

CYC-Online

FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE
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Back to the Source

I returned to Tai Chi school this week. For a variety of reasons, I had not been for the past few years but I did continue to practice some.

It was interesting to notice how far from the source I had drifted. The movements I remembered were not the movements of the Master. Somehow, over time, I had drifted away. I was close, but not accurate in my movements. In some cases I had even forgotten parts of the Form itself.

As I was in the class, helping my mind and body to remember the correct Form, I was thrilled with the rediscovery of why I like Tai Chi so much: the intricacies of detail, the philosophy, the sense of well being. This too had been lost to me over the past few years. In some ways, it was like rediscovering a close friendship.

Funny how you can know something, or know how to do something, but with time you drift from it not realizing you are doing so.

I was with a group of colleagues in Ireland a few weeks back, delivering training for trainers in the Therapeutic Use of Daily Life Events, and at one point some of us got into a discussion about a similar thing, but related to Child and Youth Care Practice. We talked about how one can learn a skill but without feedback the skill can become distorted over time. If all of our practice occurs in isolation, we have no mirror for our actions. Like, simple as it may seem, the person who took active

listen training and years later is saying to a young person, “I want you to stop that now!” thinking it is, for sure, an ‘I message’. And it is, on some level.

I was with another group a few months back talking about relational practice. Most of the folks in the group were insistent that they practice relationally. And when I heard what they meant (think, “I have a good relationship with the kids. They like me and always do what I tell them to do”), I realized that I thought it was simply a form of control and dominance.

I am not suggesting here that there is a perfect way to ‘do’ CYC practice – if there was someone would have bottled it by now. And I am not suggesting that the field should not evolve, become what it needs to be in a changing world.

But I am suggesting that whatever our form of practice might be, sometimes perhaps it would be good to ‘return to the source’ whatever that source may be – skill, knowledge, philosophy, theory, old or modern – and touch base so that we might see where we are compared to where we think we are, or where we want to be.

All of this, of course, says more about me than about anyone else. I know that – well, I think I do – perhaps I’d best go back to the source and check.

Thom

Commandment 7: Avoid Participating in Power Struggles

Gerry Fewster

There's nothing inherently wrong with power struggles. In fact, they're part of the natural order and essential to the sustainability of life on this planet. At the most basic level the outcomes may seem to be about 'winners' and 'losers', but seen through the eyes of Charlie Darwin, they are simply part of the action that make evolution possible. In the more advanced life forms, power struggles are the means whereby each new generation takes over from the one before, ensuring the survival of the species and providing the necessary conditions for the creation of power-hierarchies – including the one we refer to as “the family.” These ‘social’ systems inevitably control individual members and, whether we are talking about wolves or baboons, the core tension is always between the authoritarian elders and their overly ambitious offspring.

But does this all apply to us humans? While some psychologists and philosophers continue to argue that we are as biologically driven as any other species,

most agree that our ability to reflect upon our subjective experience makes it possible for us to move beyond our basic urges and make alternative creative choices on our own behalf. According to the stance I've taken in this series of articles, this decision-making ability is nothing less than our internal sense of Self – how else could we become self aware, self motivated and self responsible?

From this perspective, power struggles are highly significant and necessary relational events along the rocky road toward separation, individuation and personal autonomy. Psychological theory suggests they are most likely to occur in early childhood, to wit, the ‘terrible twos’ and during adolescence but, as we all know, they are by no means limited to these periods of development. In the handbook of ideal developmental psychology, these uncomfortable episodes cause only transitory tensions and are passively resolved through the process known as rapprochement.

In the untamed world of child and

youth care practice, however, such ideals are sadly lacking and the recalcitrant behavior is often seen as a challenge to the efficacy of the program and a threat to the authority of the practitioner. The kids are duly labeled and every effort is made to control the offender through restrictive behavior management methods. In the parenting game, young children who seem to have no commitment to the concept of rapprochement may be diagnosed with "Oppositional Defiance Disorder" while adolescents become "Adjustment Reactions" or just plain "Punks". Once identified as a threat to adult authority, the developmental roots of the problem are tossed out of the window to focus on dealing with kids who need to respect their elders and obey the rules - in other words, kids who need to be taught a lesson. For the most part, the one with the most power will win the day. But who will win the war? Well, nobody, of course.

But what if we return to the hypothesis that the underlying problem is developmental and its resolution requires some form of relational intervention. Should this be so, the enlightened practitioner would come to welcome the much maligned power struggle as an opportunity to do some remedial work, rather than see it as an uprising that needs to be quashed. From the outset, this would require an understanding of the developmental, functional and relational aspects of the conflict.

The Terrible Twos

Individual differences aside, most professionals and parents agree that somewhere between the ages of one and four, children seem to take on the charac-

teristics of psychopaths-in-training. Even the most peaceful happy babies can be transformed into raging monsters, demanding immediate gratification, claiming everything as their own and refusing to share their coveted possessions with anybody. When confronted or denied, they fly into a tantrum and when given an order they scream in defiance. If you want to see this in action, spend an hour or so in your local shopping centre. If you're able to resist the urge to take one of the little monsters by the scruff of the neck, then you are truly a professional. Even parents who understand this as a natural developmental phase can find themselves being drawn into a public confrontation with a Tasmanian devil and it's hardly surprising that the less enlightened ones are bent on stamping out the wickedness before it's too late.

Developmentally, we are dealing here with the child's quest for separation and individuation. Though still very much attached to the parents, the thinking, and increasingly verbal, child is coming to understand he/she is a separate person who has the innate capacity to act on his or her own behalf. On the inside, the energetically emerging Self needs to know it has the resources and the power to operate in a vast and unknown world. This is no junior psychopath, only a self-indulgent narcissist carrying the "Here I Am" banner and expecting the world to pay due homage.

For the child, there are two important aspects of this transitory phase. The first is an opportunity to experience the raw indomitable Spirit that lies at the heart of the Self. The second is to hear the world speak back with a firm, gentle and caring

voice. Both are equally important. If the fledgling Self is not able to spread its wings, it will never learn how to fly with confidence, let alone soar to its potential. If the world remains silent, the unfettered Self will have no way of understanding and learning the rules of order. And if the world reacts with hostility and repression, a power-struggle may flare up but, eventually, the battered Self will succumb to the superior power and withdraw from its essential task.

The key is for parents to understand what's taking place and respond in ways that are in the child's best interests, rather than simply reacting to their own frustration. When it's time to say "no" or impose appropriate consequences such actions can be taken without withholding the love and caring the fragile Self requires on its journey into fullness. This is all part of the process that gradually makes it possible for the child to learn about personal boundaries and move toward higher levels of empathy and individuation.

I'm not suggesting that parents should never take decisive action to prevent a 'scene,' or sacrifice their own sanity to protect the 'child's best interests.' There may be many episodes of pouting, yelling and carnage to contend with, but when the battle-cries run silent, the question is whether the child feels safe, seen and heard; and whether the quizzical Self remains assured that it can still carve out its own destiny in a complex and demanding world. Children who have this opportunity move back into relationships with their parents as transformed beings – rapprochement. Those who don't, will continue to harbor resentment that may

lie dormant for long periods of time, although the chances of an explosion or implosion will always be there. Unless there's a major shift in relationships, you can almost guarantee that the bottled-up anger will rear up again as the sun sets on a stifled childhood.

The Adolescent Warrior

The developmental period we refer to as "adolescence" represents the second significant step along the pathway toward separation and individuation. This is the time when the Self needs to create its own separate identity or persona in order to step out into the world under its own steam. Even children who appear to move effortlessly from rapprochement to increasing levels of personal responsibility are challenged by this transition into adulthood. Those who remained detached and resentful, have neither the inner resources nor the necessary skills to take this step. In their fear and confusion, some will choose to openly rebel, some will turn to a strategy of passive aggression and others will sink deeper into dependency. All continue to harbor a deeply rooted anger that seeps into every facet of their being. In psychiatric terms, these styles are classified as 'adolescent adjustment reactions' and are familiar patterns to most seasoned child and youth care practitioners. Although it might seem that rebellion and passive aggression are more likely to fuel power-struggles, the subversive power that is drawn from a place of dependency and victim-hood is well-known in literature, politics and child and youth care. In other words, they are all part of the same developmental/relational package.

The Peaceful (Child and Youth Care) Warrior

In one form or another, power-struggles are an ongoing aspect of child and youth care practice and I'm not suggesting that this term should be applied whenever a kid acts out or refuses to comply with your expectations. Much as I hate the term, I'm proposing that practitioners become more 'diagnostic' in focusing upon recurring behavioral patterns that persistently undermine personal growth and relationship development. Since it takes two people to create a power-struggle, this particular 'diagnosis' should involve at least one other professional. If it is to become the focal point of the work, then the following protocols and practices might be considered.

- Recognize the struggle as relational and examine your own role in creating or sustaining the tension. If you suspect you might have your own power related challenges, deal with these before you begin. This might require some serious personal work on your part but you can't help somebody else if you're stuck in your own stuff.
- Reframe the 'problem' as a 'developmental interruption' that was created in relationship and must be resolved through relationship. See this as an opportunity to do relational work rather than eradicating a threat to your authority.
- Before beginning the work, make sure you're clear and comfortable about your own place of authority - your legitimate power-base. This will be very different for practitioners working in residential setting rather than family support programs. Then there's the question of how much of your power you are personally prepared to exercise?
- Identify the bottom lines - those behaviors considered to be intolerable (e.g. physical striking out) that will result in the imposition of non-negotiable consequences. These should be as few as possible so take your time.
- Begin by involving the youngster in 'researching' his or her developmental history. Ask questions such as: What was it like growing up in your family? What did you have to do to keep your place? What were the basic rules and expectations? Did you feel seen and heard? By whom? Were you able to be yourself? What happened when you misbehaved? How were feelings expressed? Was there physical affection? Who had the power in the family? How was that power distributed and used? Did you feel safe? Was there physical, emotional or sexual abuse? etc. etc. One way to draw out the youngster's subjective experience around these question is to construct a family map and invite him or her tell you about the relationships among all family members. By being curious and mirroring what you're being told, you go to the essence of the work, providing an opportunity for the youngster to be seen and heard within the context of the family - probably for the very first time.
- Identify interests and activities that might offer opportunities for Self-expression. Remember the object of the exercise is to bring the Self forward

rather than contribute to its suppression. Be facilitative and supportive, not demanding and judgmental. Always allow for "breathing room" even if you believe you're being closed out, resisted or manipulated. But never back-off if a bottom line is being violated.

- Wherever possible make choices available - even when non bottom-line consequences are being applied. This not only averts the prospect of backing the youngster into a corner, it also creates an opportunity for the Self to become an active decision maker. But be careful not to get drawn into negotiating an infinite range of options. This can quickly become a game of cat-and-mouse churning out winners and losers. If this appears to be the trend, give two or three options and let the youngster make the choice.
- Don't try to establish a framework of rules in an attempt to avoid problematic ambiguity. Personal boundaries are a much more effective means of creating Self-expressive relationships. Without exception, kids who like to engage in power-struggles are fighting from behind walls rather than relating through flexible boundaries. This is a huge topic and well beyond the scope of this paper. But, as luck would have it, the next article in this series will be devoted entirely to a discussion on personal boundaries - see you in the next issue of CYC-online. Meanwhile, allow me to whet your appetite by stating firmly that personal boundaries are always Self- supportive, but never negotiable.

- Above all, mirror, mirror, mirror (see the previous article in this series). The primary need of the Self is to be seen and heard - not to be rewarded and punished. Additionally, unlike judgments, positive or negative, an accurate mirror will never fuel a power struggle.

You don't need me to tell you that kids who turn relationships into power struggles can be frustrating to work with. By the same token, you also know that adults who have the same tendency should avoid this particular battlefield at all costs. Even those who have paused along the developmental highway to enjoy the gentle rest-stops of rapprochement may find it difficult to maintain their warm, caring and supportive stance in the face of anger and aggression. If you want to see this in its finest and most dramatic form, watch the New Zealand All Blacks perform the Haka. But that warm and supportive presence, provided by a firm and secure Self is the only lure that will draw a fearful Self from its hiding place and into the world of co-creative relationships.

This is the seventh in a series of ten articles. If you have read this article, please email the author at:
fewster@seaside.net

You don't have to make any comments although these would certainly be appreciated. All responses will be acknowledged by the author.

Outrageous, isn't it?

Kiaras Gharabaghi

Recently much of Ontario became incensed when news broke about a rather macabre story at a hospital in the southwestern end of the province. Apparently an elderly woman (82 years of age, we now know) was entering the hospital in order to visit her imminently dying husband. As she entered through the visitors' entrance she fell, and ended up lying half inside of the hospital and half outside. The fall was sudden and awkward, and as a result of it the woman was bleeding on her elbows as well as her face. In addition, she damaged her hips and therefore was unable to get herself off the ground. She yelled for help, and indeed, nurses came immediately. Instead of providing help, however, the nurses instructed the woman (who, I may remind you, was lying face down, bleeding on the floor) to call an ambulance so that she could be taken to the Emergency Ward, which was located approximately 30 meters to the left of the Visitors' Entrance. In spite of pleading with the nurses, these and additional hospital staff that came to scene insisted that an ambulance be called. An ambulance was eventually called, however, none was available in the city where this hospital is located, and therefore one had to be ordered from a nearby town; the

hospital was informed that this would take approximately 40 minutes. Not in any way dissuaded from their position, the hospital staff continued to insist that the woman wait for the ambulance and provided no medical assistance whatsoever, nor did they make any attempt to pick the woman up from off the ground. Minutes before the ambulance finally did arrive, a doctor inadvertently came to the scene, picked the woman up off the ground and carried her over to the Emergency Ward, where she then received treatment. Sadly, her husband passed away while she was still receiving treatment and therefore she had to let him go without saying good-bye.

This story is outrageous, isn't it? I mean really, who in their right mind would do such a thing? How can a hospital, of all places, behave in such inhumane, reckless and insensitive manner? It is difficult to come up with the appropriate language to describe the idiocy of this particular incident. It is clear, however, that once the incident has been forgotten (right about now), the woman will still have to live the rest of her life knowing that this did indeed happen, that she was unable to say good-bye to her husband, and that should she ever require assistance from a hospi-

tal, she will have no reason to have confidence that all will be well.

It is ever so easy to be outraged by the incompetence, insanity, inhumanity or darkness of other systems and other professionals. Such crazy things would never happen in our institutions, programs or services, would they? We care, are empathetic, have respect for people in general and certainly for those who come to us for assistance. I do wonder, sometimes, what sort of response we would get from the general population if some of our routine practices made the news. Here are some examples that have actually happened and that I suspect continue to happen with astonishing frequency:

1. After pulling off the eyes of several stuffed animals, a five year old boy is removed from his foster home and placed in a group home by a child protection agency where there are ten adolescents

with significant behavior issues. During his six months stay in the group home, he witnesses daily violence, daily police involvement, is yelled at himself by the older teens and on several occasions has his life threatened. While the staff try their best to be attentive, the reality is that there are two staff present for ten kids and therefore the attention the boy receives is limited. The child protection agency feels that the incident with the



stuffed animals points to a high risk of sexual offending behavior and therefore the boy is well placed in this setting. Several of the teenagers living in the home are themselves victims of sexual abuse and/or sexual offenders, and no assurances can be given by the program that the five-year-old boy will be within staff eyesight at all times.

2. Two workers from the same child protection agency each place a young person in the same group home, also operated by the same child protection agency. Turns out that one of the youth had previously sexually assaulted the other. When the issue was brought to the table for discussion, each of the workers encouraged the staff in the group home to provide support to their respective youngster. No other action was proposed or

taken, and for a period of six weeks, the young person who had been abused refused to leave his room unless the other young person was away from the house. He was placed elsewhere after this six week period.



3. A teenager with significant behavior issues was placed in a group home for teenagers with significant behavior problems. In a conflict with a staff member, the teenager picked up an orange from the table and threw it in the direction of the staff member (but not hitting the staff member). The police were called and the

staff insisted that the teenager be charged with assault. The police carted him off to the station, charges were laid, and the youngster was released on conditions of following the rules where he lived. The teenager with behavior problems living in the group home for teenagers with behavior problems promptly had a behavior problem, resulting in the police being called so that he could be charged with violating the conditions of his release from the previous charge. This time he was kept in custody for a few days before being released with clear orders to follow the group home rules as well as with a tight curfew. Upon missing his curfew one night, he was charged again and sent to custody for three weeks. And upon return, he got into a major fight at the group home with a peer, was discharged from that group home, and over the period of the next few months experienced over ten different placements. Reportedly he went missing altogether when he was 16 years of age, and no one seems to know where he is today.

Of course, everyone who has worked

in child and youth care systems for any length of time could add many, many other stories like this. And of course, all of us could also add some very wonderful stories about young people finding their path, doing great, becoming whatever it is that makes them proud. Similarly the hospital surely must get the odd surgery right, mend the occasional broken bone and provide timely diagnoses for major illnesses. Getting things right is not the point. Getting them wrong is OK as well. But becoming outraged at the insanity, stupidity and outright inhumanity of institutions and systems ought to remind us that we have become perhaps a little too dependent on following procedures, abiding by policies, and indulging our paranoia about making mistakes. In the spirit of the 'occupation' movements in New York and around the world, and also in the spirit of those who resist just to be difficult, I want to remind everyone that being compliant and conforming to the rules results in 82-year-old women lying face down on the floor of the hospital, bleeding, while their husbands die.

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Making the Transition From Rage to Resilience

Kelly Andrews

Abstract: *The author describes how a teenager with anger management issues found renewed hope through social and educational services, one-on-one counseling, and a new assessment checklist that identifies key areas for developing resilience in youth.*

"You need to remember that blood is thicker than water and that your family will always be there for you," I overheard a young college intern explain to Greg, a 6-foot, 230-pound 16-year-old who has been in the juvenile justice system for the past 4 years. Greg responded, "You don't know much about me and my family."

I was filled with pride when I heard Greg's response. A year ago, the intern would probably have had to dodge a flying desk. Greg's history of violent behavior is not surprising. Youth between the ages of 15 and 24 have the highest rate of violent criminal offenses of any segment of the population (Brennan, 1999). Regardless of age, gender, race, or demographics, all youth can benefit from learning techniques to deal with daily stresses. This kind of resilience skill building is a cornerstone in the foundation of the juvenile transition process that enabled Greg to build his resilience skills by improving his anger management, communication, and social skills.

Roles of Resilience

Resilience, or the ability to rebound from adversity, also includes an ongoing process of managing one's life—especially during stressful or traumatic situations. Youth who are troubled, come from broken homes, or have a wide array of other difficult life situations can gain the most from developing this skill. These youth need to engage in new experiences, ideas, and relationships (Walsh, 1998) to develop self-esteem and self-efficacy: two essential components of youth resilience (Novick, 1998).

Strengthened through trust

Research indicates that youth who handle adversity best typically turn to people whom they have learned to trust. A young person's resilience during difficult times is strengthened if he or she has at least one adult to trust and confide in (Walsh, 1998). These are usually people whom they see regularly, such as teachers, counselors, ministers, extended family members, and friends. These youth often find sanctuary at school, especially when things get really

tough in their lives (Bushweller, 1995). Although school may seem like an unlikely place for a juvenile offender to seek refuge, many youth view it as the one stable, guiding force in their lives.

Special needs and education

Behavior disorders, mental health issues, special education needs, and environmental factors play a role in the resilience of youth. The statistics for conduct disorders project that as many as 60% of youth within the juvenile justice system have various forms of conduct disorders (Briscoe, 1996). Special education statistics show that one of every two young people who are adjudicated delinquents require special education attention. Forty-four percent of juvenile offenders will drop out of school by ninth grade and attain approximately fifth-grade reading levels (Cottle, 1998). Other characteristics of high-risk offenders that call for additional concern include a history of family violence, abuse within the home, availability of drugs, drug usage by a parent, other convicted or adjudicated family members, special education status, and first adjudication at age 13 or younger (Armstrong, 1991).

Resilience through modeling

Helping a youth in need of special help develop his or her sense of social responsibility is an important step toward resilience. Lessons in responsibility are best taught through modeling by professionals in the field (Errante, 1997). Engaging young people with creativity and humor not only makes learning fun, but also alleviates negative behaviors, thus al-

lowing more positive connections to occur (Goldstein & Conoley, 1997). Role playing, role reversal, and other hands-on approaches help youth understand how and when to use learned behaviors such as resilience skill building (Antonietti, 1997). Turning to positive role models to teach young people how to cope with the difficult issues within their various communities will allow youth to see options other than violent or deviant behaviors (Garbarino, 1999).

A Journey From Rage to Resilience

Even the most serious and habitual juvenile offenders can become more resilient. The angry young man who showed restraint after the “blood is thicker than water” comment had attended school at a center for students with severe emotional disturbances (SED) since the age of 6, when he was kicked out of first grade. Greg’s family includes his 36-year-old mother, his absent father, 14 siblings ranging in age from 2 to 21, and various extended family members who are sometimes in jail. Greg lives in the inner city of St. Petersburg, Florida, and has experienced the effects of drugs, violence, and poverty his entire life.

Fortunately, Greg’s grandmother provided a wonderful support system—she raised him and his 14 siblings until her death. Greg did not engage in any serious criminal activity when his grandmother was alive. However, after her death, he was charged four or five times each year with aggravated assault and battery. Eventually, he was placed in a residential commitment program, where he did surprisingly well and showed great signs

of leadership.

Once Greg was released from his program, he went home to the same environment, family, and circumstances that had caused him problems in the past. However, there was one major difference this time: Greg was placed under the intensive community supervision of the Pinellas County Sheriff's Office Serious and Habitual Offenders Tracking and Monitoring Program and Advanced Aftercare Services, a grant project with the University of West Florida and the Florida Department of Juvenile Justice. In my work with Advanced Aftercare Services, my goal was to help Greg return to school, find a job, and comply with other court-ordered sanctions.

Taking Greg to register for school was difficult because most of the teachers had at one time been physically or verbally accosted by him. At the beginning of the school year, I nearly lived at the school, trying to keep him from getting kicked out after he threw books, pencils, and papers at teachers and other students. The linking of services among the school social worker and behavior specialist, teachers, and administrators structured, mediated, and controlled Greg's experience. Numerous meetings were held to revamp and make adjustments to Greg's individualized education program and behavioral contracts. The entire time, Greg continued anger management classes with me, where we would often role-play school scenarios.

Several weeks before Christmas break my pager went off and I groaned. Reluctantly, I made the call to Greg's school. After the behavior specialist told me what

had transpired, I said, "This is real progress." Although Greg had sworn at a staff member and said that he would like to hit her, the behavior was only verbal. Granted, it was still inappropriate behavior, but he had finally proven to himself that he had control over his body.

Greg's behavior improved even further until his best friend was arrested and placed in a residential commitment program several hours away, and his mother asked that he be removed from the home because he refused to baby-sit the younger children. The downward spiral started again. I asked the Department of Children and Families to help with the younger children, and joined others in encouraging Greg to look for a job. He had already been through a series of employability and life-skills workshops where he participated in mock interviews, completed a resume, and filled out applications. With some help, Greg found a job at a popular fast-food restaurant. Although he never made much money, he was proud of making it himself.

Temporary custody was granted to the grandfather until Greg's mother could get herself back on track. Thankfully, a friend named Bud entered the picture at this point. Stable and near Greg's age, Bud was working on his GED and had never been in trouble with the law (something that is almost unheard of in the neighborhood). I encouraged Greg to spend time with Bud instead of his old friends, who were dealing drugs. Meanwhile, his mother was ordered by the court to attend parenting classes and family counseling, and Greg was allowed to spend at least 10 hours a week with his mom and siblings, so that

the ties could be rebuilt.

When his behavior at school improved again, the faculty, staff, and Greg met to discuss the prospect of Greg returning to a regular school. The meeting ended when Greg said he did not care anymore and insulted the principal. To this day, Greg swears he wants to leave the SED center, but every time his behavior warrants a trial assignment he starts to have problems again. It seems that he needs the extra attention and structure of the SED center. Even though he claims to hate going to the “stupid school,” he seems happiest when he is there.

Several weeks ago, Greg told me education was the key to his success. When I asked why he thinks he made it, he said, “That’s easy, at first it was’ cause you believed in me. After a while, I got tired of you always thinkin’ I could do all this stuff, you know? So I guess if you think I can do good stuff, I have to believe in me too. Now I believe in myself and what I can do. I don’t listen to them other people tryin’ me and puttin’ me down.”

We released Greg from supervision nearly 2 months ago. He still pages me to talk, and we continue to see one another at school. He is currently the peer mediator for a 14-year-old student at his school who is also in our program. Greg tries to intervene when problems with the young man and his peers arise. He has broken up several fights and “talked down” numerous students. Greg’s journey from rage to resilience is amazing. He is truly resilient since he finally made peace with the tragedy and difficulties in his life, and, more important, with himself.

Components of Greg’s Success

One factor in Greg’s success was the ability of others to acknowledge his progress, even if the improved response was still unacceptable. If a teacher agrees to accept profanity as a more acceptable response than violent behavior, then the profanity should be viewed as an accomplishment and perhaps only minimally reprimanded verbally (Guetzloe, 1998). This is the strategy I used with Greg. Another factor was the school’s ability to enforce logical alternatives to suspension or expulsion as consequences for misbehavior (Johns, 1998).

Special school programs. Although many factors aided Greg in becoming a successful, resilient member of society, the school environment was a fundamental and integral part of the process. The SED center Greg attends did an outstanding job of linking services with our program, especially when he was having problems. Such action managed to keep him in school, when the alternative would have been tossing him back onto the streets with numerous suspensions. Additionally, opportunities like peer mediation are excellent ways to allow youth who exhibit troubling behaviors to develop social skills and leadership qualities, and to improve self-esteem—all of which positively affect individual resilience (Lawrence, 1998).

More emphasis must be placed on how the lessons students learn in the classroom will carry over into daily life within the workforce. Businesses, community leaders, and school administrators must find a more tangible way of linking services. This will provide youth with the

necessary skills they will need to be a valuable part of the workplace (Lawrence, 1998). By linking such services, more young people like Greg will remain in school because education will have a more realistic purpose for their future.

Resiliency Assessment Checklist.

Greg's success shows that developing resilience is the key to unlocking a hopeful future for youth in need of extra help. The Resiliency Assessment Checklist (see Figure 1) is essential to developing this resilience. This checklist has proven to be a valuable asset for assessing

youth in our program. Once we determine a child's most dynamic needs, it is much easier to help him or her on an individual basis. The checklist was developed by a group of professors and doctoral students from the University of West Florida. It is used with new youth who enter our program to identify the child's strengths and weaknesses, along with the most viable areas for resilience skill building.

It is imperative to have a relationship with the child prior to completing the checklist. If you attempt to assess the child without really knowing him or her, you will reduce the checklist's accuracy and usefulness. Once you have determined the youth's strengths and weaknesses, you can develop an accurate behavior plan with goals, and individualize groups and workshops.

The checklist determines whether or not youth possess skills or aptitudes in many areas associated with resilience. The observer must check the appropriate skills that the individual child possesses. This information can be gained through youth records, observations, and interviews.

Keys to Success

While there are many factors that will enhance or hinder a youth's ability to become resilient, there are no data to prove that, even in the worst situations, children cannot pull through. Many times, students like Greg know that they are acting inappropriately; however, they are not sure how to change their behavior. They tend to feel that their lives are not worth much and that nothing they could possibly do would make things better (Goldstein & Conoley, 1997). The key to helping these young people is communication—on a personal and individual level, regardless of barriers. This means that youth, educators, and social workers need to be able to locate and discuss specific behavioral areas that are hindering communication (and therefore emotional development). Instruments like the Resiliency Assessment Checklist help us to do this.

A year ago, Greg had not yet undergone the resiliency assessment, and he was on his way to becoming another troubling statistic. The checklist told us that Greg needed to improve his anger management, communication, and social skills. Identifying these areas enabled us to focus on the few that were troublesome, so that Greg did not become overwhelmed and could make profound progress in them over a short period of time. His success shows that it is possible to turn hopelessness into hopefulness, even in the most troubling situations.

Figure 1

RESILIENCY ASSESSMENT CHECKLIST

| | | |
|---|-----|----|
| Problem Solving | | |
| Can the subject recognize problems? | Yes | No |
| Can the subject verbally communicate and interpret information? | Yes | No |
| Can the subject nonverbally communicate and interpret information? | Yes | No |
| Does the subject understand consequences of behaviors? | Yes | No |
| Can the subject formulate multiple options for possible solutions? | Yes | No |
| Can the subject conduct means-ends reasoning? | Yes | No |
| Anger Management | | |
| Can the subject identify and define antecedents to behavior? | Yes | No |
| Can the subject identify and define behaviors? | Yes | No |
| Can the subject identify and define consequences of behavior? | Yes | No |
| Can the subject identify external anger triggers (external factors that induce aggressive behavior and/or anger)? | Yes | No |
| Can the subject identify internal anger triggers (specific self-talk that increases aggressiveness)? | Yes | No |
| Can the subject identify anger cues (physical and emotional precursors to anger)? | Yes | No |
| Can the subject identify and use anger-reducing strategies? | Yes | No |
| Can the subject identify appropriate ways to express anger? | Yes | No |
| Can the subject self-appraise anger-control techniques? | Yes | No |
| Social Skills | | |
| Can the subject listen? | Yes | No |
| Can the subject concentrate on a task? | Yes | No |
| Can the subject refuse the request of another politely? | Yes | No |
| Can the subject compliment others? | Yes | No |
| Can the subject ask permission to use another's property? | Yes | No |
| Can the subject keep out of fights? | Yes | No |
| Can the subject ask for help? | Yes | No |
| Can the subject offer help? | Yes | No |
| Can the subject prepare for a stressful conversation? | Yes | No |
| Can the subject negotiate? | Yes | No |
| Can the subject deal with group pressure? | Yes | No |
| Can the subject express his or her feelings? | Yes | No |
| Can the subject express a complaint? | Yes | No |
| Can the subject deal with an accusation? | Yes | No |
| Can the subject decide on and evaluate skills and abilities? | Yes | No |
| Empathy | | |
| Can the subject define the concept of empathy? | Yes | No |
| Can the subject define the rationale for possessing empathy? | Yes | No |
| Can the subject identify personal examples of how one shows or exhibits empathy for others? | Yes | No |
| Can the subject identify external examples of empathy? | Yes | No |
| Does the subject possess situational perception skills? | Yes | No |
| Can the subject express an understanding of the feelings of others? | Yes | No |
| continued over ... | | |

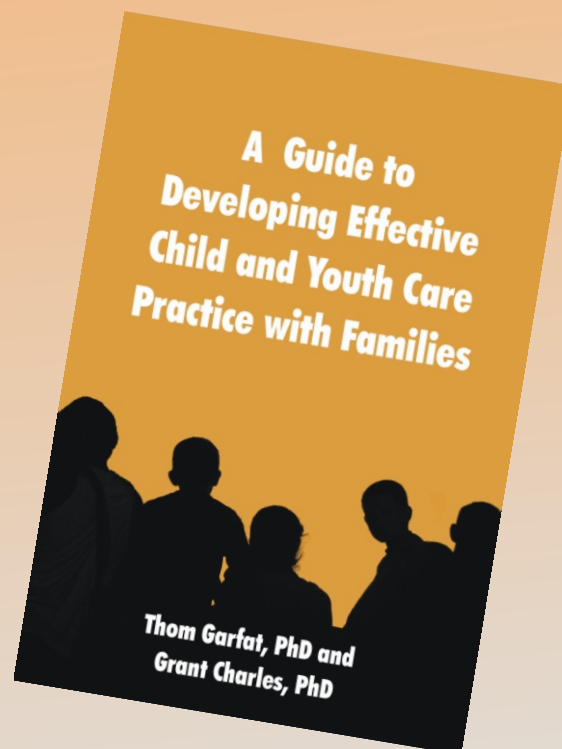
Figure 1

RESILIENCY ASSESSMENT CHECKLIST - continued

| | | |
|--|-----|----|
| Goal Setting | | |
| Can the subject define a goal? | Yes | No |
| Can the subject choose appropriate goals? | Yes | No |
| Can the subject define the difference between long-term and short-term goals? | Yes | No |
| Can the subject analyze a goal by tasks and break the goal down into small and achievable steps? | Yes | No |
| Sense of Hope and Meaning | | |
| Can the subject define a sense of hope and meaning? | Yes | No |
| Can the subject define the rationale for possessing a sense of hope and meaning? | Yes | No |
| Can the subject identify personal sources of hope and meaning? | Yes | No |
| Perseverance | | |
| Can the subject define perseverance? | Yes | No |
| Can the subject identify the rationale for possessing perseverance? | Yes | No |
| Can the subject identify personal examples of perseverance? | Yes | No |
| Can the subject identify external examples of perseverance? | Yes | No |
| Sense of Positive Relationships | | |
| Can the subject define a sense of positive relationships? | Yes | No |
| Can the subject identify the rationale for possessing a sense of positive relationships? | Yes | No |
| Can the subject identify personal examples of utilizing one's sense of positive relationships? | Yes | No |
| Can the subject identify external examples of utilizing one's sense of positive relationships? | Yes | No |
| Sense of Responsibility for Self and Others | | |
| Can the subject define a sense of responsibility for self and others? | Yes | No |
| Can the subject identify the rationale for possessing a sense of responsibility for self and others? | Yes | No |
| Can the subject identify personal examples of a sense of responsibility for self and others? | Yes | No |
| Can the subject identify external examples of a sense of responsibility for self and others? | Yes | No |
| Self-Esteem | | |
| Can the subject define the concept of self-esteem? | Yes | No |
| Can the subject identify the rationale for possessing self-esteem? | Yes | No |
| Can the subject identify one or more positive personal characteristics? | Yes | No |
| Sense of Humor | | |
| Can the subject define a sense of humor? | Yes | No |
| Can the subject identify the rationale for possessing a sense of humor? | Yes | No |
| Can the subject identify personal examples of a sense of humor? | Yes | No |
| Can the subject identify external examples of a sense of humor? | Yes | No |

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Camphill Communities: Orthodoxy Challenged

Robin Jackson

As an outsider who has been closely linked with Camphill communities for over ten years, I have often been asked what I think make Camphill communities so different from other forms of residential care provision for people with intellectual disabilities. Today there are over 100 Camphill communities in countries throughout the world. The first community was co-founded in Scotland in 1940 by Dr Karl Koenig, an inspirational Austrian physician, who had been forced to flee his native land which had been annexed by the Nazis.

<http://www.camphillscotland.org.uk/>

If I were to be asked to distil the essence of Camphillness, I would highlight four key constituents: mutuality, rhythmicity, spirituality and tranquillity: each one inextricably bonded to the others, remove one and the overall potency and effect would be lost.

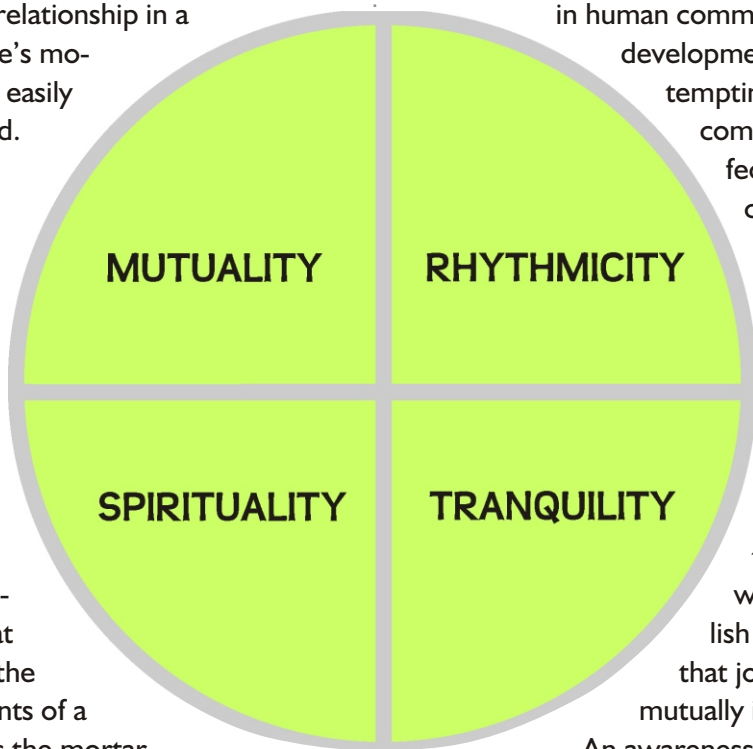
Mutuality

The relationship between carer and child is characterised by mutuality, defined here as the respectful give-and-take between and among persons. Mutuality is not merely a technique or attitude; it is a practice that embodies the value of inter-

action and understanding - not isolation and alienation. The life sharing aspect of living in a Camphill community is one of its defining features as this ensures that the principles of dignity, value and mutual respect can be meaningfully translated into practice. There has to be recognition and acceptance of the mutual character of the relationship between the person giving and the person receiving care: mutuality does not mean that what is given by each person is equal but means that it is of an incomparable quality. The daily process of learning across difference and inequality is vital, for it transforms the basic attitudes of caregivers towards difference. Also the negotiation of power sharing across inequality makes a reality of the rhetoric of empowerment, as such an approach requires the power to come from, and be given up by, someone else, namely the caregiver (Cushing, 2003).

John Macmurray, who was greatly influenced by the writings of Rudolf Steiner, was convinced that community meant nothing unless there was an opportunity for communion or a coming together in friendship (Costello, 2002). Friendship, he argued, should not be confused with

friendliness. While friendliness is not to be despised, it is only the imitation of friendship and a poor substitute for the real thing. Macmurray pointed out that we only come to be who we are as personal individuals through personal relationships. The positive form of that relationship goes by many names: love, friendship, fellowship, communion and community. In talking about seeking to create a loving relationship in a care setting, one's motives can all too easily be misconstrued. What we are talking about here is the establishment of an affective relationship which is unconditional. It is mutual friendship that provides the cohesive force that binds together the different elements of a community; it is the mortar without which any communal edifice would collapse. Macmurray makes his position clear: 'create communion and community: the reality of it, not the form or appearance of it: discard the pretence. In the attempt, we shall discover the condition of a new life'.



Rhythmicity

Maier (1992) has indicated that rhythmicity is a potent force not only for linking people together but also in creating a sense of internal togetherness. Life comprises a wide range of natural rhythms from the regularity of the heartbeat to the change from day to night. Maier argued that rhythmicity is an essential ingredient in human communication and development. In attempting to communicate effectively with a child the carer has to fall into step with the child so that they dance to the same tune. The child and the caregiver then search for ways to establish and maintain that joint rhythm in a mutually inclusive way.

An awareness of this engagement can help carers pace their interactions and further their capacity to interact and to speak with, rather than to, the child. It is important for us to learn to listen, to look and explore in a new way the pulse of groups with which we are working. It is argued that only by living one's work in a community can one become sensitised and respond appropriately to these rhythms.

Spirituality

Attention to the spiritual wellbeing of all is an integral facet of life in a Camphill community. Spiritual wellbeing, which may have everything or nothing to do with religious belief and observance, is an integral and essential aspect of everyday life. It can be defined as a sense of good health about one self as a human being and as a unique individual. It occurs when people are fulfilling their potential as individuals and as human beings; are aware of their own dignity and value; enjoy themselves and have a sense of direction; can sense this quality in others and consequently respect and relate positively to them; and are at ease with the world around them (Crompton & Jackson, 2004). Spiritual care and support do not result from the acquisition and application of a series of techniques and skills; they result from sharing together and learning together. They come by addressing questions which relate to the value and meaning of life (Swinton, 2001).

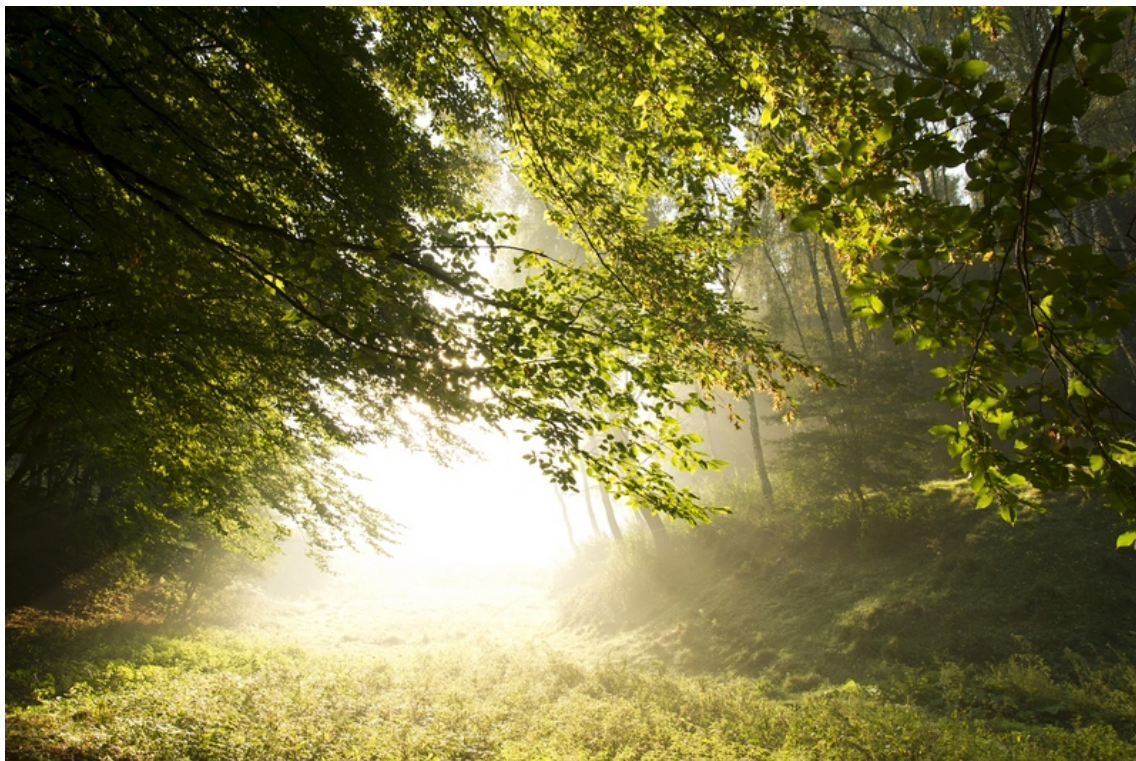
Tranquillity

A further characteristic feature of Camphill settings is their tranquillity. There are few visitors who do not quickly become aware of this distinct and rare quality and comment favourably upon it (Brennan-Krohn, 2011). It is a quality which immediately communicates itself to the individual. But what do we mean by tranquillity? Too often tranquillity is simply equated with silence or an absence of noise but tranquillity is a quality that has to be created. It can be defined as a state of inner emotional and intellectual peace. While many people may recognise its im-

portance, few understand its benefits. Tranquillity can help individuals overcome feelings of anger, nervousness and fear that often form part of their daily life. It brings enhanced levels of emotional and mental calm that enable the individual to feel mentally stable and grounded. By keeping the mind clear and stable, it is argued that tranquillity can help improve judgment and by so doing make the future appear bright and positive. This in turn helps to maintain a person's good physical health through keeping the body strong and resistant to illness. Thus there is a sense in which tranquillity has a healing or curative quality. The creation of a tranquil environment is essential for therapeutic reasons as a significant number of children who attend Camphill schools react adversely to noise or disturbance. Research has clearly demonstrated the negative impact of noise on children who are autistic (Attwood, 2006; Menzinger & Jackson, 2009).

Conclusion

What is indisputable is that Camphill communities constitute a challenge to contemporary care philosophy, provision and practice. The notion of mutuality runs counter to the belief that one should maintain distance in all professional relationships and questions the meaning, purpose and value of that kind of professional relationship. There is an urgent need to reshape professional practice in such a way that the primacy of relationships is re-established, for human services will only flourish where they are imbued with humanity (Jackson & Monteux, 2003).



The idea of the professional ‘dancing’ in step with the client where the client takes the lead is difficult to envisage. Yet presumably that is what the personalisation agenda is all about! The proposal that professional carers should concern themselves with the spiritual wellbeing of clients is usually dismissed as being ‘off limits’. This sensitivity results in large part from a misunderstanding of the meaning of spirituality. There is a certain irony here given the current popularity of wellbeing as a topic for discussion in conferences and courses for members of the care profession. It is difficult to see how one can discuss wellbeing without some reference to the spiritual dimension. The importance of tranquillity rarely registers with those responsible for the placement of children and young people. Indeed

tranquillity is assumed to be a direct and negative consequence of physical isolation and for those committed to the policy of inclusion it signifies something undesirable.

There is then a sense in which Camphill communities present an ongoing challenge to professional orthodoxy; something they have consistently done over the past seven decades. Karl Koenig, co-founder of the Camphill Movement, made clear in *The Scotsman* newspaper in 1944 that it was wrong to speak about any child as being ‘ineducable’. He rejected the medical model of disability and was opposed to the categorisation of children according to measured intelligence. In looking at the child, Koenig focused on what the child could do - not on what he could not do: it was a vision that filtered

out the negative and concentrated on the positive.

In writing this article I am not wishing to suggest that Camphill communities have successfully evolved an ideal model of residential child care. What I hope readers who work in the care sector will ask themselves as a result of reading this article is the extent to which one or more of the four features identified is present in their place of work. To those readers who have a designated responsibility for planning innovative residential care services for children and young people, I hope something in this description of Camphillness will resonate and possibly help shape their deliberations.

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Robin Jackson has been a university teacher, school principal and lay advocacy co-ordinator. He is currently an Honorary Fellow of the Karl Koenig Institute, Aberdeen and recently edited the book *Discovering Camphill: New Perspectives, Research and Developments* (Edinburgh: Floris Books, 2011).

Children's stories: A GP perspective

Lesley Morrison



The actor Samantha Morton has just directed her first film about a girl growing up in a children's home, which Samantha Morton did herself. She has just spoken publicly about her criminal conviction, while in the home, for the attempted murder of someone who harassed and provoked her consistently.

She spoke out because she has been so affected by the recent Commons Select Committee report (2009) which warned that the state is failing to adequately protect children in care from sexual exploitation, homelessness and falling into crime, and concluded that there had to be greater investment in children in care.

There also needs to be greater investment in the processes by which children are identified as being at risk and needing to be taken into care. In some families, the warning lights flash pretty brightly. When a young male patient starts the consultation by saying, as one did the other day 'I've got a bairn and a habit', your child protection antennae quickly become active. The medical student with whom I was working was fairly unsympathetic towards him until

I explained that he had suffered a very emotionally deprived upbringing with an alcoholic mother. At least he was acknowledging his problem and asking for help. Whether his child continues to live with him and his partner remains to be seen. In general practice, over several consultations and years, we acquire pieces of the jigsaw of a person, their family, their place in the community, and gradually build up a picture of them. We hear their stories and share their life events. The importance of narrative-based medicine is recognised, especially as a balance to the evidence-based, scientific medicine which has tended to dominate. The pendulum between the art and science of medicine is swinging to a more central position. When more and more of our work is computer-based and increasing importance is attached to measurable criteria for assessing performance (and pay), continuing to listen to and value people's stories is essential.

Nowhere is this more relevant than in dealing with children and young people who are looked after away from home. Sadly,

chapters of the story are often missing. Patients' notes can take a frustratingly long time to catch up with them when they move home. In the case of children and young people who experience multiple sequential placements, it can be even more frustrating; for us, for them, and for their carers. The likelihood of poor health outcomes is greatly increased if the failure to attend follow-up appointments or act on investigation results is not recognised and acted on by GPs. The ability to gain a true picture of the young person can be compromised. Research shows that these young people, as we know, are at higher risk of developing drug and alcohol problems, have poorer sexual health, a rate of smoking four times the national average and lower nutrition levels (Rodrigues, 2004). In order to make sense, not just of their full blood count, but also of their anger and behaviour, we need the narrative.

Sometimes, the narrative is hard to reconcile with the young person you have got to know. One adolescent foster child I look after is kind, bright, sensitive and a very promising musician. Her meticulous childhood notes which have followed her tell the story of an alcoholic, incapable mother with desperately deprived and at-risk children. The children were rescued by social services and given a life. Robert Frost's famous poem, *The road not taken* (1920) gives beautiful expression to such times; it describes the divergence of two possible paths in a life, the decision point which determines the future.

*Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.*

The part of our work involved with carrying out medicals on prospective foster carers can also throw up surprises and illustrate the importance of listening to the story. Last week, I saw a young woman who was a prospective foster carer. From reading her notes, she had not had an easy life and she walked into my consulting room clearly tense and irritable at being kept waiting. I inwardly questioned whether someone whose patience was so easily strained had the temperament to foster. By the end of half an hour, having experienced her warmth, honesty and quirky sense of humour, I had no doubt about recommending her. Would she mollycoddle her charges? No. Would they be treated as ordinary members of the family and allowed to experience normal life and normal risks? Yes.

Most young people who are looked after away from home struggle to believe that they will be trusted and treated with respect and confidentiality when they engage with services, including health services. The message, 'Here to listen, not to tell', is one which we need to constantly reinforce. Young people in the care system often have to relate to so many people and agencies who communicate with each other about them that it can be especially difficult for them to believe that what they say to their GP will be private and confidential. A relationship of trust can take a long time to develop and it can be easily broken. However, such a relationship, of listening, trust and above all, valuing stories is one which general practice should strive for and continue to offer.

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“... and a word of advice: I would ease up on the health foods.”

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Soup

Laura Steckley

The nights are closing in here in Scotland. Soon, we'll be having little more than six or seven hours of pale light a day. I can feel myself slipping into my annual hibernal torpor. No bad thing, really. We're mammals; we're meant to hibernate, or at least slow down a bit over winter.

Unfortunately, slowing down each year isn't factored into modern living. On the contrary, everything keeps getting faster and faster.

So I made soup today. The rhythmic chopping of veg., the smells of onion, garlic and smoky bacon, and the steady hiss of the pressure cooker all give me a strong sense of well being, no matter what time of year. Cooking, in general, does this for me but making soup has an especially restorative effect. And when I was making this soup today, I got to thinking about Matt.



Matt and I came to the unit around the same time. He was just twelve years old. This made him one of the youngest – a tough place to be in an all boys school. He had a tenderness that, for the most part, he hid behind his mischievousness and ability to cause chaos. As Matt got

older and things deteriorated with his father, his chaos-making developed a sharper edge and his tenderness became less and less apparent.

I only worked with Matt for a few months before I was moved to another unit, but in that short time, I devel-

oped a fondness for him. I think he knew it. I still saw him 'round the school from time to time, and one autumn morning I bumped into him wandering outside of my unit. Matt was fifteen at this point, and much harder to deal with when he 'went off on one'. He was clearly pissed off about something, and clearly didn't want to talk about it.

I was about to make soup for lunch and on a whim, I invited Matt up to help me. To my surprise, he accepted. I phoned down to his unit, and while they had their reservations about reinforcing the negative behaviour that led up to our bumping into one another, an hour or two of respite from the morning's difficulties was just too irresistible.

We made lentil soup that day, and I had such a lovely time with Matt. He really got into it. In some intangible way, he allowed me to see that tender boy I knew from three years prior. We didn't actually talk about anything deep. I'm sure I probably tried to find out what was going on with him, but there was no disclosure or profoundly insightful conversation. We just made soup and reconnected through that simple task.

And then I blew it. It was time for him to go back down to his unit, and I started in on how much I enjoyed the time we spent and that, if he could work on getting himself to a more trustworthy place, one where his staff could feel safe sending him up to my unit and we all could feel okay with him having a knife in his hand, I'd really like to do this again. Blah, blah, blah. I was trying to extract more mileage from something that seemed to work. In effect, I tried to turn that shared moment into a carrot, an inducement for him to behave the way we wanted him to behave. At the time, I think Matt saw this more clearly than I did. Something shifted between us. It hardened. Because it was so subtle, I didn't give it much thought at the time. Looking back, however, I realise that we never made soup or did anything else together again.

When I reflect on what happened, I can see the gaps in my thinking that contributed to my blowing it. I didn't recognise the power of the minutiae – the small, seemingly minor details of our interactions that accumulate and shape growth. The process of growth is so gradual and the little things that affect it are so easy to miss – I was not attuned to them and did not value them properly. My treatment background had taught me to be oriented towards more 'significant' interventions with much bigger steps and more tangible signs of 'progress'.

While I had a clumsy, unarticulated sense of the importance of meaning making and experience arranging, the opportunities for these dimensions of practice were lost on me that day. The context was too modest, too mundane. And it completely escaped me that I might be offering Matt the possibility of a refuge he could return to again and again in the simple act of making soup. Maybe he just needed a bit of respite from being the Matt that everyone was struggling with, including himself. Maybe being with someone who reflected back a slightly different image of himself, one that included tenderness and the ability to derive a sense of well being from a simple task, was what Matt needed that morning. Maybe that was enough.

Matt will be in his mid-twenties now. I think about him sometimes, with fondness and a tinge of regret. I hope he makes soup.

Humility vs. Logic

Jack Phelan

I have been thinking about logic and humility in the previous two months and now I want to create a bit of a challenge for you, the reader who is also a CYC practitioner.

I will be posing a residential program example, but be assured that the setting can be modified to a school, street corner, hospital or family home.

I have lived in the CYC world for many years and I often see practitioners misjudge, often by overestimating, the developmental capacity of the youths and families we serve. The result is frustration on both sides and relational resistance building for everyone involved. One of the usual situations that create this relational disconnect is when a worker is using logical consequences (a jargon term that we have all come to accept without critical review) to teach a youth to be more sensible.

Let me pose a situation –

A youth in a group home is expected to wash the dinner dishes before going out for the evening. He is given a choice by his worker to do them immediately, or to have a short break before starting. All his friends are heading for the park right after dinner, and he goes with them, leaving the

dirty dishes in the sink. The worker is upset with this turn of events, and ends up washing the dishes himself. When the youth returns a few hours later, the worker angrily confronts the youth and gives him a logical consequence of doing two chores the next day.

Unfortunately, this youth does not see the logic in this and storms away, to brood and grumble about how unfair this is. The worker is feeling quite justified and blames the youth for not thinking logically, perhaps even commenting on this youth's inability to grasp the obvious in the log book. The worker does not reflect on how this event has damaged his relationship with the youth, and may even see it as a step forward, citing boundaries, etc..

Humility, as I have previously framed it, is the ability to stay curious and unthreatened when confronted with attitudes and beliefs that contradict your own cherished ideas about life truths. The goal is to build bridges between my logic and yours, not to force my logic onto you.

The CYC practitioner, using his own belief system, sees a need for a logical consequence here and I agree with him. We only differ on what the logical consequence actually is. I would suggest that

the problem here is that this worker over-estimated this youth's ability to have enough self control to resist the temptation to leave with his friends and as a result of this the consequence is that the worker had to do the dishes, which is very logical to both of them, and the teaching value of the consequence will be useful for the worker.

I can hear the groans and protests about letting the youth get away with something. I want to invoke your ability to be humble, then think about the relational cost and physical effort required to implement the double chore logical consequence. Then reflect on how it will actually make the worker less able to think developmentally, because it is a very unsophisticated and self-centered response, more focused on the worker's needs than the youth's. Now I can hear the whole team, perhaps including the supervisor, commenting on how I probably never worked with difficult youth, and I can assure you that I did. New or untrained workers should not try this skill of humility until they are safe within themselves around such difficult youth, but skilled CYC practitioners can smile and see the logic in this and similar consequences that occur when we misjudge youth in our attempts to create life lessons.



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The Quest for Professionalization

John Stein

The acceptance of child and youth care work as a profession is a theme that continues to come up among child and youth care workers. Many complain that their work and expertise are not fully appreciated. As a result, their contributions in treatment team meetings tend to be devalued. More, they feel that they are being taken advantage of, being paid less than they are worth because of the belief that they work because of their dedication and commitment to their children rather than for money.

In thinking about all this, I thought to look at the professionalization of Social Work to see whether it had anything to offer Child and Youth Care Work. Trattner (1984), in *From Poor Law to Welfare State: A history of social welfare in America*, offers a chapter entitled “The Quest for Professionalization” in the latter half of the text (pp. 219-238). I thought it provided some insight into the current struggles of the Child and Youth Care profession.

The Quest for Professionalization of Social Work

Over the years, especially in the late nineteenth century, as the day of the generalist was beginning to fade

before the mounting complexities of modern existence, other groups—teachers, engineers, geologists, chemists, economists, political scientists, and so on—experienced a formative growth toward self-consciousness and efficient organization that resulted in their becoming professions. Before they could do so, they had to have exclusive possession of a systematic body of knowledge, a monopoly of skill obtained from higher education and training, and a subculture whose members shared a group identity and common values (Trattner, 1984, p. 219).

During the early twentieth century, charity workers also sought professional status (Trattner, 1984, p. 219).

In 1914, Charles P. Neill, the U.S. federal Commissioner of Labor opined:

Zeal for the cause of health or devotion is not accepted as a sufficient basis to turn anyone loose as a healer. But too often, zeal in the cause is all that is expected of a charity worker. The unintelligent, untrained charity worker can, in spite

of disinterested zeal, often cause...
havoc (Trattner, pp. 219-220).

It seemed that the systemic problems of industrialization required trained workers, schools to train them, social research, other highly technical skills, and professional discipline.

Charity workers did not have these tools at the turn of the century nor, in the eyes of the public, could they ever develop or acquire them. It was commonly felt that social work consisted of little more than providing aid to people in need, and that no person or group could claim a monopoly on benevolence or could create a profession out of it. To the extent that every person had an obligation to help the suffering, social work was everybody's business. Only when social workers succeeded in convincing the public that not everyone with love in his or her heart could do the job, that social work consisted of more than benevolence and well-wishing, that it had a scientific as well as an ethical component, did they achieve professional recognition (p. 220).

By the third decade of the twentieth century, social workers had founded professional schools, developed a systematic body of knowledge based on scientific theories, and demonstrated unique skills. More, they "had a self-conscious group of practitioners who belonged to a number of newly created professional organizations" (p. 221).

Trattner traces the beginnings of the movement to professionalize Social Work to the American Social Science Association founded in 1865. At their annual meeting in 1874, members of state boards of charities who were attending the meeting decided to get together to discuss common problems and solutions. Later that year, paid secretaries of those boards got together in what was probably the first meeting of people making a career of charitable work, laying the groundwork for the founding of the Conference of Charities. In 1884, the group changed its name to the National Conference of Charities and Correction, opened its doors to others, both religious and secular, and published *Proceedings*, a record of its annual meetings. They created a certain *esprit de corps* among charity workers, establishing charity work as a distinct occupational area in which they alone could claim expertise.

By the late nineteenth century, social work was beginning to pass beyond mere philanthropy to a vocation based upon the assumption that it required specific knowledge, skills, and techniques, as well as good intentions, and that such capabilities could be passed from teachers to students (p. 223).

Moving into the twentieth century, there were two specializations, casework and settlement house work. Both groups realized that:

Since the concepts, values, standards, and techniques of the profession are

rooted in education, vitality in the field depends upon a reciprocal flow of knowledge between the teacher and the practitioner, between theory and practice, between the training school and the agencies in the community (p. 223).

In 1898, the New York Charity organization organized the Summer School of Philanthropy, an annual six-week summer program for those already working in the field. It consisted of lectures, visits to public and private agencies, and field work. Later, the school was renamed the New York School of Philanthropy, redesigning and expanding its program to a full academic year, primarily for students without experience. In 1910, it expanded to a two-year program. By 1920, it had become the New York School of Social Work (later becoming the Columbia University Graduate School of Social Work). In 1901, settlement houses in Chicago cooperated in offering an extension course through the University of Chicago, leading to the founding of the Chicago School of Civics and Philanthropy, which became the University of Chicago School of Social Work in 1920. Meanwhile, in 1904, Boston's Associated Charities in cooperation with Simmons College and Harvard University, founded the Boston School of Social Work.

At first, most schools of social work were like the New York School of Philanthropy; that is, adjuncts of private social agencies which supplied instructors and the opportunities for field work, which for the most part

subordinated theory and research to field work. They produced practitioners to staff their agencies rather than administrators, scholars, social theorists, and the like (p. 228).

There were debates about the curricula in these schools. Should they be training centers or educational institutions? Should they provide knowledge and theory or experience through field work? Should theory be on subject matter or methods? Should field work be supervised by agency personnel or educators? Should there be research?

As more schools of social work began to appear, their directors began meeting at the National Conference of Charities and Correction. In 1920, feeling the need for some accrediting agency for schools of social work, they established the Association of Training Schools of Professional Social Work, which eventually became the Council on Social Work Education in 1952. It continues to set the standards of social work education in the United States and Canada.

Another important development in the professionalization of social work was the appearance of specialized publications, beginning with the *Proceedings* of the National Conference of Charities and Correction in 1884, followed by the journal *Lend-A-Hand* in Boston in 1886, *Charities Review* in New York in 1891, and other numerous specialized and general practice journals, later including *Social Casework* in 1920, *Child Welfare* in 1922, *Social Service Review* in 1927, *Social Work Today* and *Public Welfare* in the mid 1930s, and many more.

At least one more thing was needed for social work to be considered a profession—professional associations. Professional associations are important, helping to raise standards and determine the relationship between the profession and society. More, in linking professional colleagues through a network of such associations, professional associations help to differentiate between professionals and amateurs as nonprofessional outsiders. Further, they facilitate links between schools and practitioners.

Traditionally, there have been two types of national associations in social work—groups concerned with extending and improving the quality of work of member agencies (such as the National Federation of Settlements, the Family Welfare Association, the Council on Social Work Education), and associations of individual social workers which seek to further professional development and improve working conditions (such as the American Association of Medical Social Workers and the American Association of Psychiatric Social Workers).

In 1911, the alumnae of several women's colleges organized the Bureau of Occupations to serve as an employment agency. The demand for positions of social work was so great that a special department was created for social work applicants. It maintained a registry of all social workers affiliated with it, laying the foundation for a national organization. In 1917, it separated to become the National Social Worker's Ex-

change, assuming responsibility over additional areas including salaries, ethics, standards, and communications among various branches of the field. It opened its membership to anyone engaged in social work, either paid or volunteer. In 1921, members voted to change the name to the American Association of Social Workers. In 1955, it merged with several other associations, changed its name to the National Association of Social Workers (NASW), and decided that graduation from an accredited school of social work was necessary for membership. (NASW currently offers three types of membership: Regular Full Membership for social workers with at least a BSW, Student Membership, and Associate Membership for people with a professional interest in the profession or its clients (NASW, 2011)). Its purpose throughout:

To serve as an organization whose members, acting together, shall endeavor through investigation and conference 1) to develop professional standards in social work; 2) to encourage adequate preparation and professional training; 3) to recruit new workers; and 4) to develop a better adjustment between workers and positions in social work (p. 235).

In 1960, NASW established the Academy of Certified Social Workers to provide credentialing (ACSW) of social workers who met rigorous criteria for education and practice (NASW, 2011).

Trattner concludes:

All that remained for professionalization was popular acceptance of the fact that

social work had a well defined body of knowledge and unique techniques capable of transmission through a formal educational process (p. 236).

Social work has most certainly achieved professional status today. Most (if not all) states in the US provide for the professional licensing of social workers and require licensure to practice social work independently. I have seen salaries improve significantly since the 1970s.

The Quest for Professionalization of Child and Youth Care Work

Child and youth care in some parts of the world seems to be well along the road followed by social workers, less further along in other places, and in yet other parts of the world, they seem yet to have begun the journey.

In Canada and other 'commonwealth' nations, there are professional associations, schools providing courses of study dedicated to the field, and journals produced by and dedicated to the field. In fact, in one way, the child and youth care profession is a bit ahead of the curve. Through the Internet, most notably cyc-net, but also other resources, there is now world wide communication among practitioners and educators.

All that remains, it seems, is "popular acceptance of the fact that" child and youth care has "a well defined body of knowledge and unique techniques capable of transmission through a formal educational process."

It did not happen quickly or easily for social workers. At first, they weren't even social workers, they were charity workers

in philanthropy. Gradually, they developed a professional identity and adopted the title of social worker. Eventually, they set standards of education and practice for themselves, and provided credentials for social workers who met those standards.

In other parts of the world, most notably for me, in much of the US and especially in Louisiana, the journey has not begun. More, the beginning does not even seem to be on the horizon. Pay for many entering the field is minimum wage, \$7.25/hour or \$15,080 annually (Civil Service pay for psych aides, working on children's units in state psychiatric hospitals). Some private agencies pay a bit more, perhaps as high as \$10/hour or \$20,800 annually, but still below federal poverty guidelines for a family of four.

As a result, qualifications are low. In many instances, a high school diploma is accepted as the minimum qualification, although a bachelor's degree may be 'preferred.' Consequently, expectations are equally low, little more than providing basic supervision. Get the kids up and dressed, get the beds made, and get them off to school on time. Get their homework and chores done. See that the rules and schedules are followed. Keep them out of trouble and don't let them bust the place up. Don't get too imaginative and interfere with treatment done by professionals.

Most agencies are headed by social workers, psychologists, or other professionals, possibly with advanced degrees in education or pastoral counseling. They do not identify themselves as child and youth care professionals, but rather identify with

their own professions. Consequently, there is no leadership for the CYC profession. The state association of child care agencies, attended by agency executives, has been more interested in advocating for agencies, but sees little connection between that and improving the pay and quality of CYCs. Few if anyone sees a need to provide formal education for CYCs. The vision is not there. Heck, anyone can supervise kids. How hard is that? Especially when there is all that treatment available from professionals. (It can be most interesting to see the reactions of ‘professionals’ if they are called upon to supervise a residential unit for a time when child care workers are unavailable for one reason or another, e.g., during staff shortages because of high turnover or mandatory training.)

While many of the child and youth care workers with whom I have worked in Louisiana have been remarkably talented and skilled practitioners who would be a credit to the profession anywhere, few if any CYCs here view themselves as professionals. They have little time or opportunity for contact with other CYCs in other agencies, and consequently little opportunity or support to begin the quest for professionalization. They have little incentive or opportunity to organize, to seek certification, or to further their education (other than to get a different and better job).

And since no one sees the need, there is little chance of increased funding, especially in these times of reducing all government expenditures, no matter the cuts in services. It is “commonly felt that” child and youth care work consists “of lit-

tle more than” supervising children, “and that no person or group could...create a profession out of it.”

I wonder sometimes whether a name change might be beneficial, much as when ‘charity workers’ adopted the title of ‘social worker.’ Would ‘child development worker’ be a more descriptive title? Would it help to differentiate the profession from the ‘anyone can supervise kids’ mentality associated with ‘child care’ that in Louisiana serves to diminish the ‘profession?’

But there is one other obstacle I sense here in Louisiana. I wonder whether it is a problem in other localities, as well. Other professionals here seem to feel somewhat threatened by the idea that others might possibly do some of the things that they consider exclusively within their profession, based on their advanced education and licensure. More, that they might do it better.

A Word of Caution

The teaching profession also formed national and local associations and all that. But instead of acting more like professional associations, many of these bodies opted for the organized labor route, joining labor organizations such as the AFL-CIO. Rather than advocating for the profession and its clients, some focused on advocating for members, often at the expense of students, at times going so far as going on strike, in effect holding their students hostage, seeking better pay and other benefits, including shorter hours, reduced duties in the school, duty free lunch, and job security for themselves while advocating for little or nothing for

the children. Instead of advocating for the needs of students, i.e., advocating for higher standards, more resources, and better pay to attract better trained and qualified teachers, they advocated for their own 'needs.' Instead of 'we need to pay better to get better teachers,' it seemed to be we want more money.' Instead of establishing standards for certification of professional teachers, some organizations fought for job security for all members, regardless of ability and performance, sometimes resulting in job protection for incompetent teachers.

I would hate to see child and youth care follow this road to improving pay and working conditions.

Conclusions

There are many places where child and youth care is well along the road to professionalization, though not yet close enough to the end for those in the struggle. There are places where the child and youth care profession faces many of the same challenges faced by those in Louisiana and the journey has yet to begin. There are those places where the journey is partway along the path.

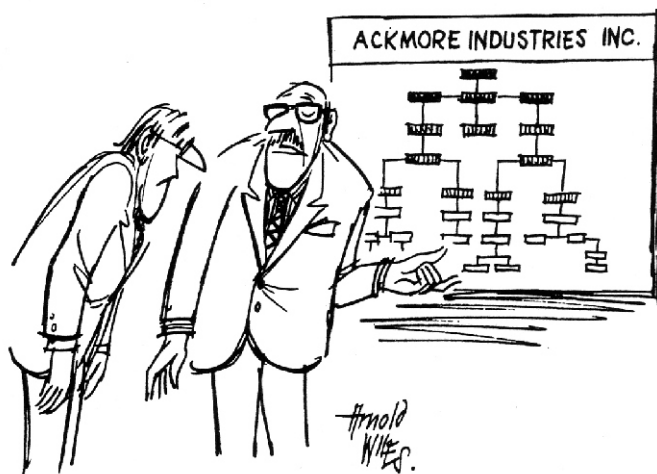
The steps seem to be, in whatever order:

1. Organize.
2. Communicate
3. Develop a shared sense of professional identity and self-worth.
4. Develop specific and unique knowledge and skill sets and the schools to teach them

- and the research to support them.
5. Develop professional literature.
6. Gain acceptance and recognition from other professionals, the community, and funding sources.

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"I haven't finalized the details, but you're going to be something very big down here somewhere."

Social Skills Training: Implications For Child And Youth Care Practice

Richard G. Fox and Mark A. Krueger

Abstract: This paper reviews the theoretical origins of social skills training and reviews the basic elements of implementation. Examples are presented as to the manner in which social skills training activities can be incorporated into child treatment programs by child and youth care workers. Furthermore, it is proposed that social skills training competencies be included in training programs for child and youth care workers.

Children and youth placed in group care facilities for treatment of physical, emotional, cognitive and behavioural problems are being characterized by what seems to be an increasing number of terms and constructs. For example, they might be described according to handicapping conditions (mentally retarded, developmentally disabled), pathological states (conduct disorders, emotional disturbance), socioeconomic status (disadvantaged youth, culturally deprived) and/or juvenile justice dispositions (delinquent, abused, in need of supervision). Originally intended to give child and youth care workers and other service providers a more thorough picture of the problems experienced by youth, it seems that this categorization process has left many struggling with the issues of initiating a treatment plan and identifying a central, unifying principle around which these diverse youth can be best understood.

It does not seem surprising, therefore, that child and youth care with its emphasis

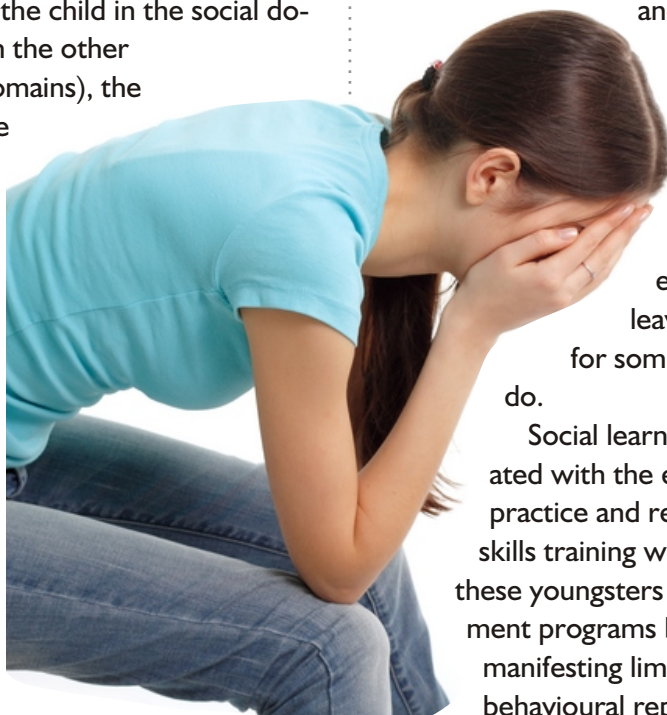
on developing social (Trieschman, Whittaker & Brendtro, 1969), educational (Brendtro & Ness, 1983) and caring (Maier, 1980) relationships in the total life space of the youngster has turned to social competence (White, 1978), a dimension along which all youth can be understood. In mapping out their visions for the future of the child care profession, Ferguson and Anglin (1985, p. 97) claim that “child care has developed within a model of social competence rather than in a pathology-based orientation to child development.”

Yet, while the field seems to have naturally moved toward this unifying body of theory, it has only begun to explore and articulate its applications to practice. For example, a review of current literature in child and youth care produces few examples of how social competence theory can be used in the milieu and only cursory references to the work of leaders in this area. In this article, therefore, we will describe basic social competence principles

and procedures leading to social competence for youngsters served in group care facilities.

According to social competence theory each youth represents a collection of behaviours which are more or less adaptive and can be viewed as influencing his/her ability to conform to the expectations and standards established by society. The more competent the child in the social domain (as well as in the other developmental domains), the more likely he/she is able to respond appropriately to the requirements of his/her culture. Conversely, the less competent the child, the less likely he/she is able to respond adaptively.

Typically, upon admission to a treatment centre, a mechanism to understand and treat these children and youth is set into operation. Assessment may involve looking at the family, social, educational, community and self systems through which these youngsters pass. The goal is to identify the reasons for the child and family's failure to develop and function adaptively. Some would contend, however, that all too often this activity focuses mainly on identifying and alleviating the pathological conditions which have brought about the



need for treatment rather than describing repertoires which need to be acquired or strengthened. Further, it is important to recognize that this may well be the failing of this assessment process since the emphasis on isolating and identifying negative behaviours may not always be accompanied by an attempt to identify positive behaviours which should be developed and refined. Nonetheless, whether the problem be with the assessment tool or the attitudes of the practitioner, the end results often leave workers looking for something positive to do.

Social learning theorists associated with the evolving body of practice and research on social skills training would suggest that these youngsters end up in treatment programs because they are manifesting limited and antisocial behavioural repertoires. In other words, they are socially incompetent or dysfunctional as are their families and that without direct training and intervention to build more positive behaviours little will occur to directly enhance these youngsters' abilities to deal effectively with the personal and social demands of their environment. Social skills training represents a step in the direction of responding to this need.

Definitions and Theoretical Origins

Social skills training methods represent

a melding of techniques derived from the social learning theory literature and adaptive behaviour outcomes implied from social competence theory and adult handicapped-vocational adjustment research. It can be described as a structured and direct teaching approach which facilitates the acquisition, production and generalization of personal and social behaviour. For the purposes of this discussion personal behaviour is defined as behaviour which is directed to oneself or which is characterized as intra-individual in nature. In most cases, depending on the theorist, this refers to such broad functions as feelings, self-esteem, stress reduction, etc. In a practical sense, this may be operationalized as teaching the youngster to label his feelings, display selfcontrol, deal with failure and so forth.

On the other hand, social behaviour is defined as behaviour which is directed to others or which is characterized by inter-individual exchanges. Here the referent is to interpersonal behaviour, aggression management, expression of affect, etc. Specifically, this may mean such behaviours as cooperation, sharing feelings, apologizing, sportsmanship, etc., and others depending on the population, setting and program.

Characteristics of Procedures

Gresham (1982) suggests that this technology is comprised of three trainer elements:(a) antecedent manipulation; (b) consequence manipulation; and (c) modeling. More familiarly, combinations of the following are typically found in social skill methods, materials and systems:(a) modeling; (b) behavioural rehearsal; (c)

feedback; (d) positive correction; (e) reinforcement; and (f) generalization training. Each of these components will be discussed in the sections to follow.

Modeling

Most, if not all, approaches to social skills training include the element of modeling or observational learning. This usually involves the presentation to the youngster of an exemplary version of the behaviour to be learned. Some approaches employ mediated presentations of the behaviour on videotape or film (Hazel, Schumaker, Sherman & Sheldon-Wildgen, 1981) while others require the behavioural exemplar to be presented by live models (Goldstein, Sprafkin, Gershaw & Klein, 1980). Nevertheless, the common philosophical tenet of these approaches is that the learner must see the behaviour in order to learn it efficiently.

For example, when a youngster in treatment needs to develop "listening to peers and adults in group settings," the worker will need to arrange a modeling display for the youth which presents this skill. Perhaps it might be modeled by workers or youngsters who possess the skill in a group setting or presented on video tape if the worker has access to that technology. In addition, the worker should take care to exemplify the skill on a day-to-day basis in his/her interactions with the youngsters in treatment so that incidental modeling displays can be exploited in conjunction with the more direct training process.

Goldstein et al. (1980), however, caution the practitioner that pure exposure

to appropriate models is often not enough to produce imitation. He further suggests that modeling must be “enhanced” through the selection of models which appear to the learner, application of personalized reinforcement for imitated behaviour and manipulation of modeling frequency. More detailed explanations of modeling research can be found in Bandura (1969) and Kirkland and Thelen (1977).

Behavioural Rehearsal

Behavioural rehearsal or role playing is that element of social skills training which allows the learner to practice, in a structured and supportive manner, the behaviour which has been modeled. This emphasis on opportunity to practice and refine the modeled behaviour is often in sharp contrast to those approaches which encourage the youngster, through discussion, to try a different course of action in problem situations.

Modeling and behavioural rehearsal go hand in hand. In fact Goldstein et al. (1980) have described both of these as necessary elements in social skills training if behaviour is going to be changed, and if each used in isolation is insufficient to insure effective maintenance and generalization of behaviour change.

For example, once the skill has been modeled either by the worker or a youngster who already displays the behaviour, the child developing the skill is given opportunities to practice the behaviour. This might occur within the situation in which the skill is being taught as in a therapeutic group or on an individual basis.

Research also suggests methods of

using this element effectively by stressing the role that volition, reinforcement, public expression and improvisation play in capitalizing on behavioural rehearsal opportunities. It is a common experience in other areas of behavioural acquisition like athletics, arithmetical computation, language fluency, etc., that opportunities to practice are linked to proficiency. The same is no less true in social competence.

Feedback and Positive Correction

The elements of feedback and positive correction are best discussed within the same context and represent elements which are not always included in or emphasized enough in some approaches to social skills acquisition. Feedback is defined here as knowledge or results (i.e., correct or incorrect) and is to be distinguished from reinforcement or incentive elements which will be discussed in the following section. When the child and youth care worker take the time and care to detail the skill to be acquired with a high degree of precision, it also warrants providing feedback with the same degree of specificity.

Positive correction incorporates feedback but also provides opportunities to try the behaviour again immediately following an incorrect display of the modeled behaviour. This tends to strengthen the association between the behaviour and the conditions under which the behaviour is displayed. Ideally, after the learner displays the behaviour incorrectly, he is told that it is incorrect or what elements are incorrect and given another opportunity to try the behaviour again.

As an example of feedback, the worker

might inform the youngster that, “You’re getting close. Now try to keep your eyes focused on Tony’s without laughing and show more interest.” The feedback which is positive and specific, is delivered in such a way that the self-esteem of the youngster is preserved.

Reinforcement

Reinforcement is defined as an incentive or reward, and is to be distinguished from feedback although the two operations are best used jointly. In most applications, reinforcement may fall into one of four categories: primary, social, activity or token. It is a common feature of many residential treatment programs to have a reward system in place for appropriate behaviour. Social skills training programs also incorporate a reinforcement operation either through reward delivered by the trainer or by the youngster. Goldstein et al. (1980) for example, emphasize employing naturally occurring reinforcers or self-reinforcement while Stephens (1978) recommends a contracting system.

If social reinforcement were the choice, the worker might say to the effective listener, “That was good. You gave good eye contact and you were paying attention. I could tell by the expression of your face.” Or if a reward system were in place, the worker might say, “You displayed four out of the five behaviours which make-up effective listening. That was good! You’ve earned four points.”

Generalization Training

Perhaps the most commonly ignored aspect of behaviour change and treatment

is including elements which serve to insure that the newly acquired skill is transferred to wider and more real environments. Baer, Wolf and Risley (1968, p.97) have stated that generalization “should be programmed rather than expected or lamented.” Viewed within the context of the residential treatment centre this not only requires opportunities to learn new skills but also requires attention to strengthening the behaviour once it is learned beyond the initial training environment.

Many models of social skills training include components which insure that the youngster has the opportunity to try the new skill in the setting in which it was problematic or in a series of settings which approximate the problematic one. Goldstein et al. (1980) and others call this homework. It is viewed as an essential aspect of the education and treatment process.

Once the youngsters in the social skills training group display listening skills consistently, then the worker would want to be certain that these skills are being displayed in other aspects of group living, in family contexts and in school. The worker must arrange opportunities for this to occur and evaluate whether or not the behaviour has been learned.

Implications for Child and Youth Care Workers

Social skills training represents an area that needs to be considered for inclusion in the skill repertoires of child and youth care workers. It is a methodology that can support the accomplishment of treatment plans for troubled and handicapped

youngsters by not only prescribing prosocial outcomes but also be providing a proactive and humane method for acquiring these outcomes.

Child and youth care workers also enjoy the greatest opportunity by virtue of time spent with youth to affect change on an hour-to-hour, day-by-day basis especially when compared to other professionals on the treatment team. This would tend to maximize treatment opportunities and as well as maximize the treatment dollar.

Child and youth care workers can employ this methodology in the following ways:

1. To guide the development of treatment plans which emphasize positive treatment outcomes. Usually treatment objectives articulated within a social skills training model are stated in the affirmative and specify behaviors to be acquired. The model that is used to understand and characterize the child can be directly translated into treatment outcomes.
2. To influence the manner in which the child and youth care worker relates to the individual youngster in one-on-one counselling situations. Social skills training represents a nurturant approach to building and maintaining relationships. Ideally, the worker employs an instructional theme in working with the youngster around treatment goals but also around discipline incidents by showing and rehearsing with the child the behaviours which need to be acquired.
3. To influence the manner in which the child and youth care worker relates to

the group. Social skills training is probably most profitably conducted in group situations. It should be recalled that it is within the group context that many of the non-adaptive behaviours occur which characterize this population and it is within that context that the youngster needs to learn to function more appropriately.

4. To enhance the support and resources that the treatment program can provide to parents. It gives the worker a facilitative technology to employ in restructuring the learned behaviours or roles that families play out in relations to the problems that the youngsters in treatment displays.

Conclusions

In summary, social skills training provides the child and youth worker with a structured and systematic tool to teach and strengthen adaptive behaviours in troubled youth. It is complimentary to the existing body of child and youth care technique both in terms of outcomes as well as means of accomplishment. In other words, it attempts to develop the troubled youth to the greatest extent possible while employing humane and effective methods.

Social skills training is certainly not a particularly new technology. It probably represents what good human service professionals of all vintages have been using on an informal basis throughout the history of the profession. What is significant about the technology is its positive, proactive and systematic nature.

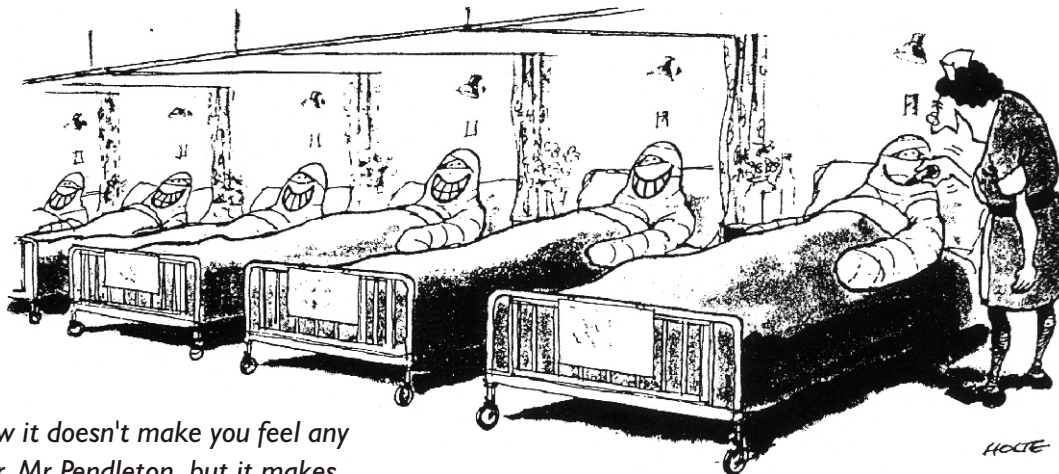
Consequently social skills training methods is a professional competency that

should be developed in child and youth care training programs along with others such as case management, counselling, intervention, communication and assessment. The evolving profession and professional in child and youth care should work to insure social competence in troubled and handicapped youth by teaching prosocial behaviour directly as an integral part of the treatment process.

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“I know it doesn't make you feel any better, Mr Pendleton, but it makes my job infinitely more bearable.”



Boys Will Be Boys

Liz Laidlaw

My son Sam runs so fast on the carpet that when he inevitably trips, he tumbles and skids, his face literally breaking his fall. Then he laughs and gets up for more, all while nattering a silly running commentary. It's like he's souped up on some high-octane fuel. He is so different from anyone I have ever met, certainly unlike me, or my calm, introspective daughter. And although he has always looked like his dad, I've never seen his father exhibit the type of wildly comical behaviour that Sam does. How did he learn to be such a natural ham at this

young age? Is this behaviour learned or was he just born this way? The question of nature versus nurture arises.

When Sam was born four years ago, we had no idea what to expect. Our first-born was a stereotypical girl; a quiet watcher who never strayed far and focused on her highly developed fine motor skills. The boy has been a bit of a shock. Although I sometimes have the urge to quash his spirit and shush him, I realize it's only because of my inhibitions and unrealistic expectations. I think our family has a lot to learn from Sam. Wouldn't it be

great to go through life so sure of what you want (and equally important, what you don't want), feeling free to let people know exactly how you feel? I'm from the old school of accepting anything people have to offer so as not to offend them, and being seen but not necessarily heard. Sam doesn't believe any of that's necessary, and he may be right.

Since the beginning, Sam's pure self has been in clear view. His needs are always easily expressed and understood. Now that he can speak he has no reservations telling us what he likes or doesn't like. Out of the blue, he will announce to anyone in particular, "I really want a rocket ship", or "I really need that Batman motorcycle". He never gives up asking for things he wants, be it having candy, watching TV or acquiring a new toy. His tenacity is amazing. He'll argue and possibly throw a tantrum when the answer is no, only to bide his time until he can ask again, when he thinks our defenses are weakened. Or better yet, he'll just ask someone else. He has no problem letting total strangers know of his needs. He also has no issues with lying, saying "Daddy said it's okay" when evidently, Daddy didn't. Resourceful, some might say. Alarming, I say.

My son is infatuated with superheroes and has been since before he was two years old. He hasn't watched many on television, as most are too violent. But apparently, his little-boy DNA is built to recognize Spiderman and Superman. Even before he could talk, he would spot their comic-book likeness on posters or boxes of food at the grocery store and squeal with delight. He is happiest with a dishtowel cape clothes-pinned around his

neck, chasing bad guys and pretending to fly through the air. Thoughtful neighbours have handed down Spiderman jean jackets and superhero t-shirts. As considerate parents, we have purchased for him many pajamas and coloring books emblazoned with the mighty idols. The word "sell out" comes to mind. But when he opened his gift of new Buzz Lightyear pajamas last Christmas, the look of pure joy on his face was addictive and, right or wrong, we do what we can to feed this obsession.

Sam has always been fascinated with guns, and except for a lightsabre (which was a gift) he doesn't have any. This doesn't stop him from creating them out of Lego or cardboard. He used to use his fingers to shoot me with both barrels when he didn't like something I said (usually "no"). I explained how this was inappropriate and that we don't shoot people when we disagree, but we try to use our words. Next, he resorted to raising only his index finger, pointing it at me from behind his back, and pulling his little thumb trigger while making soft shooting noises to express his anger. When he talks about killing bad guys I share my concern and ask him to perhaps capture the bad guys, or maybe just rescue someone instead. *I don't like the killing*, I say. He rolls his eyes and says, *it's just pretend*, like I don't understand. And obviously I don't. I didn't interfere in my daughter's imaginary play. I don't remember telling her what her fairy princess or butterfly could or couldn't do.

Sam has always loved singing, usually at the top of his lungs while we're trying to enjoy a meal. My daughter thinks singing

must be his hobby. She's convinced he'll be a professional clown when he grows up. Among his first words were "nana-nana-boo-boo". There must be an unwritten law somewhere that little brothers learn this phrase in their first few years of life, and know exactly how to use it to maximum effect on their big sisters. Shortly after this, he began telling me that I smell like a monkey eating chicken. Thank you very much. His Dad smells like a big blue monkey eating cheese and his sister smells like a monkey eating pizza. This would make him laugh uncontrollably. How did he know this was humorous?

I wonder how much of Sam's behaviour is due to his being a second child and how much is due to our inability as older, busier, more tired parents to pay as much exclusive attention to him as we did his sister. My husband and I watched and diligently recorded our daughter's every breath, step and milestone. We've been present for Sam's firsts too, but they've been acknowledged on the way to soccer practice, swimming lessons, shopping or school. Has he had to ramp things up so we'll notice him? He definitely understands the principle of "any attention is good attention", be it us laughing with (at?) him or screaming at him, it's all the same to him, as long as someone takes notice.

Sam's ability to be the comic and make people pay attention has become a useful tool for him. He is able to employ his special talents when the going gets tough and he gets in trouble. Nothing defuses a situation faster than someone doing an

elaborate pratfall off the couch while making funny noises. He also senses when others are in trouble, or when situations are generally tense, and uses his talent for slapstick to change the focus. This allows everyone to have a giggle, take a deep breath and stop taking him- or herself quite so seriously. This is a skill I may not appreciate as much when he is a teenager, but it is also one I wish I had.

So I can't answer the age-old question of nature versus nurture. But if the question is *did we assist in the creation of this charming monster*, then the answer is, yes, we probably did. However it is happening that he is becoming the person that he is, we are all the richer for being a part of it.



"Keeping a friendship in constant repair cuts both ways, you know."

Twinkle Twinkle Little Stars

Estella Abraham
CEO, *Fostering First International*



At the age of eight my class was encouraged to learn to play a musical instrument. My first choice was a clarinet, my second choice a trumpet, and what was I given? A violin!

Determined not to complain, I took my strings home and started to practice.

After the second school lesson we were told we had a test in three weeks to demonstrate the scales. Determined to succeed, I was always playing my violin at home and eventually got banished to the shed by my mum. Apparently my practicing sounded like a distressed cat!

On the day of the test I had a surprise up my sleeve. When invited by my teacher to demonstrate my ability, I stood up, tucked the violin under my chin, and scraped the strings with my rendition of 'Twinkle Twinkle Little Star'.

I finished very pleased with myself, but

that feeling was only momentary, as my teacher erupted, shouting 'How dare you!'

I guess that was the start of my expression of individuality. But being banished from the class, having my violin taken from me and being told not to come back left me wondering... "What have I done?"

As an adult I now realise I had broken the rules and my teacher probably thought I was being cheeky. But far from it; I thought I was being creative.

The lasting impact for me was to think I was useless at music and unable to learn to play an instrument. And that has stayed with me. The impact of the teacher's actions has stayed with me all my life to the point where I can still recall the actual event and can still visualise the teacher.

So next time you hear yourself about to say "you're silly" or "you're useless", think twice. You don't know what impact those words could have on the other person, child or adult.





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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Partners in Child and Youth Care

Many of our staff are regular readers and contributors to cyc-net. For our type of work, it is the most comprehensive and contemporary web resource we have come across, and we are looking at ways of increasing awareness of the site and its contents.

Kibble Education and Care Centre
Goudie Street - Paisley - PA3 2LG
Tel: 0141 889 0044
Fax: 0141 887 6694

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Registered Office:
Abercorn House
79 Renfrew Road
Paisley PA3 4DA

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EDUCATION AND CARE CENTRE

Confessions of a Dead Girl

by Chantel

It seems I have long forgotten what a minute can last. In this dull existence, I have learned to measure time by the consistent drip-drip-drip of my IV or the beep-beep-beep of my heart monitor. I have been here, trapped in these titanium white walls, for nine million beeps. My body has been here, on this cold hard excuse of a mattress for even longer. It cannot escape; and neither can I. Although I go where I please for a few minutes, I eventually get bored of exploring the hospital, so I explore my body instead.

My hair is much longer than I prefer, its ebony locks tumble, a midnight waterfall around my dark, cocoa toned face. A machine orders my lungs to rise and fall in a robotic manner, another commands my heart to pump blood. I almost feel inhuman. My breathing does not slow when calm, nor does it speed up when excited. Thin, transparent tubes drive oxygen up my nose; water down my throat, and nutrients into my veins. Scars cover my arms and face, memories of when that car ploughed me. It was an accident I did not cause, it wasn't my fault.

I touch my wrist, tugging at my ID bracelet. "Wake up," I whisper pleadingly. My body ignores my request, as she has so many other times. She is no longer me, I

am no longer her master. She is the spoiled brat, and I, the desperate babysitter.

I hear footsteps approach and immediately back away, as if I had been doing something I knew I shouldn't have. It's the nurse. I don't like her. She checks the IV, deciding it has enough serum until the end of her shift. Then I won't be her problem. She shoots me look of disgust and leaves. It's funny; I haven't seen one colored doctor or nurse in this hospital. I loom over the monitor; how can she understand all those lines and numbers? My life has become a maze, a complicated labyrinth I do not understand.

Another person enters. It's my stepmother. I don't like her either. She looks down at me, smirking. I'm sure she's glad I'm here and not home, "causing trouble", and to be honest, so am I. I'd much rather live with a beeping machine than listen to her maddening voice.

My dad walks in with the doctor and my stepmother quickly changes her smirk to a carefully crafted mask of agony.

"How is she?" my dad asks, his face, normally so carefree, worn and creased with worry. "Same as before, I'm afraid. That's why I ask you to come with me."

I look at the doctor, suspicious. Why talk now, instead of before or later? I fol-

low the three of them out of the tiny room.

Nothing has changed in the hallway since I last left my room. Even the coffee pot has the same amount of liquid in it. Had someone changed it? Was it stale? When was the last time I left my room anyway?

We reach the doctor's office in under a minute. He sits in a wooden chair behind a large, black desk. My father and stepmother sit in smaller, simpler chairs in front of him. I take the plastic chair in the corner.

The doctor starts, making no effort to ease the situation for my dad. "Your daughter came to us in a very fragile condition, Mr. Brooks."

My dad nods, urging the doctor to continue.

"She was in a lot of pain. We had to induce coma to spare her suffering. The problem now, is that she doesn't seem to want to come back. And chances are, after four years, she won't ever come back."

I disagree. I want to come back. It's my body that's lazy enough to want to lay in the hospital bed forever.

My dad argues, "But, I've heard of people being in comas for decades...And they came around." But the doctor seems determined to free a bed as he shakes his head. Are they really that needy? "Those cases are extremely rare, sir. And, even if it did happen, she would be tremendously confused. The shock might send her right back."

Again, I disagree. Right after this happened; my dad would come in every day to read me the newspaper. And when

that stopped, I would listen to the radio in another patient's room. I want to talk about the latest issues; it's my tongue that doesn't want to cooperate.

"The thing is, Mr. Brooks, the bills will pile up until you just can't afford her life anymore, and you'll be forced to disconnect her."

I feel my fury rise. Afford my life? How dare he even think to put a price on a human life? Would it be the same if I had the same skin?

"I'm offering you the choice now, sir. Do the right thing," the doctor says as he extends a pen and paper. My dad doesn't look convinced, but he doesn't look against the idea either. My stepmother places a hand on his. Finally, he takes them, sighing as he clicks the pen. "No...No..." I plea, but he can't hear me. There are tears in his eyes, and resignation. For him, I have just died.

All three of them rise, my stepmother hugs my dad, and the doctor exits. It only takes me a second to realize what he's going to do. He's going to disconnect me.

I run back to my room in a panic, with the doctor gaining on me quickly, although he's walking calmly. The scarce hair of a cancer patient stands on end as I pass him.

A newborn baby begins to wail at an unseen presence. The doctors and nurses all of a sudden feel anxious for no apparent reason. They all feel a tiny sample of my pure terror.

"Wake up," I say again to my still form. She ignores me.

"Wake up!" I scream at her, she plays dumb.

I try to shake her but my hands pass through her shoulders as easily as a rock

through water. She can't hear me and I can't touch her. My inaudible screams dissolve into helpless cries of despair.

I stop crying now, not because I'm calmer, but because I can't breathe. The doctor presses buttons, as one by one, the screens' lights fade and the machines go still for the first time in four years. An icy hand grips my chest, squeezing the last drop of life from my heart and lungs slowly. The cold touch of death sends me to the ground, wheezing for the oxygen that is no longer there.

The doctor gives my dad a faint smile as he passes, not at all genuine. He returns, it, but it doesn't reach his eyes, which always used to be so happy.

"I'll leave you alone," the doctor says, and he exits.

My dad caresses my cheek. Through the pain in my chest, I can feel him. Can he feel me too? "Dad," my voice can only reach a soft whisper.

Inch by inch, I reach for his pant leg, like I used to when I was a child. He needs to know I'm alive. My fingers close over empty air as he walks away. Darkness begins to corner me. How much longer can I fight it off? He stops and turns around.

"Honey?" I hear my stepmother's voice, like poisoned chocolate, deceptively smooth and sweet. "I thought...She moved" my dad answers, looking down at my body. Hope sparkles in his eyes; it's the most beautiful thing I've ever seen.

"You must have been imagining things." Every shard of hope has been obliterated as he lets himself be led away by her arms and illusory mask of pain. I try to move, to whisper, anything to make him come

back. But, as the darkness finally defeats me, I am gone too. Leaving nothing behind but a lifeless corpse on a hard mattress in a sterile white hospital gown.

...

Chantel is a 15 year old Youth in Care who currently resides in Nova Scotia. She began writing at age 11 and continues to journal daily through logs and stories.

Chantel also enjoys photography, playing the piano and singing.

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leon fulcher's postcard from New Zealand

Hi everyone! In case anyone missed it, an international sporting event hosted by New Zealand has come and gone. Rugby World Cup supporters from South Africa, England, Australia, Wales, Ireland, Scotland and elsewhere – even Canada and the United States – will have to wait another 4 years before they can try again to play in a Cup final like France and the New Zealand All Blacks. It was a tense and nervous occasion but the All Blacks won: 8 points to 7! Go New Zealand! After a month of major news stories from Libya, Europe and Thailand, did anyone else really care about the Rugby World Cup?



Chasing Springtime Rainbows at Tuai

Returning to New Zealand after year has certainly meant more than rugby for me. Having time to spend casually at home in New Zealand's Te Urewera National Park is always a treat. I confess, however, that a primary objective during

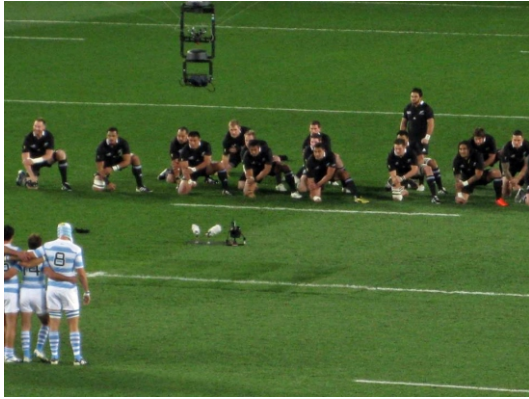
the past month of being back in New Zealand has been to start building a relationship with my new Grandson Luke. I got to meet and engage with Luke for the first time at age 9 months. Watching him learn his new clapping 'party piece' and also starting to crawl have been highlights! So many developmental achievements occur during any child's first few months of life!



Making Connections with new grandson Luke

I admit to being a rugby fan. My father-in-law played rugby for Scotland so I simply had to learn about this game. More than 38 years since attending my first All Blacks match against Scotland in Edinburgh, I was disappointed when Scotland failed to make the quarterfinals, especially since I had a ticket for their potential match in Auckland against the All Blacks. In the end Argentina played in that quarterfinal. The pre-match haka still takes my breath away.

A walk around the Auckland Viaduct WRC Fan Zone quickly demonstrated what a youthful event this international sports gathering was really all about. Different flags of national origin were available all over the city, indeed all around



**Rugby World Cup Quarterfinal:
All Blacks vs Argentina**

New Zealand. This meant one could identify houses that supported Tonga, Samoa, England, South Africa, Wales, Ireland, Scotland or the All Blacks. Many houses raised two flags to show dual allegiances. It was truly 6 weeks of international spectacle – and some very good rugby!



Celebrations of Youth at an Auckland Viaduct

The French Team provided their unique style of flair and determination to make it into the RWC Final. The French fans also made themselves visible throughout the event. Some thought – including many New Zealanders – that the French

might secure an epic win, which they almost did! In the end, all New Zealanders gave a big sigh of relief after holding out to become world champions for the first time in a quarter century! Celebrations lasted all week!



The French fans cheered on their worthy

But attention has already turned for some East Cape youths who moved right into Surf Lifesaving Training. As an Island nation, surf life training is a big draw for many New Zealand young people. And why not! What a great way for young people to engage in purposeful activity while reinforcing the idea of water safety! When the surf's up, Dude, go for it – safely!



Surf Lifesaving Practice On An East Cape Beach

Kia Kaha – Stand Tall!

55

EndNotes



**“I am grateful that you were there
when no one else was ...**

***The sacred is in the
ordinary, in one's daily
life, in one's neighbors,
friends, and family, in
one's backyard.***

— Abraham Maslow

“To be is to do — Socrates

To do is to be — Sartre

Do Be Do Be Do — Sinatra”

— Kurt Vonnegut

Play — I

Opportunity for play means free time and some free space and perhaps above all freedom from adults. Parents know how quickly play can be blighted by their paying attention to it. Residential staff sometimes see so little unsupervised play that they do not realize what is being suppressed by their very presence. This does not mean that adults should not be available; small children will return at intervals from private play to check that they are, and adults can often be useful in various ways on the fringe of older children's play. It does mean that they ought to be 'out of mind' for substantial periods if play that is likely to provide creative, though sometimes painful, learning is to develop. The great danger in residential units is that play is constricted into 'recreation' and ends up as fidgety groups of children and adults dutifully and cheerily-gloomily playing 'Monopoly' or football.

— Chris Beedell (1970)

If you hold a cat by the tail you learn things you cannot learn any other way.

— Mark Twain



“I've had to reprogram my voice recognition software six times — I hate puberty!..”

“It is more fun to talk with someone who doesn't use long, difficult words but rather short, easy words like What about lunch?”

— A.A. Milne (Winnie-the-Pooh)

Play — 2

Much time has been given to a consideration of aspects of spontaneous play done for its intrinsic value to the person rather than play which is a learning or work-like situation which has payoff or extrinsic value attached to it. It is the intrinsic play that liberates the creativity of the child, that gives him freedom in his process of discovery and newer expression. If we have worked contrary to this spontaneous creativity and emphasised a type of pressurised learning during play, we need to think again. Sadler (1966) says that in our modern era we still suffer from a hangover of a wrong type of Puritan suspicion that someone somewhere might be having a good time when he should be manfully employed every golden minute.

— Oelrich Nel (1980)

“An intelligence test sometimes shows a man how smart he would have been not to have taken it.”

— Laurence J. Peter



“Art, like morality, consists of drawing the line somewhere.”

— G. K. Chesterton



information

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Editors

Thom Garfat (Canada) /

thom@cyc-net.org

Brian Gannon (South Africa) /

brian@cyc-net.org

Correspondence

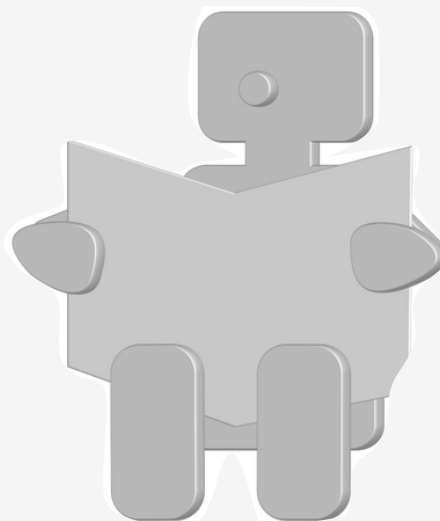
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