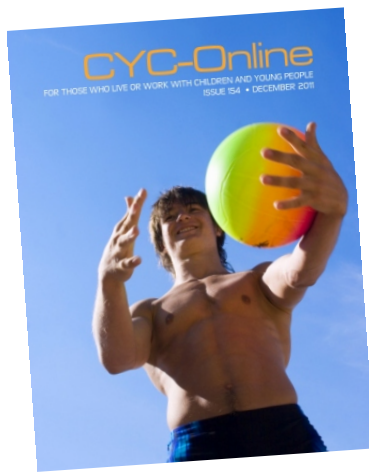# CYC-Online

FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE

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Contents

December already

Whew! December. How did that happen so quickly? I remember working in the garden all summer, collecting fresh vegetables whenever I could — and the next thing I knew, bang, time to start storing stuff for the winter season – and then here it is December. Happens every year. Don't know why it surprises me.

Funny how even though we 'know' something is going to happen, it can still catch us by surprise. In this case, I guess I just wasn't paying close enough attention – too focused on other things, like enjoying the experience of the moment.

Happens when we work with people too. For example, we may know that a young person has a need to feel safe in relationships and keeps people away by pushing at them. Then, when it doesn't happen for a while, and then it suddenly does, bang, we are caught by surprise. And when that happens we sometimes *react*, rather than *respond*. Because we are caught 'off guard' so to speak.

Now, I'm not suggesting we should be hyper vigilant, always expecting 'whatever it is' to happen, always being 'on-guard'. No, that would keep us from entering into a meaningful relationship. We would always be on the alert, even defensive.

I'm just noticing that when we are surprised, we sometimes react rather than respond. The chances are then that the other person is going to do the same and the next thing you know we are caught up in a cycle of react-react where neither of us is doing much to bring the situation to a positive resolution.

The best case scenario, of course, would be for us not to get caught up in this cycle, but it happens. So, the next best thing might be for us to be able to take a step back and notice it when it is happening.

So, now that I am thinking about it, I realize that I am 'reacting to December' – running around in a panic, gathering things up from the yard before the snow comes and everything freezes in place. But, hey, that's not going to happen today. It's actually a nice day today. So, instead of reacting, I think I will just shift gears, take it all in, and relax into the rhythm of what I need to do – chop a bit of wood, make sure the tools are in the shed, finish blowing those leaves ... and enjoy the moment. Even though they are predicting snow flurries soon. But not at the moment.

Now I know that relaxing into what is going on is not necessarily going to change the circumstances – sure isn't going to keep the winter away. But it will make a difference in how I experience myself and, therefore, in what I do. And we all know that when you have a different experience of your Self in context, and if you do something different than you usually do, you invariably have a different outcome.

Heck, I might even enjoy myself and do a better job of what I need to do.

— **Thom** (in December)

Commandment 8: Gradually Replace Rigid Rules With Personal Boundaries

Gerry Fewster

I became fascinated with the notion of personal boundaries long before "relationships" became the sliced bread of CYC practice. In those days, this profession was slowly emerging from the daily grind of front-liners working in an assortment of residential settings, most of which were more institutional that relational. With a demonstrated competence in behavior management techniques and a shining new Master's degree, I was given the task of redesigning a 'closed' program for twelve kids deemed to be "a danger to themselves and others." So, off to work I went and, in accordance with rule number one, the door was locked behind me.

Behind The Walls

At the behest of the courts, the original program design was intended to create a secure structured environment that would "effectively discourage the residents (inmates) from their anti-social behavior through the consistent application of humane, natural and predictable consequences." But, in less than eighteen months, this enthusiastically heralded program had descended into the tedious, life-diminishing routines known as "institutionalization." The rules were everywhere; listed in an ever-expanding policy manual, posted on the walls in every room and hallway, spelled out at every mealtime, reverberated around the gymnasium, and inextricably locked into the psyches of all who spent their days creating, implementing, obeying, protesting and violating these restrictive practices. And, as you would expect, relationships had become solidly embalmed in a formal and informal structural hierarchy with staff and residents sharing the same "us and them" mentality, while engaging in endless games of cat-and-mouse.

Working one 3-11 shift was sufficient to convince me that, for the health of all participants, this highly controlled, impersonal and barren life-space needed to be

dismantled and rebuilt from the ground up. I didn't have any alternative design in mind – relational or otherwise – but I knew the monster couldn't be conveniently taken apart one-piece at a time. My only assurance was that, whatever the chaos, at least the kids couldn't get out and terrorize the local community.

Armed only with this flimsy assurance, I sat down with the six team leaders and we began the task of reducing the constellation of rules to an absolute bare minimum – a fascinating and revealing exercise in itself. At the end of our deliberations, we all realized that the enormous gaps we'd created in the program would need to be filled with something other than alternative rules and procedures. While we didn't use the word "relationships" we understood that the staff had not been trained to deal with such ambiguity. In other words, they were as stuck with the rules and regulations as the kids. Then came a flash of insight from one of the leaders: *If our workers are dependent on structure, then so are we. If we want them to be different with the kids, then we begin by being different with them.* It may seem obvious on reflection but, at the time, it was a transformational interject – a first step toward a new program design and a risky stumble into the relatively unexplored arena of relationships. If this was an article on program modifica-

tion, I'd be delighted to carry on with how this all emerged, but I need to return to my primary focus.

In order to rise to their challenge, the team leaders would have to step out of their traditional roles and renegotiate their relationships with the front-line staff. With my encouragement, they convinced the senior management to engage the services of an encounter group specialist for a series of intensive small group sessions. (yes this was a long time ago). While only the six leaders attended these trainings, the impact on the program was quicker and more extensive than any of us expected. After their first group session, two of the pioneers applied for transfers and were replaced by applicants from other programs. Throwing off the rigid shackles of the old regime, the converted custodians happily traded in their badges of power and authority for a newfound openness and 'authenticity.' Unfortunately, the front-liners were not ready for this dramatic transformation of their supervisors and their reactions ranged from stunned bemusement to passive resistance and outright defiance. Unfulfilling as it might have been, the old way was at least understandable; they knew where they stood and what they had to do to keep the wheels turning. Now they found themselves floundering in a sea of unknown expectations and dubious outcomes and,

as the anxiety and confusion began to spread in all directions, the kids delighted in doing whatever they could to stir the pot.

Watching the meltdown unfold, there was no doubt in my mind that, ultimately, your's truly would be held accountable for the impending disaster. Given a choice, I would probably have reverted to the *status quo* but, as all tyrants know, once power has been relinquished it can't be readily reinstated. The only logical option was to press on with the blind belief that chaos eventually evolves into some new order. Rather than panic, I did what all astute managers do when their backs are to the wall – I held meetings, lots of meetings. Not really knowing what I wanted, these gatherings with various staff groups generally had only token agendas. In effect, they offered opportunities for people to talk – to share their fears and examine their options. Fearing confrontation and demands for a return to the old hierarchy, I made sure these discussions brought together folks from all parts of the program.

I was playing for time and, in my determination to find solutions, I failed to see what was actually taking place at these 'rap sessions.' In fact, as time went on, people were not seeking a return to the security of the old way — quite the opposite. They were not talking about how to control the insipient bedlam, but how to deal with their own fears and feelings of incompetence. And in this, they were being led by those who had opened Pandora's Box in the first place – our evangelical band of team leaders. They had, indeed stepped out of their roles to communicate their new gospel of authen-

ticity with wide-eyed enthusiasm, systematically reassuring the doubters and firmly confronting the resisters. One of the new guys stopped me in the hallway. "I love being in this program," he told me, "This is fantastic. We never had a chance to talk like this in community services – we just went by the book." "Oh great," I said, "could you get me a copy please?" He didn't get it.

It was in one of these mix-and-match meetings that the issue of personal boundaries first arose – although the term was never used. It came from a seasoned front-line worker who seriously wanted to know how we could get close to the kids without losing our authority. It was a very astute question, given what was happening 'in the trenches'. Another old hand, who had always considered the program to be "repressive," added the observation that we were actually using someone else's authority to protect ourselves from the kids. So, what were we afraid of? Were the rules really in the best interests of the kids or were they simply serving to protect and keep us distant – preventing us from developing relationships? Strange as it seems now, these questions were never asked prior to the meltdown – or, at least, not in any serious way. The boundary statement came from a relative newcomer: *I don't want the system to protect me. I want to know that I can take care of myself.* There were nods all round, although none of us really understood the full implications of her simple assertion.

I've no idea how we managed the kids while the place was being turned into an ongoing workshop, but somehow, the

show went on without loss of life or limb. If I was supposed to be in charge, I had no sense of leading the way. But I was very aware of the energy shifts taking place around me. The anxiety that arose after the initial intervention by the crusading team leaders was being replaced by an anticipatory sense that something new was in the wind, even if nobody could spell out what it might look like. There's a fine line between fear and excitement.

A significant piece fell into place when one dedicated task-group proposed replacing the rule book with a three level "Code of Conduct Manual" consisting of: 1. *Impersonal Rules* (Safety and Security Regulations; 2. *Interpersonal Standards* (Respect for Self and Other); 3. Personal Variations (Individual considerations). The basic idea was to create a framework for a community that had its own distinctive forms of law and order, a set of standards for communal living and a fundamental acknowledgment of individual needs and differences (notice the absence of 'rights'). This was the first major step in the shift from rules and roles to community standards and personal boundaries. The second was the recognition that both staff and residents should be bound by the same code, even if the consequences for transgressions might differ. Boundaries are interactional by nature and it makes no sense for the adults to establish theirs while reserving the right to invade the kid's personal space and call it an 'intervention'. Once it became clear that these ideas would do nothing to undermine their legitimate authority, the staff began to draw residents into the discussions, first on a selective individual basis and then

in small groups. The lines that had been so clearly drawn between 'us and them' were becoming blurred and, in effect, we were all beginning to learn about boundaries together.

Those of us who have spent many years working in residential settings know only too well that change is typically a gradual affair, but in this case, the journey from crisis into transformation took only a few weeks. In many ways, it was similar to the unpredictable state of readiness that redirects the life of a youngster when crisis, opportunity and motivation converge. I would be lying if I said that we suddenly had a brand new effective, articulated and harmonious program based upon the principle of personal boundaries. The truth is that we struggled every day and really didn't know very much about boundaries at all – in fact the word was seldom used. But nobody who had experienced life in the facility prior to the intervention of the 'born again' team leaders could deny that there had been a fundamental shift from a custodial to a relational environment. The same conclusion could also be drawn from the available data. Over a period of two months the number of reported "critical incidents" decreased by over 40%, severe consequences by over 50% and there were only two short-term individual confinements. Talking about the changes with one of the team leaders, I was particularly encouraged by his observation that the staff seemed to be treating most unacceptable behaviors as opportunities to learn rather than violations to be punished. By then, my role as an anxious manager struggling to hold everything together had changed dramatically. Until the

time when my assignment formally expired, I considered myself to be a facilitator, overseeing the creation of a new order and an evolving program.

When The Self Speaks Out

Since those heady and hectic days of yesteryear, the concept of personal boundaries has been clarified and amplified, along with our understanding of Self-development and Self-responsibility. But, in their own untutored experiential way, the staff uncovered much of what was to become embedded in theory. When they asked: *If I don't have the rules, roles and regulations around me, how can I relate to these kids without losing my authority?* what they were really concerned about was losing themselves. If we don't feel safe, we put up walls to protect our Selves. When others react in the same way, these walls are justified and reinforced – just as the rules, roles and regulations constantly confirmed that the kids were indeed a threat. For this reason, the statement: *I want to know I can take care of myself,* was a courageous leap beyond the fear to claim a sense of Self that was capable of responding to its own needs and acting on its own behalf – a Self with the resources to reach out, yet create its own protection if necessary. This involves the recognition that a personal boundary is as much about making contact as it is about protection.

Also in their own way, they responded to crisis, not by scrambling to recover what was lost, but by breaking down the walls of the old institutional fortress and replacing it with a caring community that celebrated individual expression. They challenged some of the most sacrosanct assumptions of residential care, like 'consistency' and 'predictability,' thereby creating a foundation for differential individualized relational programming. They pursued the radical idea that that system should operate to promote the growth and development and well-being of the residents – a far cry from the original court-ordered prescription. They turned traditional thinking inside-out by having the courage to look at themselves as the perpetrators of a system that was as repressive for them as it was for the residents. And, above all, they demonstrated how child and youth care can become a relational activity regardless of the conditions – bless 'em all.

In retrospect, what stands out for me is that they did all this without having any preconceived notion about personal, or even professional, boundaries to work from.

Since that time, I have written and taught so much about boundaries that any review here would only scratch the surface. For those who are interested, I would draw their attention to two articles in *Relational Child & Youth Care Practice, 17:4 and 18:2* respectively. The topic is covered more comprehensively in my book, *Don't Let Your Kids Be Normal(2010)* Influence Publishing. Meanwhile, let me provide you with a skimpy overview of current theory and practice and leave you to consider some of the implications for child and youth care practice.

A Light Touch of Theory

Simply stated, a personal boundary refers to the psychological, emotional and

physical space we need to experience and express our Selves. Developmentally, it's that emerging inner sense that makes it possible for us to individuate and create relationships as separate and unique beings. If all goes well, we come to know from one moment to the next if we need more space or more contact. Given the opportunity, we gradually learn to say our real "yeses" and real "no's, becoming increasingly Self-directed and Self-responsible. But this is a rocky road that very few of us travel without breakdowns along the way.

`Conceptually, personal boundaries are the parameters of the Self. In relationships they denote where you end and the other person begins. This may seem like a simple statement but such confusion at the 'contact boundary' is very prevalent in human relationships – particularly among professionals who are Hell bent on fixing other people's lives. By definition, without boundaries, there can be no Self and, of course, no Self connected relationships. Put another way; *know boundaries, know Self – know Self, know relationships*.

In the rapidly growing field of somatic psychology, personal boundaries are considered to be essentially energetic by nature. In other words, at the core, we sense our way in the world and our needs for connection and separation are experienced as a felt-sense in the body. If we are emotionally attuned and cognitively aware, we understand what the sensations are about and make conscious decisions on our own behalf. If we simply feel the tightening in our guts or the heaviness in our chest, we may react with volatile emotions and aggressive or defensive be-

haviors. Without awareness, neither we nor those around us, are likely to know we're dealing with a boundary issue. I can't help thinking back to all the times kids have blown up at me for no apparent reason and, sensing my own boundaries being crossed, I used my power to impose another invasive assault. I probably called in a 'natural consequence.'

One problem for parents and professionals is that our boundaries are constantly moving from moment to moment, person to person and situation to situation. Sometimes we want closeness, sometimes we want distance and sometimes we move toward Self-protection. Unless someone knows us well and understands that our shifts are about us and not about them (i.e., they are solidly in their own boundary), the outcome can be a confusing mish-mash of feelings, blame and retaliation. This is particularly the case for those of us who work with kids in structured settings where consistency and predictability are often considered to be cornerstones of effective professional practice. We can't expect an infant to understand why Mommy said "no" today and "yes" yesterday to the same request for attention. The youngster is the learner and the challenge is for mother to find a way to address her child's needs without having to sacrifice her own boundaries in the process. And this is precisely the problem the staff of the secure program found themselves up against. In both cases, it's the task of adults to be very aware of their own boundaries and find ways keep these intact rather than sacrifice their own Selves. In this way, the adult takes on the role of teaching the young

person about what it means to have a personal boundary – but this will only work if the child's own boundaries are also understood and respected. In child and youth care, many of the kids we work with are much like the infant who has never had the opportunity to learn how to create and respect relational boundaries. There are very effective ways for practitioners to address this deficit but, once again, I have to refer to the publications listed earlier.

Slowly Does It

Developing effective personal boundaries is a gradual learning process. At the energetic level, they come naturally. If you don't believe me, try invading the boundary of a baby and see what happens. But as we grow up and our sense of Self begins to incorporate the physical, emotional and cognitive aspects of our development, the matter of boundaries becomes increasingly complex. From the outset, we need to learn about how the world works. We need to know the expectations – what's acceptable and what's unacceptable – and what the consequences are for breaking the rules. If we are fortunate enough to learn these things without the suppression of the Self, we gradually begin to understand that we are capable of making choices on our own behalf – even if we choose to dismiss an expectation or break a particular rule. Being Self-aware means that we understand the choices we make. Being Self-responsible means that we acknowledge our Selves as the central decision maker. And, as the Self creates and expresses its own unique sense of being, so it comes to value its own space and know its own parameters – or bound-

aries – in seeking to establish relationships with other Selves. Moving under its own momentum, it no longer requires the protection of others or the security of a predictable system — whether that be a family or structured residential program.

As a final comment, I want to make it clear that the developments in the program described in this article occurred because there was a general state of 'readiness for change.' The project was initiated because certain staff members felt that their own Selves were being stifled by the proliferation of rules and the overall rigidity of the program. It was their Self energy that moved us forward. We did NOT simply throw out the rulebook. To do so would have been totally irresponsible. In terms of their Self-development, most of the kids (and some of the staff) were still at the stage where the security of a known and predictable structure is a necessary foundation for growth. The process of change was not surgical – it was gradual, sensitive and highly relational. The aim was not to remove a cancer but to edge the system toward its own inherent resources for health. Here's to yours …

The Residential Group Care Dilemma

Kiaras Gharabaghi

Over the years I have had an opportunity to work in, visit, examine and even evaluate many residential group care programs in many different jurisdictions, including Canada, the United States, Germany and South Africa. I have learned much about these programs and it will come as no surprise to anyone that in spite of my deep desire to see residential group care provide good care and good living conditions for children and youth, I remain critical of much of what I have encountered in this sector. From the physical appearance of many of the programs to the quality of staffing teams, and from the program designs to the incessant need of agencies to exert control over what children and youth do and think, I simply am not convinced at all that we have found a way of providing a home for kids that we, and they, can be proud of. Notwithstanding my misgivings, however, I will not write about the problems of operating group care this month, nor will I criticize what even I recognize to be sincere and well-intentioned efforts on the part of so many professionals to make group care a meaningful and beneficial approach to being with young people. Instead, I want to articulate what I think is arguably an irresolvable dilemma for residential group care, particularly if we are prepared to think about this from the perspective of the young people themselves.

What might the experience be like for a young person admitted to a group home? I would suggest that there are few environments that could possibly offer greater challenges. Here we ask young people to live together with six to ten other young people who they do not know. Each of those other young people faces his or her own demons, sometimes through the medium of mental health challenges, or resulting from developmental challenges, or,
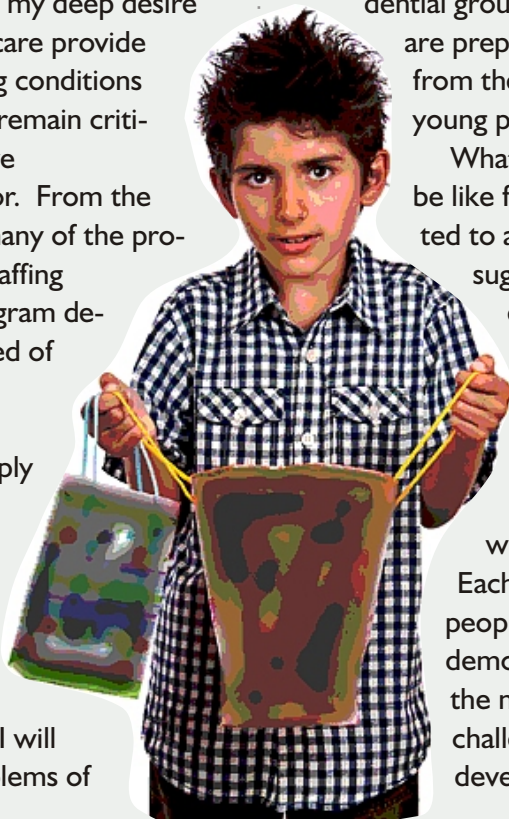
all too often, from the impact of trauma incurred through earlier life experiences. While trying to navigate the challenges of group life, we also expect these young people to take comfort in being cared for by adults who are, at least at first, complete strangers. Amongst those adults will be those who at least appear to be caring and interested, but almost always there will also be those who seem disinterested, perhaps tired, and often not too competent. Sometimes the staff person most trusted calls in sick or goes on vacation, and then the young person must accept care from a relief staff person, someone who may not have been at the homes for days or weeks or perhaps ever. During holidays, the staffing schedules change, the most senior staff get time off, the supervisors are away and even some of the peers might be away on a family visit. From time to time, one of those peers might suddenly be discharged, and a new peer is introduced who might change the established peer dynamics altogether. These social dynamics are unfolding in what are often inadequate physical spaces that offer limited privacy, moderate safety, and furnishings and equipment that are well used, show signs of previous ownership by others and frequently are defective or in a state of disrepair. The neighbourhood is not always welcoming, and sometimes outright hostile. The food, even if attempts are made at maintaining quality and nutritional value, rarely offers the same comfort as a home-cooked meal. The young person has to share the bathroom with many others, deal with someone's urine on the toilet seat, body hair in the shower, toothpaste stuck to the

sink bowl. Every aspect of everyday life is governed by rules, many of which in place to maintain control that is necessary to manage the social and physical context of a building occupied beyond its intended capacity. Many items that would be readily available and accessible in a family home are locked up, including kitchen knives, razors, and sometimes valuable equipment like computers, gaming devices, cell phones, and other gadgets. People who are unknown to the young person walk in and out of the house, usually workers for one of the other kids, repair people hired by the agency, managers dropping by to see what is going on, tours for visitors, researchers, regulatory people like health inspectors, food inspectors, licensing specialists and a host of others. And virtually everything that happens is documented somewhere, including bad moods, performance problems at school or in the program, medication use, and indeed, the young person's contact with family, friends, workers, doctors, dentists, recreation staff, soccer coach, and whoever else might be involved. The list of strange happenings could go on and on.

None of these things are signs of bad care, or are indicative of poorly functioning programs. These are just the things that happen in the semi-institutional context of residential group care; for the most part, these things are unavoidable, no one's fault, and ever-repeating themselves. Neither the staff nor the young people can entirely control any of this. Even when everyone tries their best, approaches every day with every intention to be kind, helpful and generous, most or

all of these things still happen.

Most of us know that living with others, even with family members, our partners, our own children, perhaps college roommates or good friends, has its challenges. At the best of times, sharing one's living space can be difficult. But being admitted to a group home is hardly the best of times. Even before ever setting foot into the place, the day of admission is also the day of loss; loss of being at home, loss of the familiar (good or bad), loss of a world that is known and predictable. So what does it take for a young person to manage all of this? What skills, what competencies, what sort of resources will mitigate the challenges associated with that day of admission and the days that follow?

I would suggest that these challenges can only be mitigated through highly developed social skills, an ability to manage the unpredictable, a strong focus on one's own strengths and capacities and the confidence to draw on these. Surviving these challenges requires excellent decision-making, the ability to think strategically and act both cautiously and courageously. One must be able to navigate multiple priorities, manage multiple loyalties, have the capacity to engage others positively, to initiate meaningful relationships, to draw on strong and healthy attachment habits. In other words, managing the challenges of residential group care, from the perspective of young people, requires strength, wisdom, maturity, and general competence to deal with the unexpected, the annoying, the painful and all things difficult.

But who do we typically admit into res-idential group care programs? In my experience, when young people demonstrate great competence, social skills, resilience, strength, and all those other characteristics cited above, we do not typically place them in group homes. Instead, they might gain access to a foster home, manage in a kinship care scenario or even receive support for early independence. The young people we do place in group homes are typically those who have none of these characteristics. They struggle every day with just about everything for all kinds of different reasons. They are reactive, uncertain, scared, and suffer from acute trauma. They channel their insecurities into difficult to manage behaviours, they place themselves in harm's way, they hurt and are in pain. Many face developmental challenges, concurrent disorders, co-morbid conditions, dual diagnoses. Some are impacted by ASD, others by FASD, and most can point to multiple acronyms in their psychological assessments. Their attachment is insecure and sometimes disassociated. They mistrust (for good reason, usually) adults, authority and even peers.

And yet, they too are resilient, but in their own unique way. Protecting their resilience requires activating their defensive shields the second they arrive for admission, or in many cases, not too long after having been admitted and running out of steam to uphold the pretense of comfort and confidence (sometimes referred to as the honeymoon period). And therein lays the dilemma. On the one hand, these are not the youth who should be placed in the most challenging social context imaginable. Surely it makes no sense to ask *the most* of

those who have *the least*, to ask the *fragile* to be *strong*, to expect the *most vulnerable* to feel *safe*, and to hope for the *least trusting* to *trust the power of relationship*. Indeed, it seems almost sadistic to ask the very young people who have been traumatized by relationships in their lives, often the closest and most important relationships in their lives, to then turn around and connect to strangers in a strange setting. They are to believe that the very process that got them there in the first place (usually the collapse or corruption of relationship, but relationship nevertheless) will now be the process that saves them, further their growth and development and lead them to the much sought after place of emotional and physical safety, comfort and peace.

On the other hand, if not child and youth workers, trained to relationally become engaged with the most vulnerable youngsters, committed to an ethical, professional and also intimate and personal approach to being present, then who could we offer them as possible escapes from misery? If not residential group care, then what? Most of them already experi-

enced failure in other forms of care. Many have travelled through multiple foster homes, various kinship arrangements and sometimes many different couches, basements and sheds in the homes of peers or strangers.

This is a dilemma indeed, and I am not sure we, the practitioners, or they, the young people, can escape it. But I think there is value in remaining conscious of the circumstances. They are not good circumstances. In fact, they are miserable circumstances that call for a level of understanding and empathy that I am not sure we always present to the young people. This dilemma ought to remind us that the task at hand is both profound and profoundly difficult. There is no place for mediocrity, for complacency or for taking for granted the young people's acceptance of their situations. More than anything else I think this ought to compel us to reverse the increasing entrenchment of a fundamental assumption in residential group care. It is *not* the young people who need to prove their commitment to the program. It is the practitioners who need to prove they are up to the task.

A Developmental Perspective for Child and Youth Care Work

Henry. W. Maier

Care work is very much akin to the subject matter in the discipline of child development, more correctly designated as *human development*. Human developmental knowledge emerges out of studies of the interpersonal and ecological life experience of children and adolescents, especially growth and development within family and communal matrices. Care work with children or youth requires an intense interpersonal involvement at whatever level of development a child or youth is operating. Consequently, human development knowledge can provide a solid backdrop for care workers engaged in revitalizing children's and adolescents' development (Beker & Maier, 1980; Bronfenbrenner, 1979; Gilligan, 1987; Maier, 1987; VanderVen, 1986;

BRAD CALKINS

VanderVen, Mattingly, & Morris, 1982). Simultaneously care workers respond to ongoing contextual conditions in order to assure salutary life experience.

This chapter introduces a developmental perspective decisively different from the child and youth care fields' previous alignments with psychodynamic, behavioral, or cognitive psychological stances. Carol Gilligan cogently pointed out this factor more recently:

Two approaches currently characterize the response of professionals to ... [young people's difficulties]. One relies on the imposition of control, the effort to override a tortuous reason with behavior modification and biofeedback, to focus attention simply

on physical survival by teaching skills for managing stress and regulating ... [behaviors]. The other approach reaches into reason and joins the humanistic faith in the power of education with the insight of modern psychology. Positing human development as the aim of education, it turns attention to the question: What constitutes and fosters development? (Gilligan, 1987, pp. 17-18)

The perspective advocated here relies upon lifespan developmental knowledge, grounded in empirical research and buttressed by an ecological orientation as the most appropriate scientific source for child and youth care work (Bronfenbrenner, 1979; Lerner & Busch-Rossnagel, 1981; Maier, 1979).

What is a Developmental Perspective?

Human development, especially child and adolescent development, is a universal process and at the same time, highly individualized. Studies of human development zero in on basic human functioning: the way a person grows and develops and what people do under various circumstances within their relevant environments. Development is viewed for a person's physical, behavioral, emotional, and cognitive functioning (Ivey, 1986; Maier, 1978). Developmental change is studied and understood for the reciprocal interactions between an individual and his or her active context. Just as the context changes the individual, so the reverse is true. Human life experiences are

bidirectional (Lerner & Busch-Rossnagel, 1981, p. 9). In essence, by being both a product and a producer of their contexts, individuals effect their own development (Lerner & Busch-Rossnagel, 1981, p. 3). Human development is known as orderly and empirically predictable. Although they occur over time, few changes emerge simply as the result of the passage of time; instead, changes emerge out of relevant *experiences*.

Studies of human development are constantly expanded by new research data enlarging or replacing previous findings (Skolnick, 1986, p. 7). Various details of knowledge about human behavior and development may, for the present, be in a state of flux. Nevertheless, what is currently known provides ample backdrop for on-the-spot certainty and actions. In fact, in the behavioral sciences, lifespan developmental psychology is presently assuming the foreground (Baltes, Reese, & Lipsitt, 1980; Gilligan, 1987; Kegan, 1982, p. 298; Lerner & Busch-Rossnagel, 1981; Maier, 1986; Schuster & Ashburn, 1986), superseding previous commitments to other earlier "schools" of psychology. Many of the research findings and concepts of these earlier formulations are now conceived as complementary rather than contradictory (Ivey, 1986; Izard, Kagan, & Zajonc, 1984; Maier, 1978, p. 7-10; Skolnick, 1986, p. 107). Contemporary helping orientation seems to foster a holistic approach where each person is recognized as a unique being functioning as a total entity (Maas, 1984).

It is reasonable to postulate then that no other spectrum of knowledge incorporates so closely and completely the very

essence of professional child and youth care work. That is to say, a perspective which appraises *what* is happening in an individual's life and *how* interpersonal interactions and environmental alterations can change what is happening in order that children and youth can experience integrative growth in their development toward adulthood.

Illustrative selections of developmental findings applied to child and youth care

Several areas of developmental knowledge out of a vast "bin" of useful possibilities are presented to illustrate how such material can directly be applied to child and youth care work. They are: (1) attachment formation and "beginnings" early or later in life; (2) rhythmicity as the underpinning for the mutuality of personal interactions; (3) transitional objects and how they are utilized in facing of new life situations; (4) trial-and-error learning as a fundamental learning mode; and (5) personal value acquisition.

Attachment Formation – and "Beginnings" Early and Later in Life

Basic to all child care is the formation of a solid interpersonal relationship between care giver and care receiver. Studies on attachment formation are useful here as an extension of that effort (Ainsworth, M.D., 1972; Sroufe, 1978). They also amplify processes of beginnings in human interactions. Attachment has to be nurtured through direct and predictable care giving. In the process of attachment formation in the beginning of a relationship, and at moments of crises, the support of attachment striving is particularly crucial. Interestingly, the more an individual feels certain of support (attachment), the less demand there will be for reinforcement of such support (Maier, 1987, p. 121-128).

It is useful to distinguish between attachment and attachment behaviors.

Attachment behavior occurs whenever a child, or in fact a person at any age, wishes to strengthen an attachment or feels the ongoing attachment in jeopardy. At that point, the individual will manifest attachment behavior (e.g., physical or verbal contacts such as holding on, embracing, or clinging). Attachment behaviors are really efforts to maintain or increase attachment, they have to be seen and responded to as such.

Need and demand for attachment succorance is more apt to arise at points of personal stress, especially in periods of life transitions such as moves by the family. The need is particularly accentuated by a move from one environmental experience to another (e.g., change of school, homes, friendship groups, or other personal life reorientations) (Ainsworth, M.D., 1982; Bronfenbrenner, 1979; Maier, 1987, pp. 22-23). In turn, attachment behaviors lessen as an individual feels more assured of the wanted attachment (Ainsworth, M.D., 1982; Sroufe, 1978).

These accounts of ordinary attachment formation speak to professional child and youth care work where nurturing care enhances the possibility for attachment to the care worker. This is a fundamental for effective work and is a stepping stone in "permanency planning." Workers will need to welcome and actively support at-

tachment strivings, hoping to normalize attachment behavior (Ainsworth, M.D., 1982; Maier, 1987, Ch. 5).

Rhythmicity as the Underpinning for the Mutuality of Personal Interactions

Recently, novel and prominent research at a large number of developmental study projects have concluded that both care givers and care receivers experience challenging *mutual* interactions of giving and taking, of coping together and apart, in an interweaving of rhythms (Lerner & Busch-Rossnagel, 1981). This potent force found in joint rhythmicity seems to enhance the very energy which links people together. It can bring about a symphony of human actions with a joint rhythm and fine tuning one to another (Maier, 1987, pp. 46-48).

With this concept in mind, the worker may attempt in the daily care tasks to energize a joint rhythm with each child and the group-as-a-whole in order to assure full engagement as a symphonic totality. Recognizing the developmental components of rhythmicity may encourage workers to search out activities and play with built-in rhythmic interactions. Rhythms in music, song and dance, push-and-pull playful activities, the rhythmic exchange in throwing a frisbee, ball or pillow, waving goodbye or exchanging solid handshakes have a strong potential for bringing about sensations of spontaneous togetherness (Maier, 1987, Ch.1).

The Use of Transitional Objects for Facing New Life Situations

Studies describing the use of transi-

tional objects (Maier, 1987, pp. 57-58) in crucial experiences requiring change in the childhood period, can cast light on the essence of making transitions later in life when a change to a new situation seems overwhelming for an individual (e.g., being with an unaccustomed care giver, having a room change, or whatever) (Maier, 1987, pp. 57-58). A "transitional object," as the blanket for Linus in the *Peanuts* cartoon, can give a person the extra symbolic assurance needed to ease the adaptation.

Workers can utilize such understanding and assist youngsters to manage severely uncertain conditions, whether momentary or long-term transitions. By supporting and incorporating the individuals' very special objects, the worker recognizes that these items serve as linkage to previous places, people, and memories of good as well as tough times. These items, possibly a scrap of paper, a piece of clothing, a picture, or remnant of a once stuffed animal might be clutched closely, slept with, etc. The transition objects may be worn out, possibly smelly or sometimes bizarre; but they are essential to the owners and are a source of strength. In addition, care workers themselves must plan to be on hand and available as vital and tangible links in transition.

Trial-and-Error Learning as a Fundamental Learning Mode

Developmental knowledge offers rich possibilities for understanding mastery of incremental and novel experiences. Progressive trial-and-error learning is the basic cognitive mode in infancy and childhood, and on occasions of substantial new learning later on in life. This developmen-

tal fact establishes that new learning has to be first concrete, visual, and open for experiment. Initial learning must follow the cognitive process of trying out where individuals see for themselves how something works or what it means. Above all, the person needs latitude to err without that being regarded as a devastating mark of failure but as a consequential step toward learning (Maier, 1978, pp. 36, 156 & 244).

With such understanding, care workers are challenged to foster and to invent situations so that what must be learned can be tried out, experimented with, to provide those opportunities where new behaviors or understanding can be attempted, failed, and tried again. Eventually the young people themselves may experience these tasks as manageable and safe. At this point, learning takes place and is eventually integrated. Actual learning rather than temporary compliance has the potential to occur with this model (Maier, 1987, Ch.3). For instance, to learn "to wait for one's turn" can be acquired in specially created situations where youngsters can play out their capacity to wait. Later such playful give-and-take can be built-in into more and more daily life situations of waiting. Children can be playfully engaged in getting their "proper" turns in receiving their treats while being assured that no one is to be left out (Maier, 1987, Ch. 6).

Parenthetically, familiarity with the progression of cognitive processes serves not only as an eye-opener and practice guide for the care workers; it also introduces an advantageous "thinking screen" for masterminding the very training of these workers.

Personal Value Acquisition

In early childhood and later on in subsequent value acquisitions, individuals assume personal values, utilizing a progression of imitation and later identifying with highly visible, esteemed, powerful persons and culminating in an eventual alignment with the reference groups of these "heroes" (Jones, Garrison, & Morgan, 1985, Ch. 9). Values are adopted through per-sonally satisfying experiences with selected key persons. The values a care giver holds are potentially transferrable, if such a person has been experienced as a dependable esteemed person by the care receiver. This awareness suggests for child and youth practice that it is the workers as *persons* who stand as the ultimate transmitters of values, not their moral edicts, admonishments, or rewards. In short, care workers must have personal satisfying meaning for the ones they serve, if they wish to effectively impact the youngsters' values.

Moreover, the importance of peers in value clarification, especially for those in their pre-adolescent and adolescent years cannot be overlooked in group care work. Research from developmental psychology establishes that in their adolescent years, youngsters devote much energy sorting out and integrating their basic personal values (Schuster & Ashburn, 1986). Also, in their teens, alignment with peers is nearly at par with ongoing identification with key elders (Washington, 1982). Consequently, frequent informal but full group deliberations, including heated disputes with the young people are in order. Such discussions serve the youngsters as opportunities for verbally trying out a range of

notions for their "fit" as they do so easily with their wardrobe fantasies on a Saturday morning shopping spree: "nothing bought, just looking!"

What about so-called "deviant" or "pathological" development?

What were formerly viewed as pathological or deviant behaviors can, under this model, be conceived and approached as ordinary but inopportune and untimely developmental occurrences (Kegan, 1982, p. 298). Former preoccupation with children's "deviant" or "pathological" aspects of their lives easily resulted in seeing them as special classifications of persons; their thoughts, actions and affect were conceived as "defective" or "disturbed," because their thinking or actions seemed to be incomprehensible. The youngsters were "disturbing" because they could not fit into existing behavioral, cognitive, or affective continua of human development. This dilemma seemed to stem from the fact that major attention revolved around their incapabilities and adults' failures in connecting effectively with them. Little attention was given to these youngsters' capabilities. The individual as a *total* person got lost among efforts to combat the "deviations" (Schuster & Ashburn, 1986, pp. 23-24).

In a developmental approach, in contrast, children are appraised and understood for their response to their daily life situations, their patterns of coping, and their way of encountering supposedly unmanageable situations. The child's affective, behavioral, cognitive, and physio-motor interactive responses are then scanned to locate corresponding levels on the continua of development. They then can be spotted for their specific point of developmental status and transitions. They can consequently be "fitted-in" and a decision can be made with some predictive clarity about what needs to happen to reinforce development (Ivey, 1986; Maier, 1978, 01.6). For example, a big, boisterous Paul, 13, demands continuous adult approval as if he were a four year-old. He goes to pieces with temper tantrum explosions when he feels slighted, and in particular when he thinks that he cannot predict what is going to happen at a particular moment of his life. In other words, he "lets go" emotionally, of rational perception and even bodily inhibitions when he feels *out of control*. His demands for adult approval and his temper outbursts are not necessarily "deviant" behaviors; they also can be conceived as a desperate outreach for adult care when he feels at a complete loss. His intensity directed toward getting clarity about what is going to happen, is also a valiant self-maintenance effort. None of these are apropos for expectations of a 13-year-old fellow. Yet, these youngsters strike out for adult nurturance and a search for subsequent certainty within their lives. These life experiences would be akin to very young children whose behaviors are conceived as acceptable while full reassuring support is rendered to them.

Armed with such understanding, workers can find directions for their work with such situations. For instance, Paul, in the illustration above, could find and *experience* his connectedness to others who cared and sense a predictable outcome. This strategy is developmentally sound

and more useful than pushing him off and isolating him for his untimely, and consequently unwanted, behavior.

In many ways the sputtering of an automobile motor due to the coldness of its engine or the strain of a steep incline can be drawn as analogous to the difficulties people experience while encountering stressful situations. In the case of the automobile motor, nobody questions the "properness" of a shift to a lower gear to allow the car to apply its energy in a more fundamental way. Before shifting to a higher gear, the driver wants to be sure that the engine is operating at a higher pace than needed for the lower gear still in place. The same is relevant in the expenditure of human energy. A recourse to earlier forms of functioning is appropriate when this more fundamental level is at the moment the more facilitating one. Such a recourse needs not then to be defined as "regression." It is most natural to kick a tire when the car "lets one down," or rely on finger count when one is unsure of one's ability to keep track of something, and so on.

This important notion has implications in other ways as well. In a good number of group care situations, care work involves as much an effort to *maintain* an individual's ongoing functioning as it does to enhance developmental progress. Moreover, placements into a group setting, part or full-time, transitions to a new community and a new group life culture, etc., all represent experiences which cause a person to function most naturally on a less adequate level than before (Maier, 1987, Ch. 1). A case could be made here for youngsters with severe disabling physio-

logic or somatic complications. For some of these, developmental knowledge can be applied toward helping to maintain their ongoing level of functioning in order that these children can survive at *all*.

Tune-up rather than Speed-up

In a quite different aspect, over the past 30 years there has been an eagerness to accelerate children's learning processes as if children had to compensate for their society's shortcoming. In the field of group care, recent concerns with proving behavioral changes as outcome and effectiveness of child tending, has as a by-product unleashed what Frank Ainsworth (1987) calls "the rush to independence – a new tyranny."[1] David Elkind (1981) also warns that pushing persons to independence can have serious consequences, or is at least unkind. Although pushing may bring about adequately functioning persons, they do not necessarily become people with satisfying life experience. A developmental lifespan orientation would lead workers to more keenly gauge their care receivers' readiness for relevant learning progressions.

Change and Integrated Change

A developmental approach to child and youth care is further enlivened by two recent but very separate findings. First, Bandura's (1977) studies on "self-efficacy achievement" bring forth clearly that actual integrative learning does not take place until the learners themselves have become aware of their changes in behavior, thinking, or affect. This suggests that it is not the observations of the workers or other fellow professionals alone, nor the

attainment of sufficient points or tokens which ultimately count; instead, much depends upon the person's own level of recognition and acceptance of his or her newly acquired efficacy.

Second, Carol Gilligan calls attention to the fact that males and females respectively emphasize and value different aspects of growth in others. Men tend to stress change and quantitative growth while women lay greater value upon connectedness and integration, that is, qualitative growth (Gilligan, 1987; Kegan, 1982, p. 5). These differences in value expectations may suggest that, in general, male and female workers hold potentially somewhat different care objectives. Such differences can be viewed as welcome variations or as potential sources of tension. At times, behavioral improvements, that is, "quantitative" change, is desired. At other times, it is desirable to promote integrated growth, "qualitative" change, with an advance in developmental overall capabilities. The latter then demands a greater reliance upon dependency nurturance by child and youth care; whether a worker happens to be male or female. The above tendencies can be recognized and utilized in group care and beyond.

A developmental perspective as a child and youth care practice stance

Care Work Involves Proactive Intervention
Developmental knowledge not only provides an empirically-grounded practice framework for child and youth care work, it also entails the practice stance most in tune with actual tasks performed by these care givers. Workers are challenged to

deal with the ordinary care demands and social surveillance basic for children and adolescents in general, at each particular period in their lives. They are also responsible for specific care needs of each individual on the basis of the child's special personal requirements and existing circumstances. The basic care demands are rooted in *general* human development knowledge and overall practice experience with children and youth; individual requirements are based upon specific assessment of each child's particular unique situation. These efforts on the part of care workers entail a combination of informed practice wisdom and clinical[2] thinking.

Developmental orientation, by its solid person-in-the-situation orientation, helps to lessen the ever-existing strain between personal requirements of the care receivers and care givers and those of the institutional (organizational) setting (Maier, 1987, Ch. 9). Integral to the workers' task performances is for them to observe, to assess, and to respond to each individual as well as to the way the particular living group is functioning. Importantly, care workers not only respond, but they themselves continuously initiate interactions and design programs which enhance the children's or youth's ongoing development. This may involve support or redirection of ongoing activities. At other times, they initiate expectations which reach beyond the children's immediate ongoing functioning as *if* they could also manage a slight shift to a more advanced level (Maier, 1987, p. 18). In all of these and other care activities, the worker proceeds on the basis of her or his assessment (diagnosis) of an individual's

functioning (coping) and an understanding of what is needed for a step onwards in development, personal competency, and situational effective living.

Focus Upon What a Person Is Doing Rather Than What Is "Deficient"

A developmental perspective enhances a worker's interest to discern what is each individual's current performance. A worker's focus then naturally looks at what a person is *doing*, rather than not doing. To put it another way: full attention is directed to *what* is the observable activity and *how* he or she is "making a go." This requirement might sound rather self-evident. Yet, in much of everyday accounting of children's or adolescents' behavior, thinking or feelings, a common tendency is to report either what the youngsters are *not* doing or what they *ought* to be doing, feeling, or thinking. Such accounts are apt to define the adults' expectations; they yield little awareness into what the youngsters are all about. A worker may report, for example, that Carolyn does nothing;[3] "she absolutely paid no attention to whatever I told her." Such a statement reveals that the worker believes a girl like Carolyn should listen and obey. But it leaves one helpless in this situation, because one does not learn anything about Carolyn. In inquiring further into what actually happened between the two, it is revealed that Carolyn, 14, was apparently intently listening to her records, swaying with the music, as the worker approached her. When the worker started to speak to her from the door entry, the girl turned her back halfway to the worker. Carolyn did a lot! And

with these observations, a worker may be prepared to find a number of possible points of entry: (1) joining in space and rhythm momentarily with Carolyn after acknowledging her entry into Carolyn's sphere; (2) waiting for a brief period before asking for her attention; (3) then gauging her readiness to receive; or (4) after momentary appraisal, deciding the message does or does not warrant the intrusion. This approach, observing and sharing in what the youngster is doing, while simultaneously staking out the necessary steps in the long process toward achievement brings about increased potency to the workers' efforts.

The Minutiae of Child Care Are the "Biggies"

While working with children or youth with a focus upon their feelings and ways of interactions, attention needs to be paid to the minutiae of interactions. It is these small details of interplay which tell by the actual variation in behavioral, thought, or affective processes, what is going on. In the preceding paragraph Carolyn was listening intently to music when the worker approached her. "She turned her back halfway to the worker." Thus, it is known that she did respond to the worker's intrusion. She acknowledged the worker while communicating her lack of readiness to be engaged with her, by turning halfway, leaving a partial frontal contact with the worker. Possibly the worker's announcing herself, momentary sharing in the rhythmic experience of Carolyn's recorded music, or seriously responding to her half acknowledgment, might result in a different outcome with some potential for movement.

Cognizant of these minutiae, concrete directions for the next interaction can be readily established and carried out. These small active interventive engagements, built upon minutiae of interactions by the care workers, as Albert Bandura (1977) points out, rather than any set of masterful techniques, clever verbal input, or major breakthrough tactics, make for effective change.

Development occurs then, by small steps through the minutiae of ordinary human experience, and within the context of daily events. In care work, apparently inconsequential activities might be some of the more potent ones such as the wink of an eye, a casual hand on a youngster's shoulder, a clear and honest expression of disagreement, or stopping at the bedside after lights are out for an extra squeeze after an earlier tough conflictual time. These minute acts can indeed be very significant in child or youth care work.

A Situational/Contextual Emphasis

A developmental perspective goes hand-in-hand with concrete effective care work-work which is flexible, adaptive, and hopefully deals with each care event in the *context* of the overall situation. Care work needs to be appropriate developmentally and situationally targeted rather than merely behaviorally or theoretically programmed. An honest word of praise (or a reprimand) may be effective if the individual and care worker are figuratively together in the same place. By contrast, if the same youth is amidst his or her peers, the worker's well-intended comments may achieve just the opposite effect. A reprimand may then be envisaged by the

youngster and peers as a badge of achievement. Context, as ecological thinking demands, spells out the relevant meaning to all personal interactions. A situational definition makes or breaks the impact of a person's activities however valid or logically sounding the intent might have been (Bronfenbrenner, 1979).

Equally important is the workers' recognition of environmental factors and the bi-directional flow of human interactions. The individual's impact upon his or her environment and the powerful influence of the same environment upon these inherent interactions require of the care workers that their intervention includes efforts which "make the environment safer, more developmentally sound, and more nurturant" (Whittaker, 1986, p. 78).

A developmental stance falls within an open system approach

A developmental approach leaves the way open for linkages with other systems of knowledge. If children and adolescents are observed, studied, understood, and dealt with as multi-functional but solitary beings within a social matrix and covered by powerful environmental forces (Maas, 1984), then it follows that other frameworks of psychological knowledge and their respective interventive techniques could be applied. Behavioral shaping may be appropriate when specific forms of *behaviors* are to be impacted; this could be accomplished without necessarily adopting a concentrated behavior modification or token economy program. Relaxation techniques can be very fruitful while dealing with facets of somatic tensions. Similarly, cognitive structuring or imagery work may

be applicable when efforts are directed toward altering selected thought processes. In these illustrations, and in the potential utilization of the vast array of other psychological modalities and interventive procedures, the target is a specific human *process* which addresses the person-as-a-whole. Such interventive activities are supplementary to continued care activities which need to proceed simultaneously because children and adolescents require the consistent nurturing and enhancing care, protection, and challenges of instrumental adults *who are fully available* for them.

Implications for training and child and youth care education

It is almost redundant to point out that child and youth care workers have to be versed in human developmental knowledge, while observing and assessing and actually being engaged in work with the youngsters, ready to amass a vast repertoire of techniques, applied as these situations demand on the basis of on the-spot assessment. Such competencies, for the most part, have to be acquired in prior training where knowledge and application of knowledge is fused. Practice skills have to be initially learned within the context of simulated skill-building practice experiences and afterwards in step-by-step, well-selected and supervised actual practice experience in order to avoid that children or youth become the "guinea pigs" of the workers-in-training.

Training has to focus upon the minutiae of practice: what is actually involved in the specific care activities instead of merely acquainting trainees with the tasks at hand. So simple a task as "calling youngsters in from the playground" represents a complexity of possible interactions. The same is true for physically separating oneself from a child while conveying in action to the child: "I am still with you!"

Training before and on the job is essential to mastery of at least beginning competence. Continuous learning and refinement of know-how should be further demanded in order to keep somewhat abreast with the exciting new findings from developmental studies (conceptual and empirical research). Hopefully before too long, research findings will be accumulated from care workers' own repertoire.

Closing comments

A *developmental* perspective is appropriately advocated because the subject matter and research undertaking of contemporary lifespan developmental psychology deals with the very questions that engage child and youth care workers in their daily work. They come up against the lives of children and youth in their immediate contextual situations. They confront the ways care givers and care receivers impact each other and their joint environment. These encounters intrinsically are reflective of the child's or youth's developmental course and current status.

However, a developmental perspective is not merely preferred for this commonality; it is particularly suitable because of its rich resources of immediately applicable knowledge, based upon empirically verifiable research. This is the kind of knowledge foundation which is directly necessary for the work with children and youth and their immediate care givers.

Also, a developmental perspective is at this point not only advocated as a specialty for direct care work, it is currently emerging as the orientation of choice in the wider human relations fields. Child and youth care workers can be challenged to be group care practitioners who are at the forefront rather than late in utilizing such an orientation. They have the potential to emerge as creators of practice experience, hopefully yielding research data for their own fellow professionals.

Finally, a developmental perspective is confidently introduced for its essential humanistic and ecological approaches, its scientific (research) explorations, and its consistency with that which is valuable in human existence. Children, youth or adults, researchers, teachers, or *child and youth care workers* who can join their creative efforts in advancing developmental knowledge and its application will also advance their own future.

Notes

1.   "Some of the short-term residential programs which specialize in teaching independent living skills are insufficiently clear about developmental issues, especially the place of nurturing experience in that process. They try to force growth. Growth cannot be forced through some kind of hothouse process and to attempt it, may do harm" (Ainsworth, F., 1987).

2.   "Clinical thinking" has nothing to do per se with a white coat, medical model, or use of anyone brand of psychological or psychiatric nomenclature. Instead, *clinical* thinking pertains to a judgment made on the basis of actual observation and painstaking study of the particular circumstances in order to obtain for each case a distinct assessment (diagnosis) of the case-specific conditions. "Clinical" stands for data obtained by other than class or categorical ordering, theory, or by a belief system.

3.   Please note the contradiction: nobody can *do* nothing!

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Case Studies in Youth Work from Around The World…

Andy Schneider-Munoz & Matt Fasano

Introduction

This is a new column with *CYC-Online* developed with the aim of exploring youth work case studies from around the world. Certified youth worker Dr. Andy Munoz has traveled more than one million miles during the past decade to explore stories of professional development

in our field and teaching strategies that work in practice. The Harvard-trained anthropologist and psychologist, leads the Master's concentration at the University of Pittsburgh in Child and Youth Care Work.

Andy has offered guidance to youth work projects in neighborhoods as diverse as building after-school activities into youth development hubs in the backstreets of Detroit; with beach communities where youths and adults are reclaiming indigenous traditions by returning to traditional canoeing in Hawaii, Alaska, and Samoa; or Egyptian borderlands where community youth mapping has changed how a generation thinks about leadership.

Dr Munoz will be joined by his close associate Matt Fasano who entered the world of youth work two years ago as a residential counselor in the Pressley Ridge School for the Deaf in Pittsburgh, PA. Matt recently passed his youth work certification exam and was elected to the board of the Association of Child and Youth Care Practice, the national professional group for youth workers in the United States.

Andy and Matt will each month explore a trend in the professional development of youth workers and discuss the emergent evidence-base that supports quality relationship building in our work as child and youth care workers.

It always surprised us. The youths with the largest file saying he or she was incapable of social relationships and were assessed as having low psychological functioning would all of a sudden blossom in our care. There would be sometimes as much as a year and a half to two years in tested school performance in just one academic year. Monitoring agencies would always want these tests performed again just to make sure.

I (Andy) have seen such gains amongst young people in residential treatment at many special education schools staffed by teachers and youth workers. Such successes have been noted at Norris Adolescent Center (Wisconsin), Bonnie Brae School (New Jersey), St. Joseph's (Minnesota), Edgewood Children's Center (California), amongst others. I used to think it could be explained away as puberty together with healthy everyday life. At a time of rapid growth, the youth was finally getting what was always needed —- safe, secure, nurturing relationships, good food and basic care with enriched activity.

It was, in fact, remarkable to watch an older youth who was thought not to have what it takes to achieve, unfold and move through a sequence of younger developmental steps to emerge as a whole thriving human being. Being a part of such a process and guiding social and emotional development in a youth, freed more from trauma than ever before, has always given us hope. It takes patience, but there is always hope.

First in the process comes finding that spark! Peter Benson who wrote *All Our Kids* always advocated that if we can find that one special strength in a youth and then guide the development of other assets, it changes how that youth sees him or herself and others, perhaps for a lifetime. Those interested can read about how to "help ignite the hidden strengths of teenagers" in Peter Benson's last book *Sparks* and listen to him talk about how young people thrive on YouTube.
www.youtube.com/watch?v=TqzUHcW58Us

Still that's not enough to explain significant growth in a young person who has sorely lacked the nutrients or the opportunities needed to succeed. It turns out that the brain plays a vital role! We used to think the brain was fully formed in infancy or certainly by the time a child reads at about the third grade. It turns out that the brain – like any muscle – is still developing in adolescence and beyond. At puberty the brain pairs down synapses that are not used frequently and bulks up and strengthens the synapses that are in common, everyday use. So a young person who is jogging and running, eating healthy and playing, doing art and enriched activities – all the things effectively provided in our youth work – is far more likely to have a brain that takes over biologically to structure social, emotional, and physical health.

So any policy maker who would load all of the attention and the funding into programs during the earliest years of life alone turns out to be wrong if they say our teens don't have a chance. The power of the brain grows as much in adolescence as it does in infancy. For more details on this theme, see Brendtro, L, Mitchell, M. and McCall, H. (2009) *Deep Brain Learning: Pathways To Potential With Challenging Youth*. www.starr.org/deep-brain-learning.

For many years Marty Mitchell, who trained as a youth worker, has helped to establish a center of excellence with the Starr Commonwealth. Together with Larry Brendtro, another founder of youth work, Marty and Larry pioneered some of the original techniques in the field around positive peer cultures. Today they balance the nurturing role of the ecology of relationships with the structuring influence of the brain. This leading work on "trauma informed care" encourages one to recognize how much the brain impacts on resilience and what steps can be taken to change one's life course.

www.cfssaskatoon.sk.ca/documents/larry-brendtro-workshop-6.pdf

As a team of seasoned youth workers and researchers dedicated for many years to the youth work field, these authors describe the importance of drawing together current research in neuroscience, resilience and positive youth development to arrive at new insights. At the same time, these authors suggest that research must be considered in conjunction with human values, practice expertise and the voices of youth if we are to discover how best to support young people at risk.

According to Brendtro, "The gold standard for truth is that an idea from one field fits with ideas drawn from other realms of experience." (p. viii) *Deep Brain Learning* combines all of these components to derive practical, but powerful principles that empower youth workers and equip them with effective strategies for promoting healthy development at home and school for life.

Brendtro and Mitchell explain that the brain is primed for such growth. "...The

human brain uses inbuilt maps to help [youth] learn what is most important for survival... [In order] to thrive, young people need to build relationships, explore their world, gain self-control, and contribute to others... The brain prepares [young people] for this learning through inbuilt maps for trust, challenge, power, and moral development." (p. 42) It is the brain that cues and strengthens the need to be needed and as adolescents increasingly feel a sense of belonging to the daily life space that we create, the brain increasingly primes and structures the development of new healthy skills and social competencies.

In my own work (Matt) with deaf youth I find that the quality of an interaction can change the more that the adult can fluently sign and hence communicate closely with that young person. Knowing the language a young person uses helps to create a comfort that the youth voice is heard thus preparing the way for caring. When a youth really feels accepted and heard, it's almost visceral like a hug and the brain signals the body to be ready to develop new pro-social behaviors.

Caring relationships with adults built around trust can "...regulate emotions and turn off the stress response," (p. 44) which is often overactive in at-risk youth. Once a youth's stress levels have subsided, new learning can take place. Through enriched activity, with the support of the adults in the environment, young people learn to "...master difficulties, [creating] new brain pathways, literally new intelligence." (p. 57) Repeated interactions with caring, responsible adults also provide the

groundwork for pro-social values and behavior. Brendtro, Mitchell and McCall describe how the brain possesses networks of cells called mirror neurons, which capitalize on these interactions creating moral frameworks for future actions and relationships.

You can read more about the brain and youth work in The Adolescent Brain: New Research and Its Implications For Young People Transitioning From Foster Care released October 2011 in Washington, D.C, by the professionals and foster youth at the Jim Casey Youth Opportunities Initiative www.jimcaseyyouth.org

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ALEXANDER STEPANOV

Where is Home?
The Voice of Children and Young Persons Living in Care

Marian Muscat Azzopardi

Editor's introduction: This is an excerpt from the fuller research paper whose purpose is explained in the Abstract with which we begin. The rest of this excerpt reflects the direct contributions of the children who partcipated in the study, in the three categories 1. Family, 2. Relationship with Carers and Quality of Care, and 3. Relationship with Other Residents. We can learn much from what follows. As the author notes: "I was asked to be a voice for children. That is what I hope I have achieved. I have reproduced, as faithfully as possible, what I was asked to tell you by the children and young persons who chose to speak to me."

Abstract

This research paper was commissioned to be presented at a national conference on residential child care in Malta that was called "where is Home." The express purpose of this paper was to present the6 voice of children in care about the subject of the conference and thus to present information that could be used to inform out-of-home care policy and practice and enhance the wellbeing of children in residential care. It was believed that if a 'snap shot' picture of the views of young people who are living in residential care about what makes a residential home feel like home can be obtained, then policy-makers will be in a better position to know how they can meet the children's need to have a positive and supportive experience of what a Home can be.

RIMMA ZAYTSEVA

Category 1: *Family* **The presence of the family**

Even though the research question 'where is home?' was altered in order to direct responses towards data that could be useful in the planning of residential care, 63% of the children still referred to the presence of family or regular contact with the family as one of the most important aspects of feeling at home. One thirteen-year-old boy put it this way:

> "For me, what makes a place feel like my home is the possibility of entering the front door and calling out 'Hello mum, hello dad'."

Other participants specified the importance of having a mother figure and a father figure. The most important features of a home for an adolescent boy was that:

> "There is a female carer waiting for me when I arrive home like ... (he smiles warmly and mentions a carer by name.). She greets me with a smile and she is someone I can confide in and can have a conversation with. It is important that this woman is like a mother, someone to say my night prayers with and someone to kiss me goodnight like a mother. In the evening, it is important that there is a man who is like a father to us. It is in the evening that the father comes home from work. During the day, I do not expect to see my father because he is out at work."

With the younger participants, if one child in the group mentioned the word 'mummy' then the others all joined in and agreed that that was what made a place feel like home. One five-year-old boy insisted that only one thing mattered to him and that was having mummy and daddy. When the other members of the group tried to convince him that there were other things that were important as well, this boy just stood firm and refused to budge from his position. In two of the homes, some of the younger children mentioned the significance of having 'mummy or the nuns' as though both mummy and the nuns satisfied a need within a home.

The possibility of returning to the family of origin

The feeling of separation and loss was deeply expressed and the desire to return to the family of origin featured strongly in the responses. One adolescent respondent placed the blame for the prevention of her reintegration with the family directly on the lack of appropriate support services for the families of looked-after children:

> "I have lived in institutes for 11 years because no one helps my mother so I cannot go and live with her. I really wish to be able to go and live with her. We both wish that someone would provide suitable accommodation and help for her so that she can have me with her. She really tries but she is so unlucky. I only have a mother. My father is not in Malta. You never find anything better than the love of your mother and father. But here, there are people who do love me."

Contact with family

Another response was closely aligned to the above response. The majority of the participants stressed the importance of frequent contact with their families. They felt restricted in this and this made them feel ill at ease and caged in. When it was not easy enough for them to meet their family members when they wished to, it made their life in care more difficult. Some said that they wished that they could get in touch with family members without too much red tape and without having to go through different layers of permission. This issue also extended to the desire to meet their social contacts or persons with whom they had formed a significant relationship. One girl put it this way:

> "I need to have the liberty of ringing my mother and speaking to her in private for as long as I wish, for hours and hours."

A 13-year-old boy said that for him to feel good in a home, the most important thing to him was to have a mobile to be able to contact his family.

Separation from siblings

A few of the participants referred to their siblings who were also looked-after but who were in a different residential home. A place would be more like home to them if they were not separated from their siblings. One 14-year-old girl said:

> "It is bad enough that I was separated from my family. That caused me much suffering. But need I also be separated from my siblings? I have a

brother in one home and a sister in another. I would not like my sister to come here because this home is not suitable for her. There are too many different types of girls here. I would have preferred not to have left the home where she is. I was well behaved. I do not know why I was separated from her and brought here."

CATEGORY 2:
Relationship with carers and quality of care

A very important factor that affects the way children feel is the relationship that they have with their caring staff. 34% placed this value at the top of their list. It was made clear that the interaction with caring staff within the residential home was what the children cared about the most. This was expressed in many different ways and along a broad range of situations and behaviours. There is a significant overlap between the various subject matters that fall within the headings below. The boundaries are sometimes artificial and quite porous. These boundaries do not always indicate the distinctness of the subject area but they are more likely to indicate the different ways in which the children expressed themselves.

Someone there to care for you

The loving and caring relationship with the caregivers was referred to in many ways. As was indicated above, the children showed that this was important to them. The older participants articulated this more clearly and more consistently

than the younger ones. The younger ones said that they wanted their 'mummy' or the 'sisters (nuns)' but the older and more mature participants had a better understanding of the scope of the research question and made reference to the attitude and approach of the caring staff. Positive reference to carers was individualised and this indicated that stable relationships with staff was what made a place feel like home. One older boy put it this way:

> "There is someone there for you. Someone to love you and someone you can trust. You have someone there to support you when things go wrong and even when you have done something wrong yourself. For example, if a girl becomes pregnant, she is not thrown out, she is accepted".

The importance of fair treatment and of being understood was also highlighted.

Quality of care and individual attention

The quality of care given by carers fell within the first four preferences of 68% of the participants. It is significant to note that most of the participants who did not include the importance of having good caring staff were less than ten years old. The rest (2 participants) were both 13 years old.

One participant went straight to the point:

> "I think that it is very important for me to have carers that I can feel at home with. There are some that

make me feel at home but there are others who do not."

Two of the older participants expressed that they realised that poor quality care did not only depend on the carers themselves. They understood that this quality also depended on having enough carers to deal with situations that may arise. It was pointed out that if children with demanding behaviour required more than one carer to concentrate on them, then that often meant that children who do not present problems feel that they are deprived of care. One of these participants put it graphically:

> "The carers need to take good care of us and give us individual attention. This means that we need enough care workers to do the job well because, if for example a girl is attempting to hang herself, it is understandable that she needs more than one care worker to look after her. When this happens, the rest of us do not get attention."

Participants valued individual attention and fair and equal treatment. One participant said that she appreciated:

> "having carers who take good care of us and give us individual attention in a home that caters for our particular needs."

Care staff and child ratio

This section can be seen as permeating the previous section and the following one. In fact, the question of staff ratios will only be brought to a close at the end of

the next section. One group response relevant to this topic was that the child to carer ratio should be small so that children can be given sufficient individual attention and so that children and the caring staff can build a good relationship. This group agreed that there should be one social worker for every three children. They insisted that the ratio should be low so that children can consult with their social worker and so that the social worker is available. The participants added that there should not be too many different carers so that the children can feel that they are part of a family and they can build a good relationship with the caring staff. This triggered a further response from another child:

> "I do not like it when there is a high turnover of carers. That means that so many people know all about your story, and you never know who they will talk to about you. I do not like it when the carers and social workers keep changing. It is important that they do not change often."

The importance of having a carer that they can relate to was a recurrent one. One participant from a different group of children put it this way:

> "The carers should be like mothers to us."

Continuity of care

Many respondents indicated that regular staff turnover gave them a sense of insecurity. Respondents showed that they built relationships of trust and dependence with their carers and that this was essential to their well-being. Participants even spoke with nostalgia about their placements in previous residential homes and expressed a desire to visit their previous residential homes to which they were still obviously attached. Participants volunteered information about how long they had been in care and listed all their previous homes (This was not in response to any question or probe). Some of them added the names of homes where their siblings were staying. This gave the impression that their idea of 'home' lacked stability and was fragmented. One adolescent boy put it this way:

> "I spent two or three years at the Creche, then I spent a few years at (he mentions a home that receives girls and boys but only keeps boys till the age of about 9), then I was at (he mentions a home for boys), now I am here. One sibling is at (he mentions a home) another sibling is at (he mentions another home)."

He then describes his sister's hair and asks whether I am going to visit the home where she is.

Trust

The concept of trust was pervasive. Being trusted helps to make one feel at home in a place and gives one a sense of belonging. It was made clear that good relationships with carers and with other children in the home depended on trust. It is one of those concepts that paired up so closely with others such as liberty and participation, that the distinction was often blurred. For example, one 13 year old said:

"Our carers need to trust us. If I am going out with some friends, I can tell them where I am going and with whom and they do not need to spy upon me."

Other participants felt that they liked being listened to and believed, that they liked to be trusted to go out shopping, for example, or to the town centre. Those who were trusted like this said that it helped to make them feel comfortable in a home. Leaving the home to go on errands or to meet friends helped to make them feel like other children in their family homes.

Liberty

There were so many ways in which freedom featured in the response. This was closely linked with other concepts such as choice, participation and trust as can be seen from the following response that was given by a 12 year old:

"Sometimes we may need to go out to do some shopping. I may need something for school or to cook with. It is good to be allowed some choice in what to buy where things like, for example, food, clothes and stationary are concerned. I like to be consulted."

The feeling behind this response was one of a desire to be trusted and not to be too constricted.

The young adolescent participants often mentioned that they would feel more at ease if they had the liberty to get in touch with friends and to go out and meet friends. This was expressed in various ways. Lack of freedom was not conducive to feeling at home in a place. It was made clear that if surveillance was too strong, if there were too many restrictions on contact with family and school friends then they felt like breaking loose and did not feel at ease or comfortable. It is interesting to note that in today's world, not having a mobile phone to be able to contact school friends or not having access to chatting on the internet was considered as restrictive and made participants feel different from their friends who lived in their family homes and had access to these means of communication. Two adolescent girls from different homes said:

"My friends in school ask me for my mobile number and ask me to chat with them online. I am shy to tell them that I cannot do either of these things. It makes me feel different. I do not tell them why I cannot do these things."

One of them added:

"What if I miss school, and I need to contact my school friends for my homework?" The other explained "Today children do not ask you whether you have a mobile phone. They take it for granted that you do. They just ask for your number."

Many adolescent participants from different homes expressed exactly the same feeling of social exclusion that resulted from a lack of access to the use of a mobile phone. To a lesser extent, the lack of access to social networking via internet

was also articulated. The question which this response raises is whether this is part of an adolescent's wish list or a need in today's world.

Behaviour management

This was a recurring theme. Participants realized that there needs to be some form of behaviour management. What some participants mentioned as giving the feeling of being institutionalized was the necessity of report writing, the procedure that meant that any misbehaviour was not dealt with immediately but that the 'consequence' was meted out at a later time when the actual misbehaviour has become distant. They referred to this as being punished out of context.

To them, the report writing was particularly irksome and they felt that it was unnecessary. This gave them the feeling of being in an institution and not in their home.

Mention has already been made of certain consequences, such as not going to visit the family at the weekend, and what the participants felt about this.

Dread of being sent to a Mental Health Hospital

In one home, the absence of the fear of being 'sent' to Mount Carmel Hospital, a mental health hospital, was considered as an essential feature that would help the young persons living there feel more settled and at home. This issue was raised by 43% of the participants in this home. Almost all these participants had chosen to speak to me in private. This home has a mix of residents, some of whom have emotional and behavioural problems.

One resident placed this at the top of her list:

> "What is important for me to feel at home is not to live with the fear that I may be sent to Mount Carmel in a ward for adults."

This participant also expressed that for her it was also essential that she feels that she will still be accepted if she misbehaves.

Appearance of home

Some participants referred to the appearance and physical structure of a home for more than one reason. Participants mentioned how they suffered from the stigma that was associated with living in a residential home and did not like the fact that it became obvious to their friends that they were looked-after children when they were seen entering through the gates of an institution. The large entrance/gate also gave them the feeling that they were not living in a home but that they were in an institution. One adolescent said:

> "When I am with my friends, I do not tell them that I am living in an institution. They do not need to know about my private life. But when they are with me and they see me enter the institution, then they learn that I am living in care."

Although this was never an issue that gained the top place in the list of priorities, many of the younger participants mentioned that for them it was important that everywhere was clean and tidy. In one home where I had the opportunity to lis-

ten to all the children, (aged between 5 and 15) all but one of the younger children mentioned that for them they liked to come home to a place that was clean and tidy. On the other hand, the older ones within this home mentioned the importance of having their own room and of safety.

One adolescent mentioned that for him, it is important that the place is kept in a good state of repair.

Number of residents in home

Some participants mentioned that in order for a place to feel like home, the number of residents should be kept small. The adolescent participants in a particular group agreed with their friend who said:

> "The number of children living in a home should be small. We should not be living in places where there are about 30 children. Those places do not feel like home."

The participants who had experienced living in both a large institution and in a residential home or hostel that caters for a small number of children or young persons all said that an important aspect of a home is that it only has a small number of residents.

Mix of residents in a home

In one home about half of the participants mentioned the importance of placing residents with very different needs in separate homes. This was expressed in various ways and from different perspectives. However, these participants articulated the need for more homes to meet the needs of children in care. They expressed frustration in living together with other residents who had such different needs. This was a factor that severely impeded their ability to relax, to cope with studies or to feel comfortable. It made them feel that they did not belong. For them to feel that they belong to a place that they can call home, they feel that they need to be able, in general, to identify with the other residents' reasons for being in care. Some of the comments were:

> "If residents escape from ... (mentions another home), then they are brought here. We do not have enough homes."

> "To feel that a home can possibly be a good home for us, we should be separated into different homes according to our needs. Here we are sharing the home with children who have mental health problems. I know that they can go through difficult moments. They make us feel like we are one of them. We hear the noise, the shouting, the screaming and the swearing. I know why I am here. I used to escape. These children are harming us. I ask my mother to explain to me why I cannot return home. I do not like it here. It is enough to give me a nervous breakdown. I am so fed up. The outbursts drive me mad. I need peace to study for my exams."

> "Separate us into groups according to need or to services required."

Private space

The need for private space was expressed in a variety of ways.

1) *Own bedroom*

Some participants mentioned that for a place to feel like home, they need to have their own bedroom or private space. This value was placed amongst the first four preferences by 20% of the participants. They were very specific about this. It was not important for them to have a large bedroom. They preferred to have a small bedroom that was their own to having a large shared room. They also thought that it was important to be able to individualise their bedrooms. They explained what they meant by this. Not all bedrooms should have the furniture set out in exactly the same way. Children feel more at home if they are allowed to have a say in the way that their bedroom was decorated and the way that the furniture was placed. When all the bedrooms look alike, it does not feel like their own private space. If they do have to share a bedroom, they felt that they should be given a choice about whom they were going to share their room with.

2) *Privacy*

Some adolescents expressed the need to be able to let off steam in peace when they are feeling down or angry. They explained that there are times when they need to be alone and not be 'pestered' by carers who keep asking questions. They need the space to come to terms with their feelings; they need a place where they can just be alone in privacy.

They mentioned the need for a quiet private area in the home where someone can go to if that person needs a peaceful setting to help him/her to calm down. One participant said:

> ''A quiet, peaceful room like this one where I can go to when I am very tense and worked up, where I can listen to soothing music and calm down. A place where I can be in peace.''

The focus of another participant was different:

> "Violent children need to be separated from children who are not. They need to have a private place where they can deal with their anger and have someone to help them to calm down."

This issue is closely aligned to anger management.

Anger management

Adolescent participants mentioned anger and anger management. An ideal home is somewhere that they feel they can live through their moods. They stressed the importance of being understood by the caring staff whenever they felt anger welling up within them. One adolescent participant explained what he needed to feel at home:

> "When I am angry, I need to use up energy. I like to ride my bike or wash the floor. This helps me. However, if I decide to wash the floor, the caring staff should not pick on me for not doing a good job of it. They should not criticize me or put me down by

passing negative remarks. If I am washing the floor because I need to feel better and they come and find fault with what I am doing then it makes me feel so much worse."

Adolescent participants mentioned the need to have their strong feelings understood and handled with sensitivity. They knew that they sometimes experienced very strong emotions and sometimes they were passing through particularly difficult times and needed understanding and encouragement. Sometimes they needed just to be left alone.

Some participants referred to the need to play computer games that can help them to relieve stress, or to have access to an area where they can run around like a football ground. Other participants mentioned that they appreciated being taken on outings and on hikes.

Flexible timetable

Some adolescent participants felt that a rigid timetable or routine was not conducive to feeling at home in a place. They sometimes felt that the timetable met the needs of the shifts of carers rather than the needs of the children. Bedtime was one of the issues raised. There was a strict routine regarding the time that they went to their bedrooms and the time that the lights went out. This issue was also raised with respect to the time that they have to wake up at the weekends. It was not that they did not appreciate going to Mass together on a Sunday morning. What they did not like was having to wake up early every Sunday to go to Mass.

They also mentioned that their routine included having to put in some study every weekend. These adolescents mentioned that they would appreciate having more freedom about how to allocate their time at the weekend.

Performing daily tasks and chores

Adolescent participants mentioned that activities such as cooking a meal or shopping for groceries helped to make them feel at home. They appreciated being trusted to take decisions and to participate in an empowered manner in these day-to-day tasks. They also appreciated being given a choice in these activities and being trusted to make a good job of it. Other participants mentioned the importance of helping one another with the chores as this made them feel like one big family:

> "For example, this evening we are going to watch a DVD. We have chores to finish before we can watch it so we usually help one another with the chores so that we can all finish together and watch the film. That is very nice and it makes me feel like part of a happy family.'

Another participant mentioned her strong desire that the residents would help one another with their work and their lives in general and live in peace and harmony like a big happy family.

Basic needs

I classified good food, clean clothes, an orderly environment, television, toys and general comfort under this heading. 95% of the participants mention the impor-

tance of this cluster. Younger children mentioned that they would like to find a good meal ready for them when they return from school but the older children and adolescents showed a preference for an 'open' kitchen where they can go and prepare a meal or a snack if they are hungry. Some participants insisted that an open kitchen would help them feel at home.

School related help

Participants brought home with them the pressures and demands of keeping up with schoolwork. Some participants mentioned that they appreciated living in a home where they could find what they needed to do their homework and 10% of the participants placed this amongst their top four preferences. The help mentioned varied from help with homework to finding the stationery that they needed and being provided with past papers for important exams.

Pets

All but one of the 10% of the participants who mentioned that having a pet would help them feel at home in a place were under the age of 8, belonged to a single group of participants and opted for having a horse. The other participant came from another home and was 13 years old and mentioned the presence of goldfish.

Computers

The individual use of a computer is important for adolescents and older children. While preference was shown for having the exclusive use of a computer, in

some cases, reference was made to sharing in a manner that did not indicate too much annoyance. In other cases, some children indicated that the use of a computer was too limited for their needs.

What emerged was that computers were important for two main reasons. One was entertainment and play. The other was networking with peers and socialising with school friends.

Pocket money

In one group of adolescents the conversation drifted to the amount of pocket money that they were given. They felt that this should vary according to their age and that this pocket money should be phased out once the children started to work and earn money.

CATEGORY 3:
Relationship with other residents

Appreciation of the value of the children we live with

Almost a quarter of the participants placed living in harmony with the other residents amongst their top four preferences. This featured in many different ways. They mentioned the importance of peace and love. Some participants mentioned a variety of very positive aspects of peer relationships as an ideal aspect of living as a family in a family home. Others referred to the negative qualities which they would not like to be present in a home:

"Living like one big happy family with the other children ... "

''We help those who need help,

encourage one another instead of making the lives of one another a living hell. We try to make the lives of the others happier: we try not to be sad and share happiness and joy. We learn from one another and respect those around us; we try to understand one another ... " (16 year old)

"no tantrums, rows, taunting, or violent outbursts"

"Children do not try and put the blame on others when something wrong has been done."

One participant said that what he appreciated in a home was sharing it with children coming from different nationalities and different religions. He appreciated learning about their customs and religions. It was an enriching experience for him that he appreciated.

Safety

15% of the participants placed safety amongst the top four preferences. This value featured in two main ways. One was being safe against internal threats such as having one's belongings safe from theft by other residents and the other was a general feeling of security against external threats.

CONCLUSION

I was asked to be a voice for children. That is what I hope that I have achieved. I have reproduced, as faithfully as possible, what I was asked to tell you by the children and young persons who chose to speak to me.

The participants learnt at an early age how difficult life could be. The thoughts that they expressed illustrate how thoughtful, sensitive and sensible children can be and how much they have to offer. Their expectations are not too demanding. From the way they spoke and from the anecdotes that they narrated, they showed how their sense of fairness and of justice has been sharpened both in how it is applied to them and in how to apply it to others.

In some cases, they showed a maturity, a generosity and a sensitivity to the needs of others that I considered noble. Their willingness to participate in this exercise was clearly motivated by a feeling of responsibility towards other looked-after children and a sense of satisfaction at being given the opportunity to be able to improve outcomes for others. For example one 16 year old boy had spoken at length about how important it was for him not to feel that he was under surveillance and how he felt that increased liberty and trust would enhance his feeling of well-being. However, when he came to the part of the exercise when he had to prioritise the values that he had listed, he reasoned out aloud in this way:

"It would be in my interest to give increased freedom top priority. However, for the younger children, what is most important is having good caring staff who can understand children so that they can help them with the problems that they may have. So I will place that first."

However, in spite of their strengths, their vulnerability still pervades their lives. So a balance needs to be found between empowerment which builds on their

strengths and protection that recognises their vulnerability.

This paper has presented a snapshot of the responses to the original query. However, it is hoped that experts in the fields of policy and practice will be able to find ways in which the data presented above can inform policy and practice.

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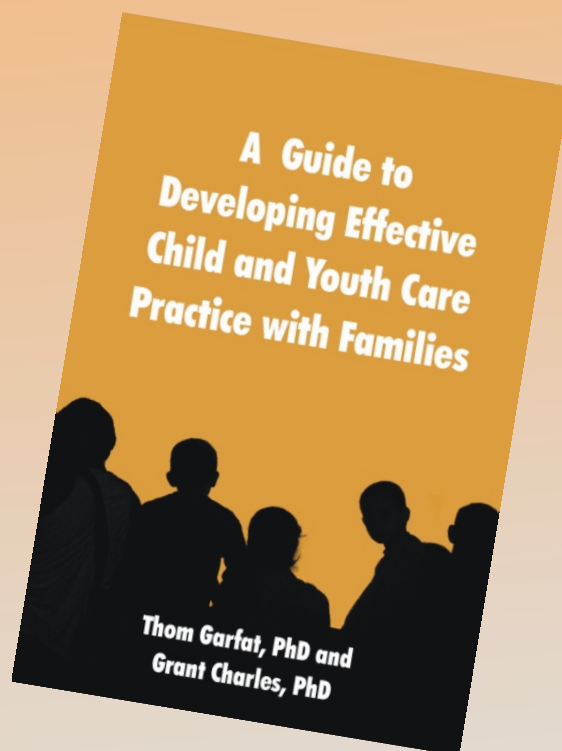
THE CASE FOR PROFESSIONAL CANDOUR

Robin Jackson

I would like to address a highly sensitive and broad issue — that of professional integrity or the extent to which professional workers can freely say what they really believe. Or — put another way — do professional workers simply say what they think or know their managers want and expect to hear. This matter acquired high national prominence recently in Scotland. In this instance a parent's request for her child to attend a residential special school was refused by the local authority on the grounds that the needs of the child were being satisfactorily met in a local day special school. The residential special school in question was located at some distance from the child's home. Unsatisfied with the local authority's decision, the parent took the matter to the Additional Support Needs Tribunal, which is a body in Scotland that considers appeals made by parents and young people against decisions taken by education authorities regarding the provision of educational support. The parent's appeal was successfully upheld. Notwithstanding the fact it had been defeated, the local authority decided to refer the matter to the Court of Session in Edinburgh — Scotland's supreme civil court.

In the course of its deliberations the Court of Session took note of the Tribunal's expressed concern as to the quality of the evidence submitted to it by the local authority and the manner in which it had been presented by the professional staff. The Court of Session also took note of the Tribunal's suspicion that the witnesses who were representing the authority had been inhibited to some extent in presenting their true views on certain matters. The clear implication here was that if the witnesses had not been expressing their true views, they were advancing views which one might reasonably conclude were either untrue or bordering on being untrue. Both the Tribunal and Court of Session were questioning the credibility of the evidence and of the witnesses. It is important to note that witnesses at a Tribunal are not required to take an oath — it being argued that this is at odds with the less formal nature of such proceedings.

An indication that increasing pressure had been applied to the professional workers giving evidence in this case is shown by the fact that initially in their reports they had been generally supportive of what the parents were seeking for their child but that by the time they came to submitting evidence to the Tribunal their views had altered even though the family's circumstances had not significantly

changed. Having reviewed all the evidence before it, the Court of Session upheld the Tribunal's decision and, by so doing, the parent's appeal. What is significant here about the judgement of the Court of Session is not just the fact it upheld the parent's case but the fact that the Court made explicit criticism of the unconvincing evidence offered by the professional witnesses. In the light of this and other cases there would appear to be a strong argument for introducing a requirement that witnesses at Tribunals testify under oath given the fact that local authorities have been shown to act in ways that run counter to the essential spirit of the Tribunal.

I would like now to turn to a situation where programs offered by schools come into direct conflict with agendas held by local authorities. The policy of mainstreaming when combined with the impact of the worst economic recession in 80 years have forced residential and day special schools for children and young people with special needs in the UK to review their role. The rapidly declining school roll coupled with the threat of possible closure prompted one school to look for new ways in which to respond constructively and imaginatively not only to its own changing circumstances but also to the reality of the declining budgets of cash strapped local authorities. The principal target of one of the innovative programs introduced by this school was those children and young people who exist on the outer margins of the educational and care systems. These may be children who are the victims of family breakdown, family alcohol or drug addiction, physical or sexual abuse or who have a disabling condition or

behavioural disorder for which there is no obvious educational or care provision available. Although relatively small in number, this group of children can lead to the local authority in spending a disproportionate amount of its time and financial resources in finding an appropriate program.

A key feature of the program offered by this school is that it was tailored around the particular and expressed needs of the child. No prior assumptions were made as to the program's content. What is significant about this approach is that it is wholly consistent with the personalisation agenda. As the Social Care Institute for Excellence (SCIE) has indicated personalisation means thinking about care and support services in an entirely new way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what they need to live their lives. It requires a significant transformation in professional attitudes, policy, practice and provision. In the past the service-led approach often meant that people did not receive the right help at the right time and were unable to shape the kind of support they needed. As the SCIE has recognised personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for funding.

The school team running this program were faced with a situation where a young person clearly and explicitly stated that after having spent some time on the pro-

gram he felt he belonged in this new setting and wished to remain there. Notwithstanding this young person's clearly stated preference, the funding authority continued to emphasise the point that a mainstream setting should remain the long-term goal. The fact that the young person in question was autistic meant that any chance of a successful placement in a mainstream school was unlikely given the fact that few mainstream schools possessed staff who had been appropriately trained to meet the particular and individual needs of children and young people falling within the autistic spectrum. Thus we have a situation where a young person who was looking for some measure of future certainty was repeatedly reminded at every case review of the possibly transient nature of the existing arrangement. For a young autistic person, there is nothing more unsettling than continuing uncertainty. In this instance the personalisation and mainstreaming agendas were in conflict with one another. The question therefore arises as to whether the constant repetition of the mainstreaming mantra was simply to satisfy internal organisational edicts regardless of the expressed and evident needs of the young person?

The long-term effect on officials of having to take professional positions that lack credibility is likely to be morally and ethically corrosive. At the same time it is likely to induce public cynicism as to the meaning of professional integrity. Of course, few professional workers will openly acknowledge the existence of this problem when still in the employment of a local authority; however once retired the pernicious effects of having had to toe a party line are often privately conceded. It could be argued that where any organisation – not just a local authority – fails to respect the right of employees to express their considered views on professional matters then the integrity of that organisation has to be called into question.

Given the difficult times in which we now find ourselves it is important that those providing and those purchasing services for children and young people work together in an atmosphere of mutual trust. That trust will not be forthcoming if ideological imperatives and considerations of an expedient nature take precedence over honesty, truthfulness and straight-dealing.

The Cardboard Ship

Chris Tarry

It wasn't until I discovered Dad's cardboard spaceship — hidden and dusty, tucked away in our attic — that I realized he had secrets. Big secrets.

Until then, I hadn't paid him much mind. He was just there, like the furniture, or the cat he enjoyed sitting with late into the night.

I'd often go a week without hearing Dad speak. He would silently lurk around the house, pressed and perfect in his Sunday best, quiet and calm in his resolute commitment as the nonexistent family member. I personally had no opinion about him one way or the other. He'd become sullen and boring, a ghost who lived in the cracks of our family, the cracks that existed in the corners of the house where no one cared to look.

I'd ventured up into the attic, the scariest place in the house, one afternoon while home sick from an acute case of sixth-grade homework procrastination.

"I don't know what's wrong with you," Mom said, looking at me putting on my well-practiced sick face. "Guess you'd better stay home," she said, to no one in particular, walking past Dad as she left the room. He just stood there, invisible, looking out my bedroom window, at what I wasn't quite sure.

In the attic, the four open lids of the cardboard box that made up the central command module brushed my hair as I took a seat in the pilot's chair made entirely of grandma's old couch cushions. I briefly remembered Mother lambasting Dad, years earlier, for wanting to keep the old couch. *So this is where it ended up,* I thought.

The control surface and hi-tech instruments of the ship were drawn in standard Crayola crayon. Red for the altitude and omni-directional finder, blue for all the secondary systems. The engine and re-entry dials were green, their accuracy and purpose beautiful and complete. On the co-pilot's seat sat the flight control manual, a three ringed binder filled with handwritten notes on mission protocol, rocket stages, and food re-hydration.

The window of the ship was Saran Wrap, held in place by an old picture frame duct-taped to the cardboard fuselage. On the clear plastic lookout, digital readouts had been painstakingly rendered with a standard felt-tipped Sharpie.

Off the nose of the machine sat white puffy matting that disappeared into the

darkness of the place, solving once and for all the mysterious storage location of the snowy base for the family Christmas tree. The sparkles imbedded in its soft cloud-like surface twinkled like stars in the dim attic light, beckoning the craft in a way that seemed natural, almost plausible.

I turned and inspected the aft section of the ship. A third seat, the navigation and primary systems chair, sat ready for flight. It was fully operational, complete with its own computer monitor. A hole had been cut in the wall of the craft to allow the screen to sit flush with the cardboard paneling. I poked my head out the top of the command module and looked behind me. My old computer rested neatly behind the scenes, perched on a TV tray to achieve the proper screen height.

I spent many hours attempting to fly the ship that day, managing to make it out of the attic minutes before Dad appeared downstairs out of nowhere. I sat at the kitchen table watching him silently prepare dinner, the responsibility of which had been hoisted upon him long before I was born. Mother wasn't home yet, and it took many minutes of silence before I summoned the courage to speak to him.

"I found the ship," I said. Dad stopped mid carrot slice, and then quietly carried on chopping the veggies. "Does it run?" I asked.

He stopped again and sighed a long, ghostly sigh, staring out the kitchen window before speaking. "Yes, it runs," he said.

"I knew it! I just knew it." I looked around the room, proud of myself.

"Don't tell your mother," he said.

"Can I go for a ride sometime?" I asked, a little too excitedly. He thought

long and hard, and I was about to ask again, thinking he hadn't heard me.

"Meet me at the ship at nine-thirty to-night, after your mother is asleep," he said, and disappeared. I picked up the knife and finished the chopping.

At dinner, Mother talked endlessly about her day, making several comments about the disappointing choice of seasonal vegetables. Dad was seated in his usual spot at the table. He looked at me while she was talking and gave a little smile. I hadn't seen him smile for a long time; it was obvious, I was in on the secret. While Mom rambled on, I sat silently eating my dinner, pushing the carrots around my plate, enjoying my newly appointed promotion to co-pilot status.

At nine-thirty I quietly climbed out of bed and walked into the hallway, checking that mother was asleep as I passed her room. I gently pulled down the collapsible stairs that led to the attic, and made my way to the top.

Dad was already there, and had the Christmas lights and other functional equipment warmed up and humming. I eased myself into the co-pilot's seat.

"Here, put these on." He handed me a pair of headphones connected to an old portable tape player located in the cardboard console between us. The tape machine played into my headphones, *Aquarius, this is Mission Control, do you read me?*

Dad pressed the pause button on the tape player. "Mission Control, this is Aquarius, we read you loud and clear," he said, and then continued working though the binder that contained the pre-flight routine.

"Tell them that we've found a problem in the fuel-tank actuator, and that we're looking at a work around," he said.

"Mission Control, this is the co-pilot," I stated nervously. "Um, we've found a slight problem in the fuel-tank actuator and are working on a solution at this time."

Dad pressed play on the tape recorder. *Roger that Aquarius*.

"Have you ever dreamed of space?" he asked me.

"Oh yeah, all the time," I said. "Ricky Connors down the street says that the sun is going to eat the Earth one day." I wasn't sure why I'd picked that moment to bring that up. He just looked at me and smiled in that way he used to.

"Well, buckle up, things are about to get bumpy."

One of his old ties had been turned into a seat belt. I grabbed it from behind me, and tied it around my waist.

"Good," he said, reaching over to check its integrity.

Dad turned around to enter a few co-ordinates into the computer behind us. "We're missing a third officer. Think you can pull up the slack?"

I nodded, even though I wasn't sure.

"Ok, hold on son!"

With that, the walls of the spaceship started to shake. Dad reached for a few stenciled switches drawn onto the cardboard flaps on the roof, and looked at me one last time. "Here we go," he said.

He pressed play on the tape recorder and it sprung to life. *Aquarius, T-minus ten seconds and counting—ten, nine, eight...*

At five seconds I felt a definite lift, a lurch forward that announced itself rather unexpectedly. At two seconds the floor of the attic started to fall away, and at zero seconds we were gone, to where I'm still not sure.

I know we traveled for some time that night. Cruised a few cosmic entities, took in a sunrise over an undiscovered planet. At one point Dad let me take the controls, tousled my hair, and said that it was customary for the pilot to let the co-pilot fly for a while. I did much better than I thought I would.

Before long I was getting tired. Sleep crept in, slowly at first, like painting a room, and I didn't welcome it.

"It's ok, you can sleep," he said.

"But I don't want to."

"You should. I think it's about time for you to get back. We don't want your mother to wake up and find you missing."

I looked through him. "Are you coming back with me?" I asked.

"I'm going to continue on," he said.

"What about Mom?' I asked.

"She moved on long ago; it's you I've been worried about."

"But we miss you," I said, tears forming in my eyes.

"I know you do," he said. "I miss you too."

"Will I see you again?"

He looked at me and I could feel my eyelids pulling themselves down. He grabbed a blanket from the back of the ship, one we had used for picnics on warm summer days. "No," he said, "you won't see me again—you don't need to."

I nodded my head while sleep over took me, awaking the next morning, rested for the first time in years.

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LIZZY

Understanding attachment and loss in young people with complex needs

Edwina Grant, Mary McFarlane and Rita Crawford

Introducing Lizzy

Lizzy is now a twenty year-old young woman with brown hair, lovely blue eyes and the most amazing smile. She has a great sense of humour and is a very sociable person. She enjoys going out and about, be it to the cinema, shopping trips, ten-pin bowling or for something to eat. When on form, she sparkles. She is an avid Dunfermline supporter attending all their home games with Richard, her foster father. One of the highlights of the year is Lizzy's summer holiday which she really enjoys. She is absolutely passionate about desserts, especially anything chocolate flavoured. Lizzy enjoys being in company but also enjoys her own space. She knows her own mind.

Lizzy lives in a long-term residential house located in the local community. The house offers residential care to five young people with complex physical and intellectual disabilities. The house is spacious and was designed for the young people who are currently living there. All of these young people have been living in the unit for between four and thirteen years. Lizzy has her own bedroom with en-suite toilet and bathing facilities. Her bedroom reflects her personality and is adorned with Dunfermline football team posters and flags as well as photos of her family and lots of soft toys.

Lizzy spends most of her life in a wheelchair and her only form of communication is by eye pointing. When you get to know her, she can use this quite effectively.

She requires total assistance to eat and drink, as she has problems with food and its consistency and everything has to be liquidised. Indeed Lizzy requires total assistance to stay alive.

A story of attachment, loss, inclusion and recovery

Lizzy was born by caesarean section in 1987 and had a very traumatic birth. By six months old she had been diagnosed as having cerebral palsy with dyskinesia which affects muscle tone and limits the use of trunk and limbs. It

became apparent to her parents that her development across the board was delayed. By the time Lizzy was a year old, her mum was becoming depressed about her lack of progress and beginning to wonder about their future as a family. The pain experienced by the family at this time is palpable in the following extracts taken from a diary kept by Lizzy's mum (with her permission).

Her mum writes:

In late 1988 Lizzy started to attend the Early Education Unit at Westerlea. I was full of hope that they would help her to develop physically. It never occurred to me that she would have any learning disabilities.

In 1989 Lizzy and I had our first trip to the Peto Institute in Budapest and we had been told that with a lot of work we might teach Lizzy to walk and that she would almost certainly talk. By the time Lizzy was eighteen months I started to carry out gruelling exercise programmes twice daily with Lizzy. Both Lizzy and I found this very distressing. I worked hard to make this work for Lizzy.

In May 1990 Lizzy's brother was born. We went to the Spastic Society in Edinburgh with Lizzy and were told she would never talk and that we should try alternative communication. They also said children like Lizzy always end up in an institution in their adult lives due to the demands they put on their carers.

With much heartache and soul-searching, the family decided to proceed with fostering for Lizzy in the summer of 1991. Whilst they made this decision, they have continued to be an important part of Lizzy's life and involved in any major decisions regarding her future and other aspects of her life.

When Lizzy was four and a half years old, she was placed in short-term foster care where she lived for the following year before being placed with Linda, Richard and their two sons in a long-term placement. She appeared settled and happy for the next three and a half years keeping some contact with her birth family.

When Lizzy was nine years-old, Linda developed cancer. At this point, Lizzy began to receive shared care from the unit in which she currently resides, to support Richard and Linda during Linda's illness. When Linda died, Lizzy moved into the unit on a permanent basis. During this very sad time Richard remained and still remains a constant feature in Lizzy's life.

When she first moved in with us, she screamed constantly and there was no eye contact. She was a sad and distressed little girl. After Lizzy's initial settling-in period, however, she appeared to enjoy all the experiences and opportunities that had opened up to her. When Lizzy was 15 years-old, however, staff noticed deterioration in Lizzy's general well-being. She lost her sparkle, she lost her laughter, and she did not want to connect with anyone anymore. Lizzy started self-harming, biting and gouging her hands and arms. She would also bite staff, and she was in a constant state of agitation. She was not eating

or sleeping well. As time went on, staff had to protect her by putting cotton gloves on her hands, as this helped prevent her from biting and gouging her hands. She also had to wear special walking socks to prevent her feet blistering from her constant agitation and movement. Although Lizzy had always bitten her upper arms, this increased and staff had to introduce elastic upper arm supports as she had been prescribed antibiotics for the severe bites she had given herself on several occasions.

Staff became more seriously concerned about Lizzy's physical and mental health as time went on. They were convinced that Lizzy's behaviour was not connected to her complex physical needs. Advice was sought from a number of health professionals with very little success. Looking back now and stepping into Lizzy's shoes, she had faced many major challenges in her life from a difficult birth to separation from her birth family to the loss of her foster mother. Her world must have been turned upside down û how could she understand what had happened and why she was taken away from people she loved and who loved her. Where did Linda go? Why did she not live with Richard any more? Why was she living with all these people she did not really know? Only one stable part of her life, the school, remained the same.

When the staff team discussed Lizzy's life, the amount of loss, trauma and change she had experienced became apparent to them. She would have poor understanding of what had happened, no meaningful explanation, and little opportunity to grieve. Staff realised that she must

have felt abandoned and frightened. Staff wanted to help Lizzy to understand what had happened, to reassure her that she was not to blame and to help her to rebuild her trust in people and relationships. Were theoretical understandings of attachment and loss a key to understanding Lizzy's present self-destructive behaviours?

When looking for therapeutic approaches to help Lizzy, the service manager discovered an intervention called Dyadic Developmental Psychotherapy. This therapy, developed by Hughes (2006), an American clinical psychologist, is based on attachment theory. He evolved this approach specifically to assist children who have experienced trauma and loss to start on the road to recovery. Research on attachment theory for children with complex difficulties is sparse. What little there is suggests that 'professional carers need to take on board that facilitating secure attachment relationships for distressed clients may be difficult for professionals, but partial assuagement of their attachment needs is a realistic clinical goal' (Clegg and Lansdall, 1995, p. 296). It was decided to contact a therapist or psychologist who could offer this Dyadic Developmental approach to see if a way could be found to create an intervention which would halt Lizzy's downward spiral.

The therapist suggested that a training day for the team was organised to ensure all the staff received a basic understanding of attachment theory and its importance with respect to child and human development. This was an excellent day. The staff spent some of the time reflecting on Lizzy's past and ways of supporting her to

move forward. Out of this training day came a therapeutic plan for Lizzy's emotional recovery.

Theoretical perspectives

Inclusion and attachment theory (Bowlby, 1979) tells us that warm, close, trusting relationships that grow with us, making choices, developing skills and abilities, and having a respected and valued role are important for our well-being. Everyone needs to be included, everyone needs relationships, everyone can communicate, everyone can learn, everyone has their own gifts and strengths and everyone needs support – some more than others.

Attachment theory informs us that our experiences of care from our parents in our early years shape our view of relationships, potentially for the rest of our lives. Secure relationships are built on the foundations of secure parenting. Our resilience to meet life's challenges develops as we build positive relationships and have success in our skills and talents (Daniel, Wassell and Gilligan, 1999).

As Dan Hughes (2006) states: In healthy families, a baby forms a secure attachment with her parents as naturally as she breathes, eats, smiles and cries. This occurs easily because of her parents' attuned interactions with her. Her parents notice her physiological affective states and they respond to her sensitively and fully. Beyond simply meeting her unique needs, however, her parents 'dance' with her. Hundreds of times a day, day after day, they dance with her. There are other families where the baby neither dances nor even hears the sound of any music (Hughes, 2006, p. ix).

This 'dance of attunement' that forms secure attachment can be disrupted by different factors – parental, environmental or child. For example, parents who have mental health problems or difficulties in their own attachment histories may not be able to attune to the needs of their infants. Poor housing, unemployment and other forms of social exclusion can all make attunement more challenging for a parent. Some children, for example premature babies, babies with chronic illness, children with autism or learning disabilities or sensory impairments, may struggle to signal their needs and this can make it difficult for parents to attune.

Loss, change (particularly enforced change) and trauma affect us all and are often accompanied by strong feelings such as despair, depression, anger, anxiety, shame, loneliness, hopelessness and helplessness (Herman, 1992; Mallon, 1998; Wayment and Vierthaler, 2002). There is evidence that such issues are exaggerated in children who are looked after (Meltzer et al., 2003). How feelings are expressed in behaviours will depend on the individual's personality, resilience, past experience of relationships and support network. Extreme behaviours such as self-harming, hitting out and even suicide attempts are not unusual responses to such overwhelming feelings, particularly when the person cannot make sense of what has happened and there is no-one to share their emotional pain. Children in particular often blame themselves for the loss of, or separation from, parents and carers. They need much reassurance that it was not their fault. Such evidence was used to inform the therapeutic plan for Lizzy.

54

Developing a therapeutic plan

The therapist met Lizzy, her foster father and her staff team and talked about her personality, her likes and dislikes, her strengths and talents, her successes, her struggles and her life story. Work was done to help the staff to understand that much of Lizzy's distressed and challenging behaviour (self-harming, biting staff, and not eating or sleeping well) was an ordinary human reaction to separation and loss. Lizzy's self-harming could be construed as deliberate as she seemed numb to hurting herself, with no discernable pain reaction, whereas if she was hurt accidentally she reacted to the pain. Lizzy seemed to be experiencing powerful feelings with poor understanding of events and limited opportunity and means to share her feelings. Overall, it was no surprise she had lost her 'sparkle'. The therapist facilitated a training day on attachment and loss for the whole staff team and then worked with all concerned to formulate a therapeutic plan aimed toward Lizzy's emotional recovery. The needs identified by the staff and her foster father were as follows:

- To be and feel safe;
- To feel special – loved and cherished;
- To be accepted;
- To belong and to feel included;
- To have fun;
- To be heard and to communicate;
- To have success.

These needs had to be met within the context of a secure attachment relationship. All but one of Lizzy's actual and potential close relationships were with paid professionals. This situation (although often the norm for children and adults with complex support needs) did not assist her to have an ordinary life and be included in society. The one consistent, close relationship in her life was with her foster father. To meet Lizzy's needs the following elements were included in the therapeutic plan:

- Work on maintaining eye contact with Lizzy, allowing her access to a communication channel which is intense yet non-verbal;
- Maximising touch;
- Empathising with Lizzy;
- Getting warm and cosy;
- Sharing experiences;
- Just having fun.

The plan unfolded gradually, initially starting in February 2007. This was made into a reality using the following strategies:

- Enlisting the permission and support of Lizzy's birth family to undertake this work;
- Her foster father continuing his weekly visits to spend time with Lizzy, extending this from going to see Dunfermline play football to spending time with her in the residential unit;
- Four members of the staff team becoming Lizzy's anchors committing to spending individual time with her every day helping her to feel special and doing things that she used to enjoy. This included reading to her, holding hands, watching TV, cuddling her, telling her about their day and encouraging her to tell them the stories of her day (Lizzy cannot speak but she

can most definitely communicate not only with eye pointing but with sounds that clearly indicate her mood from grouching to giggling!) A vital part of the work was to engage Lizzy in eye contact, responding to Lizzy's reactions and allowing her to lead the conversation. The team thought a good time and place would be in Lizzy's bedroom between her return home from day-care and tea-time. Lizzy had the choice not to participate. She has only decided not to participate on a few occasions;

• The service manager put together a photographic Life Story Book for Lizzy starting from when she was a baby, explaining the events in her life including the separation from her family and the death of Linda, her foster mother. It also celebrated her past and present successes. One member of the team would read this with Lizzy, acknowledging the privacy of such a story;

• Using relaxing pleasurable sensory experiences to give Lizzy an opportunity to enjoy and trust touch. These included Reiki, hand massage, foot massage, and nail painting. The staff started to remove Lizzy's gloves a few minutes at a time, to give her back as much freedom as possible;

• Creating opportunities to have fun and laugh with Lizzy;

• Staff acknowledged and stayed (safely) with Lizzy's anger and emotional pain. They assisted her to open up her strong feelings by showing empathy ('This is hard for you', 'you look upset', 'I am here to help you stay safe', 'I want to stay with you just now') rather than deny these feelings or try to joke or talk her out of it ('don't be angry', 'no need to be upset' , let's cheer you up' 'you'll be OK')

• The staff talked to Lizzy appropriately about her feelings and how staff were feeling, taking care to show emotions in their faces as well as with words;

• After reading Dan Hughes' book, the service manager realised that Lizzy's problems with sleeping could be as simple as not feeling secure in her bed. This was rectified by buying a larger duvet and tucking it tightly round Lizzy and under the mattress. Lizzy now sleeps soundly;

• Good communication and recording in the team to be clear what is working and what is difficult and/or challenging;

• Continued consultation between the team and the therapist concerning understanding Lizzy's feelings and behaviour, the pace of unfolding the plan, monitoring success and tackling challenges.

As a result of the implementation of the therapeutic plan, the change in Lizzy has been amazing and all this has been achieved without having to increase her medication. Lizzy has her 'sparkle' back and she is much more communicative and vocal, smiling and laughing. Her eye contact is much better and she is now interested in what is happening around her. People who know her have commented on how happy, healthy and well she is looking. Lizzy's anchors have mentioned they have noticed how responsive she is, especially during her special time with them. The agitation has lessened and

she has only bitten herself once in the last six months. Staff are still working on preventing Lizzy from hurting herself. The permanent removal of her gloves is a long way off but continues to be pursued at every opportunity. Lizzy loves skin-on-skin contact and is now able to enjoy the experience of both massage and Reiki massage. It is lovely to see her lying still, calm and totally relaxed.

Conclusion

A therapeutic approach based on attachment theory has been beneficial in Lizzy's case. Staff are able to see through the label of 'complex needs'. They understand that there was an isolated, frightened young person who was having extreme difficulties in dealing with feelings of separation and loss. This empowered staff to work in a pro-active way with Lizzy and to help her on her road to having an ordinary life.

Every child, every human being, is quite unique. We are all a mix of genetics, early years' experiences of being looked after by our parents or carers and events in our life. Every child needs to feel special. It is clear that the quality of the affectionate bonds a child has in their early years affects how they feel about themselves, how they feel about and relate to other people, and their world view. Secure attachments build resilience to deal with life's challenges and the child grows up knowing that if something happens with which they cannot cope, there will always be someone there to help sort it out. As practitioners, we should not forget the truth of this for our children and young people with severe and complex needs.

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A Brighter Future for Young People

The Kibble Centre in Paisley is one of Scotland's leading child and youth care organisations. Young people are referred to us from across Scotland, and we operate at the intersection of child welfare, mental health and youth justice. Our uniquely integrated array of preventative and rehabilitative services encompasses intensive residential and community services, a full educational curriculum, throughcare and aftercare, intensive fostering and a secure unit.

Rehabilitation in a Secure Setting

Kibble's Secure Unit serves the community by looking after those children and young people who need a safe and controlled environment in order to prevent harm to themselves or to others. We provide safe and secure accommodation only after all other options have been considered. Young people are received into Kibble either through the Children's Hearing system or through the courts.

We recognise that those who arrive at Kibble are at a point of crisis in their lives. Our duty is to care for them with humanity and to respect their rights, including their individual and diverse backgrounds. We work in a collaborative manner that will allow us to address the problems that have contributed to their situation, and we work with other agencies to achieve the highest standards in childcare planning, and provide for their long-term development. It is hoped that, by positive intervention, real progress can be made towards gaining a sense of purpose and achievement that will give a solid base for the future.

"Staff treat you with respect and people also respect your privacy in the unit."
Young person in our Secure Unit

"We are quite happy in here and it is definitely a good place to stay in."
Young person in our Secure Unit

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EDUCATION AND CARE CENTRE

Illogical Consequences

Jack Phelan

Last month I described my version of a *logical consequence* where the worker was punished, not the youth. I also suggested that we have all accepted this term, logical consequence, without any critical analysis, making it part of our professional jargon. So I think I should spend more time on this idea.

The term *consequence* is a saccharin version of the word punishment. We do not like to describe ourselves in negative ways, so we avoid unpleasantries and sugar-coat the truth. Punishment is a behavioural concept, and it merely means a stimulus that tends to decrease the behaviour that it is applied to. So any time that we respond to a behaviour and our response results in a decrease in that behaviour, we are punishing the behaviour. Unfortunately, when we inflict some painful response on a youth and it does not result in a decrease in the behaviour targeted, then we are merely being wrong.

So the consequence part of our jargon term is intended to decrease the behaviour that it targets.

The adjective logical is also important to think through clearly. In our use, it means the reasonable inferences that can be drawn from events or circumstances. If you have read my previous columns, you already know that what is logical to an adult CYC practitioner is almost never logical to a neglected and abused youth (or their family).

When a punishment is applied to any behaviour, the person being punished must own the behaviour (feel responsible), and also see the punisher as fair or neutral, not arbitrary or punitive. Most adults getting a speeding ticket when in a hurry do not respond to the arresting officer this way.

Without repeating previous examples, the youth in CYC settings typically do not accept responsibility easily and often do not have clear cause–effect beliefs. They also do not view all staff as being fair and neutral, and struggle with our protestations that we are here to help them.

The embracing of logical consequences as a therapeutic construct came from the work of Rudolph Dreikurs and his book, *Children: The Challenge* (1964). This concept has done more to impede good CYC practice than any other concept has done

to improve it. Dr. Dreikurs is guilty of creating a very negative view of children's motivations and the bad CYC approaches that have arisen resulted mostly from a misapplication of his description of what a logical consequence actually is. For example , he states clearly (p.84), "There is no logical connection if Mother denies Bobbie a favourite television program because he failed to take out the garbage."

The use of punishments which create resentment and anger clearly should not be described as "logical", yet we continue to protect our self-image as nice people by insisting that our consequences are clearly logical. This is one bit of CYC jargon that we can easily be rid of, and the sooner the better.

THE OTHER HALF

"...A little more to the left."

STEADman

" ... a little more to the left!"

Seven Keys to Motivating Difficult Students

Allen Mendler and Richard Curwin

Abstract: The authors, co-creators of the acclaimed Discipline with Dignity *program, remind us of seven keys to motivating hard-to-reach students and provide practical applications of each.*

Students who are hard to motivate are often hard to discipline. Although it can be difficult to assess which is the cause of which, the connection is clear. And the problem is growing. Our seminars are increasingly attended by educators who question what to do with students who are not prepared, will not work, and do not care. Those who are both hard to motivate and to control often make us wonder why we should bother with them at all when there are so many others who do care and do want to learn. They can even make us question the worth of reaching out to them at all, when they so often sap our own motivation. In addition, they push our buttons, make us feel defeated, interfere with other students, challenge our authority, and evoke strong emotions that interfere with reason. Unless we are careful, they burn us out.

In actual practice, many students who behave in these ways or give up are covering their own concerns about failure. They are protecting themselves from the embarrassment of looking dumb in the eyes of their classmates, parents, and selves. Other students find power and control in their refusals to work. They are competent and capable, but their need to be in control is so strong that they employ a self-defeating strategy to exert their independence. Whether for competence or autonomy, lack of motivation is a protective mechanism that must be respectfully challenged in order to assist students in making better choices.

Our professional responsibility requires that we teach *all* students and make our best effort to excite even those who seem not to care. If we give up on them, they will cause more problems and be more hurtful, more dangerous, and more costly. Although the answers are not simple, there are many things that educators can do to reawaken motivation in students who have lost interest and perhaps hope. We have found the following seven approaches to be key in meeting this difficult challenge.

1. Create hope. Perhaps the most common cause of poor motivation is hopelessness. Students who simply do not believe they can master the curriculum or that mastery will improve their lives are the least motivated and most likely to become behavior problems. In truth, children and teenagers *learn to be unmotivated.* All healthy infants are born inquisitive, curious, and "motivated." Those who remain healthy grow to be toddlers who are so "motivated" that their parents have to rearrange their homes by erecting gates and blocking steps. Like flowers that can be nourished to bloom or that wilt through neglect, our interests are determined by a blend of natural talents and proclivities nurtured by others. This dynamic of nurture is at the foundation of all effective interventions, both conventional and unconventional, that build motivation through building hope.

2. Find new ways to show how achievement benefits life. In the past, many children were motivated by the expectation that if they got a good education, they would get a good job, make money, and have a good life. Today, too many kids do not buy this, and with good reason — good things that should happen don't always. However, the reality remains that on balance, college grads do better than high school grads, who do better than dropouts. Therefore, we need to find new ways to use data like these as a tool. In addition, we need to take special care that students who are not obedience-oriented and who do not necessarily trust those in authority can see some con-

nection between what we teach them and how it relates to their lives. They need to see how explorers like Balboa are relevant today and how solving an equation may relate to the car they drive or the basketball shot they choose to take. Finally, when students observe and experience people they can relate to doing things in their lives that use the information presented, the connection between achievement and life benefits can often become most real. Effective mentoring programs that bring successful adults into schools and bring students into mentors' workplaces often have this effect.

The problem with many of these conventional motivational methods is that they frame time differently than young people do. High school students may see the future as the next month, middle school students as two weeks, and elementary students as three days. Teachers who can find benefits for their students within these time frames can increase motivation. However, finding benefits depends on knowing the students and their true aspirations — not only the obvious ones such as having good careers or making money. Benefits need to fit in with their lifestyles and environment — not conceding to them, but expanding from the base of their reality.

3. Create interesting challenges that can be mastered. Finding the right level of challenge is one of the most important tools we have to reach students. Csikszentmihalyi (1990) has demonstrated that when the level of challenge is too low, motivation is lost. Climbing a staircase does not come close to the excitement

and challenge of climbing a mountain. Tasks that are too easy are not motivating. And if a student fails at an obviously easy task, the results are significantly more harmful to his or her self-esteem. On the other hand, when tasks are too difficult, students give up. Mountains must be created that students believe they can climb. This means that each classroom and subject must be a mountain range with peaks of different heights to ensure a match between the peak and the aptitude of the climber. When challenge matches ability, the conditions are right for students to participate enthusiastically.

In our seminars, we will often challenge participants to find a partner and together count the number of "e"s on a U.S. penny. We give them one minute to complete the exercise. At least 95% do the task, and when we call time, several continue beyond the time allotted. We remind them that they are actually "cheating" when they keep going after we have told them to stop. Naturally, most participants are interested in the official answer, so when we tell them that we do not know the answer because we have never done the task (we wouldn't want to waste our time on a meaningless activity that doesn't benefit life), many groan as if realizing they have been "had." While there is a certain satisfaction for us in this harmless fun, the main point made is that we "motivated" a very large group of intelligent, well-educated professionals to do this "meaningless" activity by giving them an usual task that could be successfully achieved in a reasonable period of time. Educators can often inspire motivation in a similar way by varying the type of instruction while

providing tasks with identifiable outcomes that can be achieved within a reasonable time frame.

4. Focus on the learning process.
When information is shared in brain-friendly ways, more learning occurs (Sylwester, 1995; Caine & Caine, 1997). Teaching processes that affect motivation can be guided by our understanding of "multiple intelligences" (Gardner, 1993; Armstrong, 1994), "learning styles" (Dunne & Dunne, 1982), and "preferred learning activities" (Goodlad, 1984). In addition, we strongly advise teachers to be ongoing researchers themselves with their students in some easy to implement ways, such as periodic surveys. For example, students can be asked the following:

- Think about something you do or have done in which you are successful. What was it about the situation that helped you succeed? Did other people help? What did they do?
- What does it take to make you succeed?
- What kinds of rules or procedures do you need to help you succeed?

It can also be helpful to keep a suggestion box in the classroom where students can contribute their ideas and thoughts about how the class can be even more fun for them. Let students know that you will attempt to include their ideas and that you may be consulting with them from time to time about their suggestions.

5. Establish and deepen relationships.
Much of what we have advocated for

years in our books and articles has essentially been about preventing discipline problems by deepening our relationships with students and finding ways of preserving relationships when we need to intervene. Motivation is no different. There are simply times when learning is not fun, cannot appeal to an understanding of how it will benefit someone's life, and will not be geared to an individual's preferred learning style or intelligence. For example, remembering multiplication tables can be a painful and unstimulating yet necessary exercise for many students. As another example, when my son was an AP physics student and being challenged by the material, he was actually reassured to hear his teacher advise him and others that they could not yet possibly expect to understand what they were doing because they were still "learning the language" of physics. It would begin to make sense later on.

In these situations, we inspire motivation because of the work we have previously done to establish trust with our students. We make deposits into the "reservoir of good will" so that we can make withdrawals when needed. There are times that we must rely on our good relationship ("do it because I'm telling you it is important") to elicit a student's optimal effort.

6. Offer real choices. Some competent and capable students simply refuse to work as a way of establishing power and control. Because of these dynamics, it can be highly motivating to actually give the power to learn directly to the student. The more say the student has in selecting subject matter, the method of learning it, and the way competence is demonstrated (e.g., test, portfolio, project), the less need he or she may have to demonstrate power in negative, self-defeating ways. The simplest way to let students achieve ownership of learning is to offer them significant choices: "Answer three out of these six questions" or "By the end of the day, your work needs to be completed. Would it be best for you to do it now, during recess, or during another time today that I haven't thought of?' Choices can be included in most assignments, projects, papers, and tests. Choices can also be given in developing rules, selecting consequences, and defining class procedures, responsibilities, and rituals.

In addition, students who demonstrate their power by refusing to work need to know that their presence is more important than their behavior, even if their behavior has consequences. For example, a teacher might say, "Bill, I know I hassle you a lot about not doing your work, and I'll probably keep doing that because I respect you too much to expect anything less than your best. Most students who won't work are either afraid of failing or are needing to feel in charge. I hope that as you get to know me and this class, you'll feel brave enough to take a chance. Either way, keep coming and keep learning." If necessary, a consequence can follow.

7. When necessary, use short-term gain. Behavior modification programs rely on short-term gain to change behavior. Stickers, stars, charts, auctions, pizza parties, and extra privileges have become

standard methods of motivation in most classrooms. Although these approaches may appear to change behavior fast, the change does not last. In fact, there can be serious negative side effects to these kinds of behavior modification programs that should make us limit their use far more than we do. These include possible adverse effects on internal motivation — "what's in it for me" games can lead to bribery and replacing mastery with the expectation of tangible gain.

However, there are times when rapid change is the goal. Hurtful or chaotic behaviors need to be changed quickly in order to ensure safety and success. A child who hits others may benefit from a formal behavior modification system that motivates him to stop hitting by helping him realize that he has the power to control himself in the presence of desired incentives. And it is better to offer external incentives to jump-start and sustain a child's interest in reading than to allow that child to fall far behind his or her peers. However, since all behavior programs that rely on external reinforcement have limited results at best, use them only to change behavior quickly, then turn to more responsibility-based methods to sustain the gain. Just as a paycheck (external reinforcement) is required (we would not work without one) but insufficient, we are likely to face burnout if it becomes or remains our sole incentive to work.

Make It Hard to Give Up

While there may be unpleasant consequences due to their behavior, poorly motivated students need us to affirm our belief that they are more important than what they do. As educators, we must make it as hard as we possibly can for students to choose poor behavior and a give-up mentality. They need to know that we want them unprepared, unenthusiastic, or tardy more than not at all. Only in a caring environment that includes but de-emphasizes limits and consequences are they likely to reconsider the value and importance of successful learning.

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IGOR DUTINA

Growing up in the Care of Strangers

John R. Seita and Waln K. Brown

Abstract: *the authors share rich perspectives from their new book which is co-authored by eleven former foster kids who are now dedicated professionals working to transform systems which serve vulnerable children and youth.*

Youth are the best experts on themselves. For example, young people who require placement in out-of-home settings have strengths that can be identified, tapped, shaped, strengthened, and utilized to create and support powerful caring environments that represent the best of positive youth development (Seita & Brendtro, 2004; Brendtro, Ness, & Mitchell, 2001). Consistent with the voices of young people as working partners with caregivers in promoting their own resilience are the voices of foster care alumni as agents of change for improving the foster care system.

The painful but rich experiences of those persons who have grown up in foster care are critical for shaping foster care practice and policy and determining how best to allocate future resources to the foster care system. Based on the many reported in placement negative experiences and adult outcomes of foster children, it is clear that the foster care system is broken and needs substantial overhaul. It is also clear that most of the recommendations over the past decades regarding how to improve that system have failed. The untapped insights and recommendations of former foster kids may provide the foun-

dation required to reshape the business of foster care and improve the experiences and outcomes of foster children.

The stone which the builders rejected has become the chief cornerstone Psalm 118:22 (New American Standard Bible).

Foster care alumni who experienced rejection and are now cornerstones in their communities have written a new book, *Growing up In The Care of Strangers: The Experiences, Insights and Recommendations of Eleven Former Foster Kids* (Brown & Seita, 2009). The two editors are foster care alumni and have both previously chronicled their own challenging journeys from foster care to adulthood (Brown, 1983, 1988, 2003; Seita, 1996, 2001, 2004). The editors know of no other book entirely written and edited by foster care alumni.

Each chapter author shares, in sometimes painful and often riveting detail, her or his pathway from a childhood of trauma leading into foster care, to a life of contribution after leaving foster care and emerging into adulthood. Like the parable of the "Ugly Duckling" that is harshly rejected by its mother, siblings, and peers, only to eventually grow into a beautiful swan, each of the authors has surmounted dark and turbulent beginnings of rejection and pain and emerged to become a new voice for change.

Sharing life experiences is not without risks:

> Revealing one's deepest, darkest, most painful experiences is no easy task. Doing so requires re-opening bloody wounds and unlocking demons banished long ago to the secret dungeons of the mind. This is certainly true for the authors of the stories in this book, most of whom suffered dangerous and dysfunctional childhoods requiring removal from their families and placement in out-of-home care. (Brown & Seita, 2009, p. ix)

Yet, each author concluded that her or his painful memories might serve a bigger good and contribute toward providing unique insight to those who work with and care about foster children and other youth in placement. Waln Brown reflects:

> It seemed like the whole world was against me, and at such a young age, I was too immature to make heads or tails of it. All I knew was that I hurt, deeply. My emotions and behaviors increasingly reflected the turmoil that occupied my troubled mind. The fights between Mom and Dad started it all. They yelled and fought with each other for as far back as I could remember. I did not know why they were so mad at each other. What I did know was that their fighting hurt and confused me. I knew they no longer loved each other, and I was scared they no longer loved me either. The years of fighting ate away at my emotions, slowly but steadily, like dripping battery acid. Dad finally left us for the last time when I was 11. (Brown & Seita, 2009, p. 1)

Brown's reflections are typical of those included in this book. However, while they are typical to the editors and chapter

authors, they differ dramatically from the childhood experiences of young people who have the good fortune to benefit from Family Privilege (Seita & Brendtro, 2004). A second reflection added by Elizabeth Sutherland demonstrates how decidedly atypical her childhood was when compared to most:

> I barely remember arriving in the United States, although I think I was five-years-old at the time and I know I did not speak English. A man named James William Sutherland escorted my brother, sister and me on the trip from Spain to America. He brought us to his mother's house in Waynesville, North Carolina one rainy evening, handed us over to her like three unwanted kittens and then disappeared forever. My brother, sister and I arrived at Nell Dean Sutherland's trailer emaciated, covered in filth and with cigarette burns covering our bodies. Nell Dean told us that our birth mother in Spain had traded us to a street prostitute. The woman who bought us made us beg on the streets for food and burned us with cigarettes as punishment for not being good panhandlers. All three of us had deep round burn marks from head to toe. We had no clothes, except for the ones we wore, tattered rags. (Brown & Seita, 2009, p. 115)

Sutherland continues her recollections of being removed from Nell Dean's custody:

Mrs. Jenkins (social worker from protective services) separated my brother from my sister and me, and walked him to another car. I didn't even get to hug him good-bye .... Mrs. Jenkins tried to soothe my sister's and my tears by telling us that our brother was on his way to a "wonderful" foster family. Even to a naive 13-year-old, her words smacked of betrayal. On the day that we should have rejoiced over our liberation from the cruelty of Nell Dean, we experienced only heartache and loss. Living with Nell Dean might have been Hell, but breaking up our little family truly was cruel and unusual punishment. To this day, I still do not understand the insensitive policies of a foster care system that pulls siblings apart. (Brown & Seita, 2009, p. 119)

There is value in sharing painful life experiences; as stories bring people together, they provide observers insight into the world of others. Stories also promote insight into oneself (Brendtro, Mitchell, & McCall, 2009) through sharing life events. Brendtro and his colleagues also note that there is a brain-based function for story telling:

> The stories of a culture mark the esteemed moral values as reflected in tales of heroism, kindness, and self-sacrifice. Just hearing such stories can create the same patterns in the brain as experiencing or seeing the act itself. (Brendtro, Mitchell, & McCall, 2009, p. 78)

The foundation for the value of sharing life experiences is evident. Yet beyond painful life experiences are powerful recommendations on approaches to reclaim young people within foster care. These approaches include using strength-based approaches in order to build resilience, to inform policy, to improve practice, and to impact how resources are invested. For example, Danita Echols discloses how the foster care system emphasizes completing bureaucratic paperwork over conducting social work with the children in its care. Echols notes that a system not in tune with its mission does not inspire trust in its clients (Brown & Seita, 2009).

Brown and Seita observe that these young people were ill-prepared for independence. After years of relying on strangers to supply nearly everything and to make the majority of important decisions about their lives and welfare, youth were emancipated from the system at the tender age of 18. Already traumatized by the problems that required removal from their family, and then further distressed by a system insensitive to their emotional needs, these confused young people had to magically adopt the ways of the mature adult and integrate into society successfully. This is a sequence of events doomed to undermine healthy adult outcomes.

Part of the problem with the foster care system may be that few of those professionals who administer and lead the system have experienced the system as a consumer. Indeed, very few have even formally partnered with those who have experienced the system as consumers.

"You're an orphan, right? Do you think I'd know the first thing about how hard your life has been, how you feel, who you are because I read Oliver Twist? Does that encapsulate you?" (Damon, Affleck, & Van Sant, 1997).

The foregoing quote from the movie *Good Will Hunting* was part of a conversation between a therapist and a bitter foster care alumnus. This exchange poignantly captures the difference between living as an orphan and merely studying the experience. Both scholarship and experience are necessary to form a new child welfare partnership.

Quality systems and organizations of care will never be developed if the perspectives of consumers are minimized. This has been widely recognized concerning families of disabled and troubled children. While young people in care must be given a voice, it seems appropriate that with greater maturity they could provide unique expertise in guiding program and policy of youth-serving organizations. The evidence to date suggests that, in all likelihood, unless child welfare alumni are included in genuine decision-making, advising, and leading child welfare agencies, a crucial body of expertise is being ignored.

It is the authors' hope that this book contributes to the knowledge-base of policy makers, funders, and practitioners, and that it reveals the value of including alumni in leadership roles within the foster care industry.

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Choice, Empowerment, and Relationships

John Stein

I occasionally see an article advising parents that one way to avoid power struggles with their children is to give them choices. When dressing for school in the morning, "Do you want to wear this white shirt or this blue shirt?" Or at bedtime, "Do you want to brush your teeth before your show or after?" The first choice works pretty well because mom is holding both shirts. A clear and simple choice. (Some children I know will always want another shirt. "No. I want my pink shirt." That can be OK, too. The child still made a choice instead of simply objecting to everything Mom chooses.)

The second choice can be a little more difficult. Greene (1998) tells of Danny, who regularly had a major meltdown over brushing his teeth. Nothing seemed to work. Finally, his mother asked him why he hated to brush his teeth. His answer: he couldn't get the toothpaste onto his tooth brush. His little hands had not the strength nor the coordination to manage a task that seems so simple to the rest of us. Consequently, he did not have a choice he could manage. No choices, before or after his show, nor any other choices, were within his ability. He could not brush his teeth because he could not put toothpaste onto his toothbrush. The solution was simple. Mom decided she would put the toothpaste on his toothbrush. Then he had no trouble brushing his teeth and did so happily ever after, eventually becoming mature enough to master getting his own toothpaste. It not only solved the problem but also improved their relationship. Mom became a helpful ally instead of a coercive, insensitive ogre.

A professor of social work I knew in the 1980's used to talk about empowerment rather than therapy, on empowering people to improve their lives rather than treating them for some disorder — not only the type of empowerment wherein people organize and march on City Hall to get their needs met but also the type of empowerment wherein people develop their abilities and skills to meet their own needs.

How many times do we demand that children behave, devising schemes to 'incentivize' or 'consequate' them? (My spell check does not recognize these words. They do not appear in my old collegiate dictionary, although I was able to find 'incentivize in an online dictionary. But I could not find 'consequate' anywhere, even online. It is not a word. Where did these 'words' come from?)

What if all we have to do is simply to help children to develop the skills they need in order to behave well rather than

struggling to find ways to motivate and coerce them with consequences, e.g., rewards and punishments?

Consider the child who is rude and demanding and abrupt. What if he simply never learned the skills and habits associated with being polite. In my culture, being polite means maintaining eye contact. In some other cultures, being polite means lowering ones eyes and avoiding eye contact. Then, being polite requires using polite greetings and titles and words with an appropriate voice tone: good morning, good evening, please, thank you, may I, excuse me, I'm sorry, etc. Knowing when to make or avoid eye contact and for how long is a skill. It requires practice in a safe environment. Saying the words, well, any child who speaks the language knows these words. But knowing when and how to use them is a skill that needs to be developed into a habit, as is using them with an appropriate voice tone and inflection. When a child is faced with a difficult emotional situation and the appropriate words do not come while inappropriate words flood his mind, well, we've all seen what happens in such cases. And when the appropriate words do come but the child uses them with sarcastic, oppositional, or defiant voice tones, well, we've all seen that, too.

Some of these skills we tend to take for granted, feeling that everyone has them. Really, how hard is it to say 'please' and 'thank you?' But children who have not spent as much time living in 'polite society' as others have may not be quite so comfortable with these skills as the rest of us. It may be much more difficult for them to behave 'politely,' especially in emotionally challenging situations. To put it another way, behaving well may not be an option for them, a choice that is readily available to them. When we teach them the skills, including providing ample opportunities for practice, we are empowering them with an additional choice. Then, they have choices. They may choose to behave politely, but they may also still choose to behave impolitely, telling someone to stuff pennies up her nose, or whatever else comes to mind.

Temper Control

Consider children who have problems with controlling their tempers. What choices do we give *them?* Don't yell, don't scream, don't curse, don't slam doors, don't throw things, don't smash things, don't hit, don't kick, don't spit, don't... There's no choice in there. Just control your behaviour. And suppress your feelings. I have known children who were experts in controlling their behaviour and suppressing their feelings. Eventually, perhaps due to fatigue or just being overwhelmed, they lost control and the dam broke. They became so out-of-control that it looked very much like a psychotic break. It didn't happen often, but when it did, it was monumental. Such children often get the diagnosis of Intermittent Explosive Disorder and the search for medication that diagnoses often produce. I have not seen medication help with Intermittent Explosive Disorder. I have never seen it solve the 'problem.' The problem is not biological or wilful. Rather, the problem is a lack of reasonable alternatives, of choices.

But what choice can we give them?

How about, "Tell someone calmly why you are angry"? That gives them a choice. Provided that there is someone available to listen calmly and provided that they have sufficient opportunities to develop and practice the skill of talking calmly about feeling angry. It requires lots and lots of practice in a safe environment. It is a most difficult skill to master. (My wife will tell you that I have yet to master it.)

Further, mastering the skill is compounded by the obsessive desire of some adults to ensure that every misbehaviour receives appropriate punishment. Oops, I meant 'consequence.' For example, when we are encouraging children to learn to tell someone calmly why they are angry, i.e., to express their anger verbally rather than by hitting and kicking and biting and spitting, then screaming and cursing may be a successive approximation for talking about their anger instead of hitting and kicking and biting and spitting. If we punish children for cursing, are we not in effect punishing their success in using words instead of hitting and all that. So, do we let them get away with cursing? I don't think so. But I also don't think that just because we impose no punishment that it means we are letting them get away with inappropriate language. We have to provide reinforcement for choosing verbal behaviour, no matter how aggressive, over physically aggressive behaviour. "I could see you were very, very angry. Yet you refrained from hitting anyone or busting the place up. If you can keep this up, we'll be able to work on your language next." Yet how many times have I seen children pushed over the edge in behaviour programs that emphasize consistency?

"That's Cursing. That's two points." Then the child, getting no empathy, curses a bit more. "That's Cursing. That's another two points." Until the child throws a magazine at the staff. "That's Physical Assault. That's 16 points and Room Restriction." And of course a take down and full restraint.

When we empower children by helping them develop their social skills, we give them choices they did not have before. We communicate that we respect children's abilities to learn to control their own behaviour and make good choices when they can. We become allies in their struggles to master their behaviour and their social environment. We develop relationships based on trust and respect.

When we do not work on helping children develop their skills and abilities, we have little choice but to try to coerce children into behaving in ways that they cannot readily do. Whether we use rewards or punishments, such approaches are coercive and disrespectful. We communicate our belief that children will make good choices only when we reward or punish them. Relationships based on coercion are adversarial. They have little to do with trust or respect.

Accepting Requests and Instructions

Accepting requests or instructions is another social skill that many children have not mastered. There's more to it than just doing what one is asked or told to do. Sighing, moaning and groaning, rolling eyes, then stomping away banging stuff around makes things miserable for everyone involved, no matter how well the task is completed. Acknowledging the

request or instruction pleasantly, then doing it pleasantly and checking back to see whether everything is satisfactory makes things pleasant for the person giving the instruction and is likely to earn a gracious 'thank you,' making it pleasant for children, as well.

(One of may favorite staff members was remarkably skilled in accepting requests and instructions from me. He would simply respond, "I'll be glad to. boss." I always felt good about it. Interestingly, he very often did not do it. I usually found that he had been doing something else that was equally or more important and ended up doing it myself. But I could never get angry with him. I hired him three times in different agencies.)

Accepting Criticism

Accepting criticism is another skill with which children experience problems, not only from adults but also from peers. Accepting criticism requires no more than acknowledging the criticism. It doesn't require that one change one's behaviour, only that one acknowledge understanding the criticism. Arguing, attempting to justify one's behaviour, becoming defensive, and returning criticism rarely accomplish anything other than making both parties unhappy. Saying, "Ok" often puts the matter to rest, whether or not one chooses to change one's behaviour. When one chooses to change one's behavior, things are really good. When doesn't choose to change, well, the matter is deferred to another day. After all, not all criticism is valid.

CHRISTY THOMPSON

In Conclusion

No matter what problems children may have, and no matter how serious they may be, mastering social skills makes their lives much, much better and easier, and leaves them so much more energy to work on other things.

Sadly, I worked in a program where I could not get a social skills curriculum into the milieu. They had a very strict behavioural program on what *not* to do. It had virtually nothing on what *to* do. The staff were enforcers, not allies. Their behavioural data showed the psychologists that it worked. The restraint data and the kids showed me that it did not.

This has been my experience, and that of many of my kids.

Reference
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People can overcome

Estella Abraham
CEO, *Fostering First International*

Two films, two continents, one principle: people can overcome. A while ago I went to the cinema in the UK with an American colleague to watch *The King's Speech*. For him, it was a cultural experience with historic value.

Last week, whilst in USA, I went with that same colleague to a cinema in Kentucky to watch 'The Help'. And, by contract, that too was a cultural experience with historic value for me.

Understanding the land we live in and our cultural heritage is so important, and making sense of that for children and youth is even more so.

Sitting in a cinema in UK amongst people who had been in the Second World War and then sitting in a cinema in Kentucky with people who may well have been raised by African-American hired help was truly ironic.

Furthermore, it was a cultural shock to suddenly realise that the house I was staying in had a toilet and shower in the basement. And I naively thought they were to use when gardening or after a run! In fact the toilet and shower were used by the hired help in days gone by.

It is at times like this that I realise that my perspective on life is so narrow and my experience so limited. But I also realise the enormity of the challenge that weighs heavy upon us, to help our children understand our culture, our heritage and the freedom we enjoy now as a result of those who have gone before.

Let us not lose the opportunity to use what is in the everyday to educate ourselves and the children we care for about the sacrifice our ancestors made, both in times of war and through a broader fight for freedom and civil rights.

If you have missed these films, look out for them on DVD and encourage some conversation about our cultural heritage afterwards.

leon fulcher's
another postcard from
New Zealand

Hello again! It's been a busy month of settling back into New Zealand rhythms and routines, including time for fishing and gardening, as well as child and youth care work. One of the things I've noticed is how many cyclists are around. Last week saw the World Triathlon Championships and what an amazing range of super-cycles one saw throughout that event won by proud Kiwis. Learning to enjoy bicycling involves starting early. It also depends on whether parent or carer uses a bicycle as their only mode of transport, or whether as part of leisure-time activities. Kids learn to like cycling.

Cycling is an Intergenerational Pastime!

Our drive north from meetings in Capital City Wellington took us via the Central North Island beside Lake Taupo. Our travels coincided with the world's largest cycling relay available to participants of varying abilities and fitness levels including the Solo 160km around Lake Taupo, road and mountain bike relays, mountain bike challenges, separate Men's and Women's races, corporate challenges, Enduro events (2, 4 and 8 laps of the lake) and the @Heart ride for kids. In excess of 10,000 riders faced gale force winds to endure one of the world's top six rides in the prestigious International Cycling Union (UCI) Golden Bike Series. *Littlies* to *oldies* of all body shapes were completing the Lake Taupo Cycle Challenge, some even on unicycles and tandems!

Thousands Participated in the 'Lake Taupo Cycle

Not me. My recreational activities have concentrated on gardening and fishing, both activities providing great restorative and creative stimulation. I am reminded of how I wish to invest more time in such activities whenever possible. The really big fish got away – but I'm encouraged to press on!

This month I've been thinking lately about what are called *Family Homes* in New Zealand. These are owned by government and are located in local neighbourhoods where they operate with two adult Carers (who are not State em-

Springtime Gardening in the Southern Hemisphere

ployees). Family Homes can accommodate up to six children under the age of 16 and Carers cannot choose which children are placed with them. Carers are not paid but receive an allowance for the children in their care and live in the house rent-free. One Carer is normally employed outside the home.

Gone Fishin'!

The first Family Home opened in New Zealand in 1954, less than 3 years after England's 1951 Curtis Report created an extensive network of Family Homes in local authority housing estates across Post-War Britain. New Zealand civil ser-

vants travelling on conference leave to England brought back Family Homes as the latest child welfare reform idea. Smaller is better! The extensive network of New Zealand Family Homes has been reduced to 79 properties in 2011 distributed around New Zealand. Family Homes sit between private foster homes and institutions, catering for children unsuited for other out-of-home placements or requiring short term emergency accommodation.

Don't Forget to Practice Safe Texting!

Please let me know whether you think New Zealand Family Homes are foster care or residential care! What do they call such emergency care facilities where you live? Happy Holidays to you and yours, wherever you are!

EndNotes

AMY HAYWOOD

"The difficult child is the child who is unhappy. He is at war with himself; and in consequence, he is at war with the world."

— A. S. Neill - Summerhill

It says he's an egotistical, shallow, insincere little bore and if he's not careful he could end up with his own **TV** chat show!

"Children are the living messages we send to a time we will not see."

— Neil Postman, The Disappearance of Childhood, 1982

"Kids: they dance before they learn there is anything that isn't music."

— William Stafford

A Reflection that can work for child and youth care workers too ...

Desiderata
(Things to be desired)

Go placidly amid the noise and haste,
and remember what peace there may be
in silence.
As far as possible without surrender
be on good terms with all persons.
Speak your truth quietly and clearly;
and listen to others,
even the dull and the ignorant;
they too have their story.

Avoid loud and aggressive persons,
they are vexations to the spirit.
If you compare yourself with others,
you may become vain and bitter;
for always there will be greater and
lesser persons than yourself.
Enjoy your achievements as well as your
plans.

Keep interested in your own career,
however humble;
it is a real possession in the changing for-
tunes of time.
Exercise caution in your business affairs;
for the world is full of trickery.
But let this not blind you to what virtue
there is;
many persons strive for high ideals;
and everywhere life is full of heroism.

Be yourself.
Especially, do not feign affection.
Neither be cynical about love;

for in the face of all aridity and disenchant-
ment
it is as perennial as the grass.

Take kindly the counsel of the years,
gracefully surrendering the things of youth.
Nurture strength of spirit to shield you in
sudden misfortune.
But do not distress yourself with dark imag-
inings.
Many fears are born of fatigue and loneli-
ness.
Beyond a wholesome discipline,
be gentle with yourself.

You are a child of the universe,
no less than the trees and the stars;
you have a right to be here.
And whether or not it is clear to you,
no doubt the universe is unfolding as it
should.

Therefore be at peace with God,
whatever you conceive Him to be,
and whatever your labors and aspirations,
in the noisy confusion of life keep peace
with your soul.

With all its sham, drudgery, and broken
dreams,
it is still a beautiful world.
Be cheerful.
Strive to be happy.

— Max Ehrmann (1872-1945).

information

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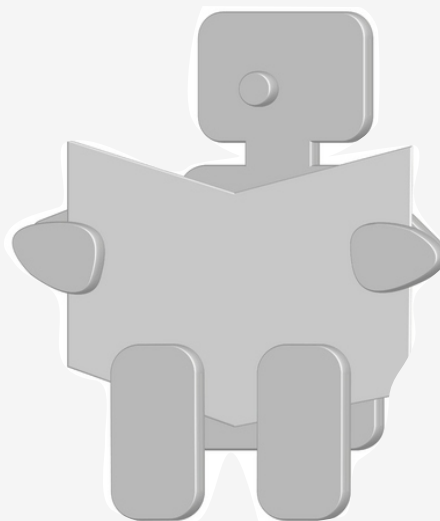thom@cyc-net.org
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