

An opportunity arose for the author to undertake some professional development. The Residential Child Care Project at Cornell University presented its 4th International Conference aimed at “Building a Community of Practice”. The organizers promised to facilitate an environment where researchers and practitioners could meet and form networks to disseminate best-practice methods for youth in out of home care agencies. As a registered nurse I am particularly drawn to the conference due to the communication disconnection often seen among various disciplines of practitioners caring for this young population. As I prepared to attend, I found myself with many questions wondering what to expect from such a gathering.

Working as an RN for 23 years for a human service agency in Connecticut, I have seen my share of bureaucracy, crisis, loss and disappointment. The essential role of the RN in helping wounded youth heal is often unseen. Though I am determined to be an advocate for these youth, I often feel helpless in a culture where behavioral symptoms of trauma lead to rejection of services. These pain based behaviors become misinterpreted as delinquent, and the vicious cycle of rejection continues. What does it take to practice in a setting so gray and complex, lacking in the typical protocols, gold standards and best practice models known well to most doctors and nurses?

I am often asked by other healthcare professionals why I do this type of work. Most wonder if I will ever go back to the hospital. This career path I’ve chosen is a calling from something bigger than me. While working out this calling, I seek wisdom to understand what meaning is behind the behavior, and the compassion to stay committed to persevering in the best interest of the child. While walking alongside these emerging adults as they attempt to navigate life where all the decisions are made for them, I often get angry myself. The work often leads to fatigue and sadness, a silent, sneaky effect of secondary trauma within me which often leads to a temptation retreat. There are no shortcuts when working with traumatized youth and emerging adults. Sadly, in this work, each time you say goodbye to a young person, you say hello to another, each needing as much as the one before.

From attending this conference, I am excited to learn and improve my practice, but I quickly realized there was something even more valuable in store for attendees. The first day of the conference I met people from Ireland, Korea, Sweden, Canada, USA, and the United Kingdom. People who have dedicated their careers to this population convened together for the first time. To our delight, the conversations are easy despite our cultures difference. There is a like-mindedness and comfort level from having mutual commitment to youth in crisis. This level of comfort is seen in the subtle look of the eye, a smile of acknowledgment, or a nod of confirmation. The experience reminds me of parents cheering for their child at a game or competition; we are their biggest cheerleaders.

The Conference contains many breakout sessions, and the choice is difficult to make, as all are significant to the work. One of the researchers encourages me to join the writing group, and I am hesitant, writing is not one of my fortes. I reluctantly step through the door of a room filled with gifted writers and researchers. A ten-minute writing session surprisingly leads to a well of emotion as I realize the need to give a voice to the thoughts and experiences from 23 years of working with these youth. A voice to share experiences which could aid in bridging the gap of misunderstanding and lack of communication seen in all levels of care. A voice to help health

care practitioners identify and understand destructive behaviors as symptoms of a condition seen from kids with a history of trauma. That this movement of building a community of practice among practitioners and families could facilitate a common language and appreciation of the emotional and physical effects of trauma impacting treatment approaches.

I am grateful for the prodding from, Michael Nunno, a Cornell University researcher who encouraged me to step through the writing sessions' doorway. It was not as difficult as I thought and I left with an unexpected gift. The gift is very personal, one that showed me there is a lot in my head which needs to come out for the benefit of the youth, myself, and others who want to work with this population leading to a community of practice which strives for interventions in the best interest of the child. Surprisingly, stepping through that door led to a new door opening, the door of writing, a way to give a voice to 23 years of caring for this very special young population.