actions which open up a channel for co-operation, generate mutual trust and enhance hope.

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FIGURE 2. Appropriately different action

How does one know what is appropriately different? One doesn't, in advance. The feelings one feels when anticipating responses to one's words and actions help to determine if they would be regarded as helpful or threatening, but the only way to find out is by experimenting. This manual aims at being helpful in finding appropriately different ways of action, beginning with taking up one's worry as an

invitation to dialogue. The "Anticipation form" in appendix 1 intends to help you get prepared for the early dialogue and the "Rules of thumb" aim at guiding the steps when practicing the approach.

Taking up a worry as an invitation to dialogue

Although people have the fantastic capability to attune to each other and feel each other's feelings, one cannot view the world from exactly the same place as others and therefore even the closest people *remain interesting.* Overlooking this otherness, claiming that one knows the other person through and through, feels offensive to the other person. A way professionals might brush aside the uniqueness of the child, the parent, the client is by treating them as a representative of a category. ("ADHD-children are like this, substance abusers are like this, schizophrenics are like this"). The philosopher Emmanuel Lévinas emphasized the importance of acknowledging that *the other is always more than one can ever grasp.* It is *this difference between* people that makes dialogues necessary and possible. In what way would it enrich my understanding if I merged with the other, and instead of *two* there would be now only *one*? asked the Russian analyst of dialogue Mikhail Bakhtin pointing out the importance of difference; there would be nothing more gained for either party. Even best friends do not share the same place in relationships. In this sense, people are always "foreign" to each other. However, people also have the capacity of attuning to each other and even for feeling each other's feelings, and therefore they *can* understand each other to a certain extent. It is in this realm of understanding and not understanding dialogues take place, in the cross-roads of identification and foreigness.

In dialogue, the participants strive at richer understanding than each of them can achieve by themselves. In authoritative discourse, you try to make the other person see things like you do. Your view does not become richer, only the other person is supposed to change. Worrying situations are, quite understandably, especially vulnerable for such an attitude. When unwelcome developments emerge and

worries arise, you will evidently want to curb the untoward processes, and this calls for gaining or regaining control. You are tempted to take a shortcut and try to control how others think and act, trying to make them see as you see and act as you deem necessary. Authoritative discourse is on the way in, respect for otherness and dialogicity on the way out.

Authoritative discourse demands that people acknowledge it and make it their own; the utterances of authoritative discourse are finite ("this is how it is"), thoughts are not developed together. The perspectives and points of view dissimilar to yours are a hindrance, an obstacle to be removed. At the heart of this lies the (spontaneous rather than premeditated) assumption that people can in fact share perspectives and think alike; that otherness can be replaced by sameness, that uniqueness can be dismissed. It may take persuasion or pressure, but you hope that at the end of the day the other person will see things the way they should see and act as they ought to act – your way. *Dialogical discourse,* on the other hand, is open and invites thinking together. It does not require assuming that people are or could become alike. Before dialogues there are different unique views. After the dialogue there are also different unique views – but richer views and better understanding of each others' way of viewing. And this paves way to joining hands in activity.

Satu Antikainen tried her best with two mothers. With Jukka's mother the response was very different if not opposite to her wishes. With Liisa's mother she took another approach – inviting partnership in dialogue instead of placing her as a recipient of expert advice.

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, client's, employee's' responses 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 may turn out to be unrealistic. If the family, the client, the employee has been experiencing problems for several years, how could they miraculously be solved after just one discussion? Sometimes helping 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 result of a successful discussion is a plan of action completed in co-operation with the parents, the client, the employee. The plan details everyone's own and shared areas of responsibility to improve the situation. Such a plan contributes to a positive outlook for the future. Concrete results are seen in everyday situations. Hence, it is important to monitor improvements together and to re-evaluate the situation after a specified period of time. In the follow-up meeting, make sure there is enough time for everyone to share their views on possible progress and to give each other positive feedback. For the child and parents, the client, the employee 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, the client, the employee and 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,

the client, the employee 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 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, the client's, the employee's situation does not evoke worry anywhere except for some specific context. In the grey zone of worry relationships, problems are visible in a number of places and situations. At this point, the stakeholders need to join their resources – the family and helpers, the client and helpers, the employee and helpers. 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, the client and the professional, the employee and the superior are sufficient to help the child/adolescent, the client, the employee. Sources of additional help can be discussed with the parents, the client, the employee – maybe it would be wise to organise a network meeting? Improvements in the situation may be slow and require various supportive actions.

Professionals working with children and adolescents, clients or patients 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 parents, the client – and, in staff management worries, the employee – and not to involve the professional behind the parents', client's, employee's back. Once inviting a network meeting is agreed upon, there is the next task of taking up a worry: Inviting professionals and other additional resources you should also remember the rule of thumb and 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, 2014,2013, 2016). 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 subjective worry and working methods that bring network resources together

No worry relationships	**Small worry relationships**	**Grey zone relationships**	**Great worry relationships**
	Feelings of slight worry or wondering – possibly repetitive – good or strong confidence in own abilities to offer support. Thoughts of a need for additional resources.	Increased worry; confidence in own abilities to offer support diminishing; resources are running low. A wish or clearly felt need for extra supporters and controllers.	Continued great worry: child/adolescent, client, employee in danger (possibly immediate danger). Own resources exhausted or running out. Additional resources, control and change in the child's situation needed immediately.
Functional supportive networks	Worries can be diminished via	Worries cannot be diminished via	Worries will not be diminished

(family, professionals, friends). No need for further actions. Own activity forms part of the whole.	own actions. Anticipation: Situation will be resolved as part of basic tasks. No need to activate private or professional networks. Networking possibility: How to diminish a small worry (e.g. concerning a suburb) that does not relate to the individual or the basic tasks?	own actions. Anticipation: implementing basic tasks as before will lead to problems. Uncertainty: what are the others going to do? Attempts at co-operation are not successful. Networking need: How to improve clarity and have coordinated operations and plans? How to join the resources of family and friends and professionals?	until the child, client, employee is safe. Anticipation: the situation cannot be solved as part of basic tasks. Determined actions and sufficient authority are necessary – crisis situation actions. Networking need: How to quickly organise a network that can offer support during the crisis, offer security and provide a psychological sense of continuity?
	ANTICIPATION DIALOGUES: 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.	**ANTICIPATION DIALOGUES:** Multiprofessional dialogues; meetings with clients, i.e. recalling the future with the families to gain clarity and coordinated actions.	
		OPEN DIALOGUES to replace psychotic symptoms with a shared language in an unthreatening dialogue process **FAMILY GROUP CONFERENCING** to agree on a child welfare agreement with the family and give the child a fresh start **NETWORK THERAPY** to distribute the emotional burden and commit networks to solving the crisis	

NB! Open respectful dialogicity is necessary in *all* relationships and encounters

Anticipation Dialogues 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, for example, 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.[4]

Another way of improving collaboration between professionals in different sectors is by gathering together the good practices of the local network through Good Practice Dialogues. 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.

Open dialogicity in all relationships

People do not need to be trained to be dialogical. They are born into relationships and with a capacity to invite responses. However, responsiveness is at risk when worries arise. Taking authoritative shortcuts into control happen in everyday relationships, too, not only in relational work practices. Open dialogicity is necessary in *all* relationships, at work and outside office hours.

Participants in Early Dialogue training have realized that they could actually practice and gain experience in early dialogues by taking up a worry in an everyday relationship, at home or with a friend. Here are steps you could take tomorrow:

- ✓ Think of a relationship where you feel slight worry, not great but strong enough to having made you hesitate.

[4] The Open Dialogues approach in psychiatry has been applied with promising results also to less critical situations than acute crises. See Seikkula & Arnkil, 2013, 2014, 2016

- ✓ Think how you can thank the person for what he or she has done and what you have done together around the matter. Make sure that you will commend him/her for that.
- ✓ Get ready to express that in spite of the efforts you're worried. Make it a plea for help to lessen the worry, not a criticism, but be sincere: where do you genuinely need his or her help in lessening your worry?
- ✓ Try out your words, feel how they feel. Anticipate how he or she will take them.
- ✓ If you come to feel that you've found an approach that would be respectful and not feel hurtful, put it into practice and see what happens.
- ✓ If, however, you manage to hurt him or her against your best intentions, you can always say you're sorry and explain what you were aiming at: genuine expressions of a wish doing something together in lessening worries. An apology will provide a new start for a respectful dialogue.

Ethical early intervention = Early Open Co-operation

"Early intervention" needs to be turned into *early open co-operation,* and taking up one's worries dialogically is at the core of this. There has been international academic criticism by social scientists towards observed and alleged negative features of early intervention – and the points made need to be taken seriously.

In summary, criticism of early intervention argues that

- ✓ the increase in early intervention talk and activity mirrors downscaling of universal services for families; the less there are universal services available for families doing the ground work of prevention, the more there is focus on "risk children" and "risk families"
- ✓ focusing on "risk children and families" calls for developing risk screening methods and paves the way for labelling and stigmatising clients
- ✓ early intervention emphasises control elements in professional work
- ✓ problems that are in fact linked to societal factors and dysfunctional service cultures are individualised and seen as problem-symptoms in persons and families.

The following guidelines are important in generating ethical early intervention:

1. Universal services need to be secured

Universal services prevent problems. The functioning of the services needs to be cultivated. Emphasising early intervention must not push aside taking care of services. Functioning common services are the bedrock of early intervention.

2. Everyone shall take their responsibility

Every person has a human responsibility for her/himself and their fellow man. Emerging worries have to be intervened in at an early stage; one must not offload one's responsibilities onto others. The responsibility to intervene early lies with the

person whose worry emerges.

3. Worries need to be taken up

It is the responsibility of everyone to bring up one's worries in a respectful way - where they emerge and when they emerge. Taking up worries respectfully aims at co-operation. Blaming does not promote co-operation.

4. Encouraging personal network resources in helping

Members of one's personal networks are invaluable supporters in everyday life. Professional help is at its best a complement to these resources. Ethical early intervention aims at good co-operation between personal and professional networks.

5. Supporting participation

Co-operation presupposes dialogue. It is important to listen and be heard. One should avoid expert-centeredness that ignores the voices of the powerless. Plans made in collaboration bear fruit.

6. It is necessary to act transparently and in co-operation

Clients' and families' matters are dealt only with their consent and in their presence. The encounters must be respectful and they should advance dialogue. Professional consultation should be done without mentioning names or other identifying information.

7. Combining support and control

Early intervention aims at increasing the concerned persons' independence and their control over life. It is necessary to avoid such constriction that is based on mere external coercion. It is also necessary to avoid such support that makes the receiver dependent on the provider.

8. Fostering possibilities to go on

It is important to cultivate the possibilities for dialogue and co-operation in clarifying

the causes for concern and for lessening worries. No-one should be left alone and falling through the net must be prevented. One must take one's responsibility in fostering co-operation.

9. Labelling must be avoided

Ethical early intervention does not justify classifying people into objects of measures. One should not construct registers that conflict with privacy protection and ethical principles of openness. Early intervention shall be practiced in open co-operation that boosts participation.

10. Also structural, economical and cultural factors of exclusion must be intervened in

Risks of exclusion that are down to structural factors, financial reasons or dis- placing cultures of activity must not be individualised as if they were traits of individuals or families. It is necessary to intervene early in such societal factors that expose individuals to an accumulation of problems.

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.

Seikkula, J. & Arnkil, T. E. (2013). Åpen dialog i relasjonell praksis Respekt for annerledeshet i øyeblikket. Translated by Ane Sjøbo. Oslo: Gyldendal Akademisk

Seikkula, J. & Arnkil, T. E. (2014). Open Dialogues and Anticipations. Respecting Otherness in the Present Moment. Tampere: Finnish National Institute for Health and Welfare

Seikkula, J. & Arnkil, T. E. (2016). Dialogical Meetings in Social Networks. Translated by Takagi Shunsuke and Okada Ai. Kyoto: Nippon Hyoronsha

Appendix 1: Taking up one's worry – Anticipation form

This form is intended to be used in situations where:

– *you are worried about a child/adolescent, a client, an employee*

– *you have for one reason or another not taken the worry up with the parents, the client, the employee, and*

– *you wish to develop a method of taking up your worry as part of your tool box in working with children/ adolescents, clients, employees.*

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), the client, the employee. (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, the client, the employee (excl. personal details) 1b. Basic information about yourself: agency, service point, occupation
2. In work with children, adolescents and families, which of the family members are you going to meet and what do you intend to do with them? In work with clients/in management relationships, will you encourage the client/ the employee to invite a trusted friend?
3a. What are you worried about in the child's/adolescent's, the client's, the employee's situation?

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

3c. In which zone of worry do you find yourself in the given relationship, 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, the client, the employee 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)?

What are the resources you have been able to identify in the client, the employee and his/her situation, and how could you communicate these to him or her?

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

What could you and the client, the employee do together and/or separately to improve the client's, the employee'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 respond, 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, client's, employee's situation, start the process over and consider a) where you genuinely need the parent(s), the client's, the employee'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), the client, the employee and discuss the difficult issues?

C. Complete this section soon a er 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, the client, the employee now? Are there grounds for optimism? Are there things that still worry you?

Appendix 2: Results from implementing the method of taking up worries in 1996–2004

Translators please notice: This appendix is identical with the appendix 2 in the previous manual version

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: Day-care 144 50

N%

Schools Health care Social work Family work Psychiatry Family counselling clinics Home help 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.

43 15 32 11 29 10 12 4 10 4

9 3 4 2

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. e 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.)

Development (delays, school performance, health issues, social problems, etc.)

% 39

27

Emotional disorders (depressions, anger, etc.) 6 Problems in parenting (care) 10

How the parents cope (resources, mental health, substance abuse, etc.)

Child-parent interaction (lack of understanding, violence, incest, etc.)

9

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

Guide 1 National Institute for Health and Welfare 2009

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 posotion of the professional; interfering in the family's business (e.g. substance abuse)

The professional "knows too much", contact with child welfare

24

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.)

Short client relationship (wish to establish good contacts first)

% 30

25 Long client relationship (established pattern and topics) 20

Desire for additional "objective" evidence (unsure of personal observations

Practical issues (trouble finding a suitable time/place, client not easily reached, etc.)

Total

13

13

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 h) – 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.) 9 100

(N = 242)

Total

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 h 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.) 5 100

(N = 401)

Total

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.

Taking up One's Worries 7. Anticipations and actual events

POSITIVE succesful discussion actions commenced improved contact relief, satisfaction other

Total

NEGATIVE problems belittled/denied confusion, reserved, anxiety anger, offended break-up of contact other

Total

NEUTRAL no special reactions

Total

ANTICIPATION EVENT %%

22 45
4 9
3 7
3 3
2 4
32 68

22 16 19 10 18 2

3 0

3 1 66 30

2 2

100 100 (N = 370) (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.

Guide 1 National Institute for Health and Welfare 2009

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

9. Feelings during the discussion

PROBLEMATIC anxiety distress uncertainty, worry, reserved doubts about benefit, irritation disappointment

Total

POSITIVE relief satisfaction optimism, cheerfulness brave

BEFORE AFTER %%

39 0
29 10
3 2
0 4
71 16
3 52 0 16 4 4 3 3

10 75

19 9

100 100 (N = 257) (N = 208)

NEUTRAL normal

Total

Grand total

Total

100 (N = 134)

Only some of the cases describe surprises. is 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.

Feelings preceding taking up a worry often include anxiety, hesitation and uncertainty. One h 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 le feeling hesitant, doubting the discussion made any di erence, 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. e 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 (con dential) 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 o en refrain from taking up their worry. When the relationship is relatively new, it is felt that mutual trust should be generated rst 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. e 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 e ect 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.