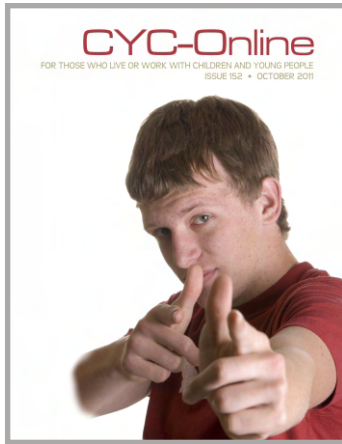


# CYC-Online

FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE  
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# “Sir”

I was in Tennessee last week – and thank you to the folks at Natchez Trace Youth Academy for hosting me so well ([www.natchextraceyouthacademy.com](http://www.natchextraceyouthacademy.com)). I had a wonderful time.

I had some interesting experiences there (fried green tomatoes, black beans, and biker bars) – and the one which stays closest to the surface right at the moment is how, when Daniel Wolfshadow and I were hanging out at the program on a Sunday, all the youth called me ‘sir’ or ‘Mr. Garfat’. At first I thought it was a ‘program characteristic’ – rejecting the idea that they did so because of their recognition of my age 😊 – but then I spent a few days with the staff – wonderful folks, I might say – and heard them refer to their colleagues as Mr. So-and-so, or Ms Rosie (you know who you are) and I came to realize that it was not a program characteristic, but a ‘cultural characteristic’.

Even my good friend Daniel – whose name I kept pronouncing as Danielle, rather than Dan-yul, to the delight of the staff – sometimes said, in responding to me as we were talking, ‘yes, sir’, helping me to realize how much it is an integrated part of their culture.

At first I wanted to tell everyone to ‘call me Thom’ but I quickly realized that this calling people sir, or mister, or miss and madam, is not a form of ‘distancing’ but rather is a form of respectful communication – so I quickly dropped that idea.

I went to the home of a new friend (hello Tom!) and his kids did the same, calling me sir, reinforcing that this is a cultural norm, not a characteristic of the

program I was visiting.

Got me to thinking – how subtle, sometimes, cultural differences can be – we tend to think of ‘obvious differences’ but sometimes our cultural differences are simple, not so obvious, non dramatic and so we sometimes fail to notice them.

And sometimes we fail to respect them because of our own concern with what we think is right.

I am remembering a young girl who came into one of the first programs I worked in. Her father was outraged that she would wear ‘modern’ clothes that showed her belly. We – the staff – saw his outrage as an indicator of how old fashioned he was. So we ignored his protests.

Now I realize that what bothered him was that he saw her as disrespecting her heritage and culture. (By the way, if you are reading this, Sir, I do apologize.) And we, as staff, discounted his protests and of course, as a result, lost any connection we might have built with him.

Cultural differences are sometimes very subtle, as Leon Fulcher likes to remind us. And working from our own perspective often blinds us, as Hans Skott-Myhre suggests. Sometimes I am blind. Sometimes I see through my own cultural lens, as Frances Ricks would say. Sometimes I am so ignorant I surprise myself. One would think that impossible at my age but so it is.

So, what’s the point? Watch for the differences. For when you violate the norms, your opportunities for connection get limited. Not by others, but by yourself.

If we want to connect, we need to connect in the context of understanding.

– Thom

# Relatedness and Control

Varda Mann-Feder

## Abstract

*One of the significant dilemmas Child and Youth Care Workers face is reconciling the need for relationship with the necessity of providing control. This article reviews two major theories that have contributed to the view that attachment and discipline are mutually exclusive. However, a review of research findings suggests that it is only through the integration of relatedness and control that optimal growth and development can be encouraged. Implications for practice are outlined.*

Child and Youth Care Work is a demanding profession in which the practitioner is confronted by multiple and sometimes contradictory mandates. One of the significant dilemmas Child and Youth Care Workers face daily is reconciling the need for relationship with the necessity of providing control. How can the role of attachment figure and disciplinarian be reconciled? How can discipline, even necessary punishment, be provided without destroying trust and security?

The literature of the helping professions has not always helped us to deal with the difficult problem of integrating relatedness and control. Traditionally, views on this topic have been polarized. This is because two distinct conceptual frameworks that have competed since their inception have dominated Western thinking about how human beings are socialized and develop internal controls.

## Theoretical influences

Psychodynamic theory, originated with Freud but including contemporary models such as Attachment theory, was the earliest approach to espouse views about human development and child rearing. This theory champions the primacy of emotional relationships, especially early adult-child relationships, and teaches that self-control comes from relatedness. This theory also privileges relationships as the central tool in any therapeutic intervention. Psychodynamic theory explains that acting out and poor self control in young people result from relationship deficits in early life. Individual behavioral difficulties can only be addressed through the provision of a relationship with a non-punitive, nurturing adult whose focus is to interact with the youth in a close loving manner. The idea here is that once the child begins to experience the reliable and predictable satisfaction of needs that a loving relationship provides, a sense of security will

emerge which also promotes self-control. Psychodynamic theory goes on to say that any approach to child management other than this will not have any lasting effect on behaviour, because only relatedness can stimulate the development of internal controls.

The implication for practice is that, paradoxically, discipline is best served through acceptance, permissiveness and an emphasis on relationships. “Nurturance must come first. Nor will limit-setting responses alone be effective with patients who have been deprived in their early life of both limit setting and nurturance. For them, acting out behavior has been a cry for attention and love” (p. 11, Wilson & Soth, 1985). Some authors even exhort the worker to tolerate minor behavioural lapses whenever possible in favour of a more long-term goal of instilling security and the motivation to become self-disciplined. Implied in this model is that closeness with adults inspires respect for rules and the wish to maintain approval, while the explicit role of disciplinarian actually negates the closeness. “In essence, the successful therapeutic approach to action-oriented individuals is based on reducing the unrelated-ness that all these youngsters have” (p.367, Symonds, 1974).

Learning theory first emerged as a reaction against psychodynamic theory. Major criticisms were that change strategies that rely on the development of relationships are time consuming and expensive and do not address the specific problems of individuals whose behavioural functioning has been problematic. The major assumption of learning theory (advanced in its most radical form by Skinner)

is that all behaviour is learned, and reflects each young person’s individual history of reward and punishment. The consequences of actions influence whether or not an individual learns self-control and acting out has little to do with early experiences with relatedness. If a young person engages repeatedly in inappropriate behaviour, it is because this behaviour has brought benefits to the individual in the past. Even punishment can be gratifying, especially if the youth has gotten attention and/or notoriety through negative behaviour. In a learning model, any adult can manage behaviour if they are adept at manipulating the consequences of a young person’s behaviour consistently. “The better one understands the principles and theories of learning, the better one will be at changing behavior” (p. 110, Stein, 1995). The internal state of the youth is irrelevant — as is the relationship with the intervener.

Both psychodynamic and learning theory have had a powerful impact on the evolution of Child and Youth Care Work, as is evident especially in models of residential care (Whittaker, 1981). Both theories held a fascination for me at different times in my career. Early on, I was trained in the use of Behaviourism or radical learning theory. I came to my first job in a Child and Youth Care setting with a passionate belief in contingency management, which in our context meant point and level systems that relied heavily on rewards to modify behaviour (Craig, 1999). I spent many a team meeting designing behavioural charts, discussing the merits of reinforcement over punishment and assisting Child and Youth Care Workers in

identifying relevant rewards. We never concerned ourselves with who would dispense these rewards, or what the relationship context would contribute. In fact, as a consultant, I stressed that all Child and Youth Care Workers involved with the youth needed to respond in exactly the same way in relation to the “target behaviours” — the critical ingredient was the provision of consistent consequences. This often proved to be a very effective technique for specific behavioural problems. The youth in question did learn prosocial alternatives and soon complied to earn rewards. But as many authors have pointed out (Schaffer, 1979) the application of learning theory is most effective in promoting change in discrete behaviours. It does little to instill an overall sense of self-control. At the same time, the charts and points assumed monumental importance in the daily interactions between Child and Youth Care Workers and young people, creating a distance that was difficult to overcome. The relationship was between a youth and the team, who acted in concert as behavioural technicians.

Over time, I became disenchanted with learning theory. It began to feel mechanistic, overly simplistic and like I was advocating a cookie cutter approach to our work. Many young people who experienced this model seemed to learn within the structure provided, but it was less clear that any more lasting change in behavior was occurring. As stated by Bettelheim, “The fundamental issue is the creation of conditions that will not only allow but strongly induce a child to wish to be a moral, disciplined person” (1985,

p.52). There was little evidence that learning approaches had any long-term impact on moral development, self-control, or self-discipline.

With the emerging popularity of Attachment theory in the 80’s and 90’s, and the thriving literature of Child and Youth Care Work, which stressed relatedness and synchronicity (Fewster, 1990; Garfat, 1998; Weisman, 1999), my thinking began to change. A crucial ingredient in any intervention had to be relationship, and not just the relationship to a program or a team. The relationship had to be specific and intimate, involving one identified adult whose task it was to make a meaningful connection with one young person. This dyadic interaction was necessary to compensate for the inadequate early attachments experienced by most children and adolescents in our care. The critical elements in this relationship included unconditional acceptance, responsiveness, reliability, and a capacity for attuned interactions. “Being present is not enough, it means visible involvement in the children’s daily lives, beyond the tasks of being supervisors or appraisers of their behavior” (Maier, 1994).

My subsequent discussions with Child and Youth Care Workers focused on relationship issues. Discipline was now secondary and could only be a long-term goal. Intervention planning meetings involved identifying the person who would devote time and energy in investing in a young person. We looked at ways to create opportunities for high quality dyadic interactions and debated on issues of selection — should a primary worker be selected or should the young person’s

preferences prevail? How could natural affinities be taken into account and what were the implications for the team? In advocating an approach more in line with Psycho-dynamic theory, discipline became a contentious issue.

The responsibility for socialization and teaching normative behavior is an inevitable responsibility for any adult who cares for young people. It is also unavoidable that limit setting, in the short term, creates tension, conflict and, at times, arouses hostility.

In many instances, the young person's connections to a Child Care Worker are tenuous and tentative, reflecting early deprivations and a reluctance to trust. It soon became common, in some settings, to separate the role of attachment figure from that of disciplinarian. If limits had to be set or if a consequence for negative behaviour was needed, someone other than the "special worker" would step in to exert control. A kind of "good cop, bad cop" model evolved in some programs, leading to tensions in the team and splitting reactions in the youth. Were we further ahead?

### **Research contributions**

It turns out that there have been major efforts to clarify the interaction of relatedness and control through research. The application of findings in two areas will be described below, but the punch line is the same similar: internal controls are acquired in the best possible way when behavioural restrictions are provided in the context of a nurturing relationship. The relationship context matters a great deal, as does the provision of structure and limit setting. Re-

latedness does promote control, but only when consistent discipline and limits are provided by the adults who have a specific and warm connection to a young person. Not only does this combination promote age appropriate behavioural functioning, it also impacts positively on overall adjustment. Henry Maier suggested this years ago. In 1987, he explained: "Social capability rests upon personal attachment. Children learn most readily from those who have meaning for them. It is essential to keep in mind that the most potent behavioural treatment goes hand in hand with a sense of reciprocal closeness and attachment" (p. 118).

The research on parenting styles grew out of a need to clarify the specific aspects of parental behavior that impact on children early in life. Over time, investigators identified four consistent and reliable dimensions of parenting style: warmth, control (as contrasted with permissiveness), consistency, and democratic decision-making (as contrasted with autocratic functioning). These dimensions can be measured, and are relatively stable over time (Baumrind, 1971). Researchers, in trying to capture the complexity of parent child interactions in real life, began to examine combinations of the parenting style dimensions, and relate them to observations of child behavior. This work, which began with families of young children, has been extended to adolescents, and reflects multiple studies over many years (Santrock, Mackenzie-Rivers, Leung & Malcolmson, 2003).

The most powerful and consistent finding of research in this area is that warmth and moderate control correlate signifi-

cantly with self-esteem, altruism, coping, achievement and age appropriate self-discipline (Bee & Boyd, 2002). Contrary to the predictions of many psychodynamic theorists, permissiveness with warmth correlates significantly with non-compliance, low self-esteem, domineering tendencies and immaturity (Santrock et al, 2003). On the other hand, the absence of warmth in the presence of control correlates with compliance, but also is strongly associated with aggression towards the self, poor self-esteem, fearfulness, unhappiness and poor communication skills (Baumrind, 1971).

This research strongly suggests that the dichotomy between relationship and control is misleading. The weight of the evidence, though admittedly correlational, suggests that both are needed to promote behavioural competence and positive adjustment. A supporting finding of direct relevance to our work, is that in the absence of warmth, more extreme and punitive disciplinary techniques are required to elicit cooperation. On the other hand, there is no evidence that control interferes with warmth between adults and young people.

A model developed after Skinner within the parameters of learning theory was that of observational learning. Associated with the work of Bandura, this model posits that many complex social behaviors are learned through imitation, and through the observation of consequences for others. In this theory, internal states do influence the acquisition of behavioural controls, because in order to learn, youth people must watch and remember (attend and retain) what has been modeled.

The Bandurians have widely researched the process of learning, and specifically the conditions that influence successful attention and retention. A major finding of this research is that we all attend differentially to different models and that how we attend reflects relationship issues. It turns out we learn best from individuals who we admire, we identify with, and with whom we have a warm connection (Shaffer, 1989). In addition, the more verbal contact we have with the model, and the more that is explained, the better our learning will be, especially in relation to inhibitory controls (Brody & Shaffer, 1982).

These findings suggest that even within a learning paradigm, relationships facilitate the acquisition of discipline. A further contribution is that verbal communication and explanations of discipline enhance learning and further create conditions for the integration of self-control.

### **Final thoughts**

Competing theories in the literature of the helping professions have led to a false dichotomy between the concepts of relatedness and control. It is now abundantly clear that practitioners of different orientations have had to acknowledge the critical importance of integrating discipline with warmth and acceptance. To choose one over the other deprives young people in our care of appropriate developmental conditions.

Another implication of the research is that warmth works best in concert with moderate control, that emphasizes verbal contact and rational explanations of behavioral restrictions (Brody & Shaffer,



1982). Too much restrictiveness has been found to create resentment and increase the likelihood of an adversarial situation, while at the same time creating dependency on external structures and an incapacity for initiative (Santrock et al, 2003).

In the final analysis, the greatest challenge may be to consider the balance between relatedness and control as it relates to us as interveners. Wilson & Soth (1985) acknowledge that most individuals who practice with young people are forced to face their own needs for control as part of the initiation into the work, and that often this takes the form of a crisis. Our perceptions of our own competency may be at issue when the youth in our care are defiant or noncompliant. There is a real risk that our needs for control may, at times, dominate over our needs to connect. At the same time, we need to be aware of our own issues with attachment and how this can play out with the young people in our care. Relatedness and control are not at odds, but are in fact complementary. The best evidence available to date would dictate that we provide moderate control in the context of warm, available relationships with adults and that we encourage development, not compliance for its own sake. As stated eloquently by Fox (1994), “kids can be loved (affirmed) and managed while they are becoming ‘empowered’”. It truly is this combination that is at the heart of our profession.

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# Changing practice in physical restraint

Anton Smith and Tanya Ulmer



## Introduction

Oak Hill Boys Ranch was established in 1961 in Alberta, Canada. It serves as a highly comprehensive residential treatment center for 11-16 year old male youth. Young persons who are referred to Oak Hill Boys Ranch require residential treatment services for problems associated with trauma related to neglect and/or physical, emotional and sexual abuse.

Oak Hill Boys Ranch decided to embark on an initiative to reduce the use of restrictive procedures, primarily physical interventions. Physical restraint and physical intervention are terms often used interchangeably; however they have very different meanings. Physical restraint refers to a specific act of physically holding

another person, restricting and limiting their movement to prevent harm to themselves or others. Physical intervention includes all direct contact with the young person with the intention of creating safety. For example, physical intervention includes physical restraint as well as less intrusive interventions such as guiding a young person from one place to another (escorts) or escaping from the grasp of a young person (personal safety).

Often the development and implementation of initiatives which lead to changes in organisational policy and practice are a result of serious crisis. The changes at Oak Hills were put into place due to the serious injury of a young person and also due to a questioning about the therapeutic

effects of restraint practice. This paper is drawn from a larger report and comprehensive literature review concerning the use of restraint. It outlines some of the data collected at Oak Hills concerning the use of restraint and presents a model for changing practice.

### **Therapeutic effects of restraint practice**

The majority of academics, managers and practitioners who are involved in child protective services would agree that implementing an organisational goal to reduce the number of physical interventions requires little justification.

Furthermore, the use of physical restraint has been questioned on some of the following therapeutic grounds:

- it has potentially harmful consequences to both staff and clients;
- it may reinforce aggressive behavior as a coping mechanism;
- it may humiliate clients;
- it may be counter-therapeutic for individuals with an abuse history (Miller et al., 2006).

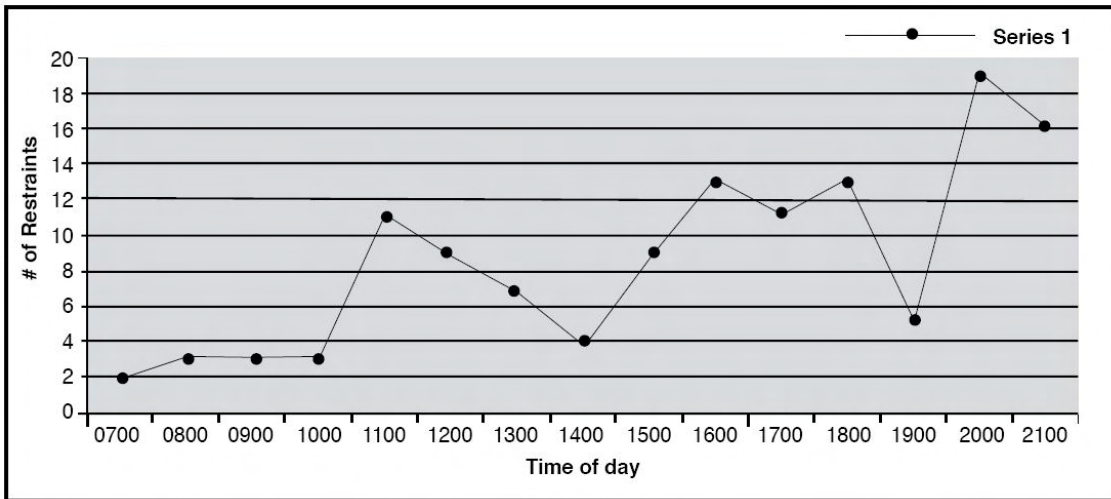
We know that restraint can be very traumatic not only for young people and staff who are involved but also for youth who may witness the act. According to research (Hobbs et al., 1999; Fox, 2004), trauma-specific re-enactment may occur when young persons are placed in restraints. That is, they often relive traumatic events from their past during a restraint. Perceptions of intimidation, forced compliance or physical dominance by the young person involved mirror the

lesson they learnt while being abused when younger. We often witness young people who become increasingly fearful, angry and aggressive when restrictive techniques are applied, stemming from a history of trauma. Given this, our goal was to provide young people with an alternative model of healthy negotiation, therapeutic assistance and self-control.

In contrast to abused children, Hodas (2004) concludes that young people who suffer neglect seem to have difficulties decoding and understanding emotions across the spectrum. Often, these young people expect conflict/confrontation from every social encounter which often leads them to take an aggressive stance, or, alternatively, to withdraw. These findings reinforce the theory that abused or neglected young people are more attuned to anger, or what looks to them like anger, in others, bringing about feelings of trauma from the restraint process. Hodas (2004) writes that

we need to appreciate the fact that, even when implemented properly and safely, restraint(s) are intrinsically traumatic and humiliating to most children. Restraint, in particular, has the capacity to re-traumatise children, embitter them, (and/or) undermine therapeutic relationships (Hodas, 2004, p. 12).

In order to investigate further the way in which restraints were occurring at Oak Hills, it was decided to monitor their frequency over an eight-month period.



### Frequency of restraints

In reviewing the frequency of restraints, with the time of day, for the period of April to November, 2006 there were some interesting data points. The three peak times of day when restraints occurred most frequently were between 11:00 a.m. and 11:59 a.m.; 4:00 pm and 5:59 p.m. and 8:00 p.m. and 9:59 p.m.

The first peak occurred after the residents had been in school since 9:00 a.m., after their last class in the morning. Given that the majority of the residents have cognitive deficits or a diagnosis of ADHD, having been engaged in class room activities for more than two hours, it would make sense that there would be an escalation in challenging behavior.

The second and third peaks, where restraints occur more frequently, account for 61 per cent of the restraints in the eight-month period. During the second peak of the day, the residents have an hour of free time which leads into the supper hour and clean up. During the third peak of the day, the residents have

returned from evening activity and are typically having showers and getting ready for bed.

Although there are likely a multitude of factors that contribute to escalation of challenging behaviour which lead to restraints during these times, there are two common features. First, there appears to be limited structured activity. The residents were engaged in free play or were being organised in ways where they were not all engaged in an activity. For example, only two residents were able to use the showers at one time and often other residents are left waiting to complete their routines. Secondly, the residents were engaged in activities in their residences. Three of the residences have between eight and twelve young people. Grouping these young people with their various challenges into a single environment, and who then have competing interests are sure to contribute to escalating challenging behaviour.

The times when restraints occurred least often were during structured organised activities. These included:

- The first four hours of the morning when the residents were just waking and getting ready for school. They were in school for two hours before restraints showed significant occurrence;
- The hour between 2:00 p.m. and 3:00 p.m. when the residents were involved in options like computers or in physical education;
- The hour between 7:00 p.m. and 8:00 p.m. when the residents were typically involved in evening programming that usually involves high-energy recreational activities.

### **Future directions for practice at Oak Hill**

In response to the data analysis, Oak Hill Boys Ranch adopted a six-stage process for administration and application of restraint reduction drawn from the work of Haimowitz et al. (2006).

#### *1. Leadership in organizational change.*

Haimowitz et al. (2006) suggest that to be successful, efforts to reduce restraints must start at the level of the Executive Director and other executive staff. Leaders should take an active and routinely visible role in announcing and implementing a plan to reduce the use of restraints. A key component of this strategy must be the assurance of the oversight of every restraint by the executive staff, including frequent communications in an effort to change traditional staff practices. Furthermore, an agency must create an environment that is very supportive and appreciative of its staff. Staff must believe they are supported by managers in their

jobs and understand they have a voice in the process (Johnson 2004).

#### *2. The use of data to inform practice.*

Data should be collected and used in a non-punitive manner to facilitate awareness among staff members as to how the facility uses such interventions. The idea is to promote successes and look at areas where improvements are being made so that staff members can identify what is working and build on those successes. Haimowitz et al. (2006) suggest that facility data collection should include the following: rates of restraint (episode and duration) per six-month period, broken down by unit and (client) characteristics; trends in restraint use, and comparisons in rates and trends between our facility and other “benchmark” facilities. Carlson (2004) suggests tracking where, when and with whom restrictive techniques were more likely to occur. Once trends are determined, modifications to programme structure during these times may occur. Fulmore (2004) adds the use of data to ascertain seasonal and temporal cycles in behaviour management and subsequent allocation of increased resources during the most needed times.

#### *3. Staff development.*

Staff training is imperative. As Haimowitz et al. (2006) state:

Efforts to reduce restraints are most successful in facilities where policy, procedures and practices are based on the principles of recovery and the characteristics of trauma-informed systems of care. This training should

integrate trauma-informed care, the development of therapeutic relationships, value clarification, cultural competence, the use of language, individualised care planning skills and the importance of the inclusion of service users in their care planning for restraint reduction efforts (Haimowitz et al. 2006, p.26).

It is also suggested that training on critical incident report writing is implemented. Training on incident reporting should include definitions review, reporting guidelines and documentation procedures to promote a consistent, reliable measurement of incidents, as reported by commentators such as O'Brien (2004). All of the literature reviewed indicated that it is necessary to provide a training curriculum that supports the reduction of restraints. It is imperative to the success of any initiative that training is comprehensive, not only focusing on proper restraint techniques but also on therapeutic crisis intervention (Colton, 2004). We recognise that during emergency situations, restraint may become a necessary intervention to prevent harm. However, implementing safe interventions in a therapeutic manner must ensure that restraint is truly a last resort, used only in response to imminent danger to the child or others, when less restrictive therapeutic interventions have failed. In doing this we need to provide staff with the support and training to assist them in carrying out their work in a manner that informs them of what to do, not simply what not to do (Hart & Howell, 2004).

#### 4. Use of Preventative Tools.

Haimowitz et al. (2006) outline the following tools as being necessary to prevent and reduce restraints:

1. Client assessments to identify the risk for violence (including previous restraint history);
2. Client assessments to identify medical or psychological risk factors;
3. The development, with clients, of de-escalation or crisis intervention plans which support the client in learning self-control and calming techniques by identifying emotional triggers and environmental stressors that can lead to conflict or lack of emotional control. Colton (2004) supports approaches where staff members identify with clients and include behavioural strategies, the antecedents and early warning signs of behavioural escalation, and the use of creative de-escalation strategies such as changing staff, using humour and providing choices. Fulmore (2004) found the most frequently used alternative behaviour management techniques were timeouts, redirection, self-calming and verbal de-escalation. Individual behavioural programmes have been recommended throughout the literature with goals designed to focus on replacing the most dangerous and concerning behaviours rather than attempting to replace all interfering behaviours;
4. Creative changes to the physical environment to make it more calming and comfortable. Miller et al. (2006) suggest examining the therapeutic

milieu to identify the triggers of aggression in the environment and the introduction of specific guidelines to reduce those triggers;

5. Ongoing implementation of daily, meaningful and engaging treatment activities. Colton (2004), adds that programmes which have been successful in reducing the use of restraints are typically based on empowering clients – this is often referred to as strengths-based treatment to take responsibility for their behaviours (in the context of the client’s physical, cognitive, affective and social development and disabilities), rather than imposing external control through programming requirements and staff interactions. For example, this includes normalising routines and maintaining safe, predictable environments.

#### *5. Supporting advocacy in the residential treatment setting*

Involving clients’ family members, child advocates, children’s service’s workers, psychologists, psychiatrists, teachers and other members of the young person’s community in ongoing treatment issues can have a powerful impact as a prevention strategy to reduce the use of restraint. The presence of these stakeholders sends the message that the young person is supported in their efforts to utilise alternatives to violence and can serve as an ongoing reminder of treatment goals. Colton (2004) highlights factors that can enhance communication and involvement of stakeholders. This includes informing the stakeholders of the organi-

sation’s policy and when these interventions are used, including an explanation of why the intervention was necessary. Staff interact with the client to ensure they are not isolated during the intervention and staff are responsive of the client’s need to interact and reintegrate back into milieu after the intervention (Colton, 2004, p7).

#### *6. Debriefing tools*

Staff require support immediately following episodes of crisis and challenging behaviour. Haimowitz et al.(2006) suggest that debriefing activities be standardised throughout a facility, and integrated into policy and procedure. They identify two distinct debriefing activities. The first activity should immediately follow the event and should be led by supervisor or other senior staff person who was not involved in the event. The purpose of this is to confirm safety of all involved parties, review documentation, interview staff and others who were present and assist in returning the unit to the pre-crisis milieu (Haimowitz et al. 2006). Colton (2004), notes that debriefing with the client helps the client reconnect with staff, peers and the milieu. It also provides an opportunity to reflect on the behaviours that led to the intervention and to identify coping strategies and behaviours that can be used in the future – (taking) into consideration the individual’s maturation and ability to make use of the process –.also a need to process the event with staff particularly around their feelings, reactions and safety, as well as examining the situation to determine what worked or didn’t work (Colton, 2004, p.7).

The second debriefing activity is more formal and should occur a few days later, attended by a predetermined review committee which may consist of the facility executive, psychologist, supervisor and other residential staff member. The purpose of this meeting is to look at root causes, review and analyse events, and identify what can be changed to avoid an event in the future. It also helps to ensure that, as much as possible, trauma is mitigated for all involved parties (Haimowitz et al., 2006). The inclusion of the client's perspective is critical. The facility may appoint a staff advocate to present the young person's perspective. Crisis management system and staff training.

Organisations have a responsibility not only to provide the best therapeutic care and therapeutic services to young people and their families, but also to ensure that practitioners have the best skills and systems in place to optimise safety and therapeutic care. Organisational policy, procedure, and practice need to optimise both client and staffing resources to ensure there is the best crisis management system in place in order to work effectively through crises that have the potential to result in physical interventions. It is important that residential treatment programmes take a comprehensive approach to crisis management through ensuring staff are well qualified, well trained in the best models available and operate a consistent crisis management system.

## Conclusion

This paper was drawn from a larger report which has committed Oak Hill Boys Ranch to a comprehensive initiative that will review and revise policy, procedure and practice to minimise the utilization and application of restraint within our residential centre. In this paper, we have presented definitions of physical restraint and physical intervention, our rationale for restraint reduction, a brief analysis of physical restraint practices, and a process for the implementation of new policy, procedure and practices to support better crisis management. It is hoped that by sharing our experiences, some of the valuable lessons we learned in our review may be of assistance in the wider child and youth care field.

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## The Therapeutic Use of Daily Life Events

Thom Garfat, PhD

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Dr Thom Garfat (Canada) is the president of TransformAction Consulting ([www.cyc-net.org/transformaction](http://www.cyc-net.org/transformaction)), the co-editor of the International Child and Youth Care Network ([www.cyc-net.org](http://www.cyc-net.org)) and is an international speaker, consultant and trainer with over 40 years' experience in the field. His most recent books include *Quality Care in a Family Setting and Developing Effective Child and Youth Care Practice with Families*. This training is held in conjunction with the **Circle of Courage Islands Seminars**

# Memory Lane

Brian Gannon

The other day I was strolling down memory lane ... in fact I had found myself unexpectedly in memory lane because I had just received a phone call from the widow of a person who, 30 years ago, took over from me a program which I had run for 15 years. The man had died unexpectedly and on the phone we were trawling through the names of people whose lives we had shared ... and my hand fell on an old book written at about the time I had taken over the program ... and, to mix metaphors, what a lot of water had flowed under the bridge!

The book was a 1968 collection of writings by the legendary F.G. Lennhoff, edited by John Lampen — and with a Foreword by Christopher Beedell! At the very end of the book I found this short chapter which reflected on some of the important writings in the field of residential child care at that date. How many of these works do you recognise?



## The Residential Worker's Bookshelf

Residential work leaves little time for reading, and yet it is essential that we should do so. We need to read to keep up with events in the world, and we must have the stimulus and relaxation of novels, history and biography, science, or wherever our own interests lie. For many this is an important safeguard against becoming too isolated. Workers have told me that they find it important to read a little every night, however late it may be, so that they put a distance between themselves and their daily preoccupations. But this is not a good time to read about others doing similar work to our own; and we need this too, as a stimulus and at times a corrective. It is often valuable in staff meetings to read something aloud, to which everyone can put his opinion and compare experiences. Some of the articles in this book originated in this way. Because time is so short, and books so expensive, we want to find something readable without being too abstract or too superficial, something which is relevant to our concerns, and which gives us new insights into what we are doing. The

following list is just a handful of books picked out on this basis. It could be much longer (and may be extended in a future issue), but we have tried to include only books which opened new horizons for us in some way or other. The majority are descriptions of residential work by those who had something special to offer.

**Michael Burn**

**MR. LYWARD'S ANSWER** (*Hamilton*)

This book describes Mr. Lyward's work at Finchden Manor with disturbed older adolescents, as seen by someone who lived there for several months. It is full of fascinating glimpses of group and interpersonal interactions, which provide a great deal of food for thought; but in the end one wishes for the book which Mr. Lyward or one of his colleagues could write, drawing all these impressions into one complete picture.

**Derek Miller**

**GROWTH TO FREEDOM**  
(*Social Science Paperbacks*)

A hostel for adolescent boys discharged from borstal, with a good deal of psychiatric oversight. Though there was a final sanction of recall to borstal, the intention was to set up a model for a supportive, non-authoritarian setting to ease the transition from borstal to the world at large. The descriptions of everyday situations, their significance and handling are full of value.

**Howard Polsky**  
**COTTAGE SIX**

A very challenging book, though hard to read at times, on the sub-culture of ad-

olescent boys in a residential treatment centre. It must prompt anyone working with this age-group to take a fresh look, with the author's eyes, at his own setting.

**David Wills**

**THROW AWAY THY ROD**  
(*Gollancz*)

**Howard Jones**

**RELUCTANT REBELS**  
(*Tavistock*)

David Wills' work is often quoted as a model for residential treatment of difficult children, though one feels it is not always fully understood by those who do so. In these two books, we have parallel descriptions of his work from two contrasting viewpoints, which give a much more complete picture, from which much can be learned.

**H. Baumeister**

**FORTY FOUR IN THE FAMILY**  
(*Columbia University Press*)

A delightful account of a Children's Home in America, which in its modest way has a great deal to teach most of us about children's needs and the ways of meeting them in a residential environment. A new book by the same author has been published recently.

**Bruno Bettelheim**

**LOVE IS NOT ENOUGH. TRUANTS FROM LIFE**  
(*Free Press, U.S.A.*)

The first of these books takes us through the day in the Author's school for maladjusted children; the second is the account of four children's progress through the school. The great value of Bettelheim's writing lies in the insights he

gives into the significance of ordinary events, waking up, eating, and so on, and the children's reactions to them. For Bettelheim, nothing is unimportant in the child's life; and his clear writing and lively descriptions convey his insights to us most forcibly.

**Robert Shields**  
**A CURE OF DELINQUENTS**  
*(Heinemann)*

A courageous book, especially interesting in its accounts of the treatment of individual children, and its discussion of inter-staff relations. It describes a Local Authority Residential School for maladjusted children, which incorporated a Child Guidance Unit. One might wonder whether this structure was inappropriate, as it could imply that responsibility for the rehabilitation of the children was not in the hands of those who lived most closely with them—but this does not detract from the interest of the book.

**August Aichhorn**  
**WAYWARD YOUTH**  
*(Imago)*

The classic work on the therapeutic setting. Aichhorn's book is stimulating at every point. Its main theme is the underlying causes of children's symptomatic behaviour, and their psychotherapy in the residential setting. On many points residential work has not yet "caught up" with Aichhorn.

**Richard Balbernie**  
**RESIDENTIAL WORK WITH CHILDREN**  
*(Pergamon)*

This is a thoughtful book particularly

concerned with leadership and structure in the residential setting, the need for the setting to be organised consciously for an agreed task, and for children to be selected with this setting and task in view. Not an easy book to read, but it has a great deal to offer.

**Fritz Redl**  
**CHILDREN WHO HATE and CONTROLS FROM WITHIN**  
*(Free Press, U.S.A.)*

These books, written from a great deal of practical experience, deal with the psychodynamics of children whose behaviour controls have broken. They will be of interest to those who value a theoretical viewpoint on the problems they meet in their daily work.

**Otto Shaw**  
**MALADJUSTED BOYS**  
*(Allen & Unwin)*

In contrast to the solemn way in which most writers approach this subject, it is refreshing to read an account by someone who so clearly enjoys his work, and can share it with us with humour and a light touch. The book is divided between accounts of different types of maladjustment, and a discussion of the school's approach with a fairly structured system of Meetings, Courts and Committees.

**F. G. Lennhoff**  
**EXCEPTIONAL CHILDREN**  
*(Allen & Unwin)*

The Residential Treatment of Emotionally Disturbed Boys at Shotton Hall.

"A book for the layman as well as the specialist, because some of the problems

described and dealt with here could occur in any educational community and the children's background difficulties are potentials in any family. The careful catalogue of the main causes of disturbance is masterly. The book is comprehensive and constructive." *Social Science Quarterly*.

**F. G. Lennhoff**  
**BEING SENT AWAY**  
*(Shotton Hall Publications)*

The first book to examine in some detail the decision to admit children to residential settings, the possible strain on them and related problems; and to suggest ways of minimising this and using the child's admission as the foundation of his future progress.

**J. C. Lampen**  
**FORTY-FOUR CHILDREN**  
**THINKING ALOUD**  
*(Shotton Hall Publications)*

An account of therapeutic group discussions in a setting for emotionally disturbed boys and adolescents, which might serve as a guideline for others. The book describes discussions on a wide range of topics, helping the boys to think about experiences they will encounter in later life and evolve positive views on them.

**Sybil Marshall**  
**AN EXPERIMENT IN EDUCATION**  
*(C.U.P.)*

**David Holbrook**  
**ENGLISH FOR MATURITY**  
*(C.U.P.)*

Both these books were written by and for teachers, but the residential worker will find them valuable because their real

subject is stimulus of the young. Mrs. Marshall's work with her Primary School children was a striking unity of art, music, English, local studies and the lives of the children themselves. Mr. Holbrook discusses mainly children's reading, with suggestions for the use of music and folksong, in the secondary age group. Both books are highly practical.

There are many good books dealing with individual pursuits; in handicraft, Dryads of Leicester's catalogue should be consulted. For younger children, there is a Penguin Handbook **PLAY WITH A PURPOSE FOR UNDER SEVENS**.

**D. W. Winnicott**  
**THE CHILD AND THE FAMILY**  
*(Tavistock)*

**THE CHILD AND THE OUTSIDE**  
**WORLD**  
*(Tavistock)*

These books describe in simple, indeed humble, terms the early stages of child development, and their effect on the later personality. They are essential reading for all who work with children, because of the author's unrivalled insights, and his marvellous gift for conveying them. The two have been combined as a Pelican Book, but this omits some valuable essays on residential work (specifically wartime hostels for evacuated children) from the second book

**Anna Freud**  
**THE EGO AND THE MECHANISMS**  
**OF DEFENCE**  
*(Hogarth Press)*

Of the classic psycho-analytical literature, this is probably the most helpful to

the residential worker. Although the approach is theoretical, the book is written clearly, and the concepts discussed are of paramount importance in personality development.

**Agatha Bowley**

**CHILD CARE**

*(Livingstone)*

A handbook on the care of children deprived of a normal home life. A very thoughtful little book, very closely in touch with the actual situation in the residential setting, with many quotations from those who work there.

**Maxwell Jones**

**SOCIAL PSYCHIATRY**

*(Tavistock)*

Another very practical, clearly written book, which describes three therapeutic communities for adults. The worker with children can gain a great deal from comparing his own work with that described here, in which skilful group work played a major part in the rehabilitation of the patients.

...

It was tempting to add many more titles, including suggested novels for the residential worker — a list which might have started with Golding's LORD OF THE FLIES, Naughton's ONE SMALL BOY and Cary's CHARLIE IS MY DARLING. But it seemed better not to extend the list too far, specially as we hope that a further list of suggestions may come from our readers giving the books which they have found most helpful, in a later issue.



And there it is, a wheelbarrow-load of writings which had a profound effect on those of us who were charting our courses through the field about forty years ago! If you go to the home page of CYC-Net and find the modest little box on the top right-hand corner inviting you to "Search CYC-Net", enter the name Lennhoff you will find many extracts which we have offered on this site over the years.

— BG

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## Losing my Voice

Laura Steckley

Well, it has been a long, tough year and it's not even over yet. Big changes continue in my university, causing significant stress and uncertainty (and heart-breaking disappointment for some). Similarly, there have been big changes within SIRCC (the Scottish Institute for Residential Child Care) which have also caused significant stress and uncertainty. As a matter of fact, we're no longer SIRCC but the Centre for Excellence for Looked after Children in Scotland, or CELCIS.

Other changes to my own workload, roles and responsibilities have made it a difficult year. Much of the time I've felt I've been barely keeping up, or rather, not

keeping up. And, I moved home; nine months on I've still got boxes to unpack and spaces to figure out. Some of these changes have been positive (though definitely not all), but all carried with them a certain degree of stress and anxiety.

And as ever, when things get to be too much, I get sick. Fortunately I've just come down with colds, but several bad ones which have taken weeks to get over. Twice this year I've lost my voice. Well, twice literally. I've also felt a metaphoric loss of voice over the last few months.

Voice, in one sense, can be thought of as the way a person comes across in writing. Different authors have different voices and this voice is made up of their writing style, the words they choose and the subjects they write about. Finding one's voice can often be the source of anxiety and struggle for aspiring writers.

Voice has also come to symbolise something beyond one's writing style. According to some schools of thought, voice requires speaking from a place of authenticity. A Google search, using voice as the search term, yields a plethora of websites for advocacy organisations with voice in their titles. Voice has become a term about assertion, agency and being heard. Having a voice is about having a say, or at least having something to say that is deemed worth listening to.

Finding one's voice, whether spoken or in writing, requires confidence. It also takes energy. Perhaps we all have encountered circumstances in which, due to our own fear, hopelessness or exhaustion, we didn't raise our voices even though we



felt we should. Sometimes there are just too many occasions where we find ourselves in these circumstances. Whether this happens regularly or at pivotally important moments in our lives, the impacts are corrosive.

In a three year study exploring the views and experiences of 'at risk' girls, Taylor, Gilligan and Sullivan (1995, p. 3) write compellingly about the importance of voice for psychological development and well being:

Girls' descriptions of their increasing isolation and psychological distress, including their experience of having no effective voice, regularly preceded overt manifestations or symptoms of psychological trouble, highlighting the opportunity for prevention and also guiding preventive strategies.

Conversely, they found that

A resonant relationship with a woman, meaning a relationship in which a girl can speak freely and hear her voice clearly resounded as a voice worth listening to and taking seriously – a voice that engages the heart and mind of another and calls forth response – was associated with psychological health and development and what are commonly regarded as good outcomes for the girls in this project: no early motherhood, graduation from high school, for some, higher education and social mobility, and a continuing sense of psychological vitality and involvement in life (p. 4).

For me, this column has been an exercise in voice – both in finding my writerly voice and as a platform for exploring ideas and putting forth arguments about how we might think about practice. I have had the good fortune of enjoying resonant relationships with fellow practitioners and academics (including the editors of CYC-Online); they have enabled me to speak (and write) more freely, with confidence that I will be taken seriously. It is a privilege and a heavy responsibility.

So how have I managed to lose that confidence, hope and energy that enabled me to overcome all of my writerly anxieties and insecurities each month and risk raising my voice (most months, anyway)? I'm pretty sure that the effects of stress and uncertainty, my own and that absorbed from those around me, has been a significant factor. It has felt pretty uncontained. To be fair, there have been plenty of other forums in which I have raised my voice over the last few months (though how effective it has been is another story).

So what does this have to do with CYC practice? Well, the importance of voice is useful in informing how we think about our work with young people. 'You cannot have voice without relationship, [and] you cannot have relationship without voice' (ibid, p.210). But I wonder, can we effectively provide resonant relationships with young people if we are not also engaged in raising our own voices and engaging in whatever struggles this process entails? How much is our ability to really listen affected by a pervasive feeling of not being heard, or worse yet, not feeling our voice is worth listening to?

Residential child care in the UK is not as well understood or valued as is necessary for us to meet the needs of our kids and their families – not even close. This is due, in part, to the fact that practitioner voices do not adequately inform policy and practice. There has been a history of practitioners not being expected to (or expecting themselves to) articulate a rationale for their practice in a clear and informed way. And when practitioner voices are raised, they often do not resonate with dominant discourses about care, children or professional relationships and therefore aren't heard.

It is extremely difficult to raise one's voice when one doesn't have the words to make sense of complexities or express deeper understandings. Our own struggles to articulate the complexities of the work and speak out against ill-thought notions of good practice, for instance, parallel young peoples' struggles to articulate their hurt, anger and confusion in ways that will serve them better in this world. For me, reading or hearing authentic words that actually resonate with my own beliefs, values and experiences has been (and continues to be) instrumental in finding my own words – my voice. As this body of literature becomes stronger and further reaching, it has the potential to change the above mentioned dominant discourses.

Recently, however, I have found myself avoiding that uncomfortable place of trying to voice something that is difficult to put into words. I also see some of my students and fellow practitioners doing the same. It's easier to let someone else do it. However, I have felt unsettled and a bit

dislocated about missing my monthly column, about not raising my voice in this way and about not meeting this commitment. This makes me wonder about others' experiences of not speaking up, or of not even finding the words. And I wonder how much harder that is when there hasn't been support for – or even value given to that struggle.

So I guess this is my exploratory, long-winded, somewhat inarticulate effort to argue for the value of articulating one's beliefs, values and experiences – of finding and raising our authentic voices – even though for most of us, it is an uncomfortable struggle. These voices, spoken and written, carry the potential to engage the hearts and minds of others, furthering enhancing the vibrancy and collective strength of our sector.

## Reference

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# Logic

Jack Phelan

My logic is the only way to be logical, except for your logic. When my wife and I have differing opinions, which happens sometimes, I try to show her that she is not being logical. This argument never seems to work, even though it makes perfect sense to me. In fact she often responds that I am not being logical, then describes her “truth” which is not logical at all to me.

I also believe that I have a few suggestions which would improve her as a person, which she also rejects, often with several of her own suggestions about how I might improve. This of course does not seem logical or useful to me.

Perhaps my experience resonates with some readers who may also be challenged by their partner’s logic. We all have our own beliefs about the world around us, which creates our logic and reasoning.

Last month I described the concept of humility, which I said was the ability to stay curious and unthreatened when confronted with attitudes and beliefs that contradict your own cherished ideas about life truths. The skill needed is to build bridges between my logic and yours, not to convince you that my logic is better.

People who have suffered abuse and neglect usually have a logic about life truths which challenges most of our *socially appropriate* norms and rules. In fact, when I have tried to use my logic about relationships, social rules and even what is

fair and just, their response has been quite frustrating. The more I appeal to common sense (my logic), the more annoying the other person seems to become. Often I can get other CYC people on my team to agree with me about my logic, but even the weight of our collective logic fails to be convincing to the youths I work with.

I find that logical consequences, so cherished by me and the rest of the team, often do not fit the logic of the youth, and the frustration evident in the youths’ responses mirrors my frustration at their lack of understanding (i.e. my logical perspective) of what is happening.

I also regularly describe in reports, treatment contracts, and daily logs the logical suggestions that I have created for how they can improve as persons, which I can make them sign, but they do not seem to “own” them (see above description of my wife).

Rather than trying to get the youth to be more logical, I started to realize that they were very logical already, and that I needed to create bridges between our differing logic about how the world works. This is not an easy task in any relationship, but especially when our beliefs are potentially so divergent. Fortunately, one of us is actually getting paid to be more understanding, so the task, while difficult, is possible. Humility is the first step. Next month I will describe a bit more about the task.

# Commandment 6: Get to Know Kids from the Inside-Out

Gerry Fewster

When all the guff is pushed aside, most child and youth care workers are expected to perform two basic tasks. The first is to eliminate behaviours that adults have deemed to be unacceptable. The second is to ensure that the problems don't reoccur by changing the way kids think and feel about themselves and the world those same adults have created. This bottom-line contract is what I like to call the Management and Meddling, or "M&M," Imperative.

Please don't misunderstand me. I'm not suggesting we shouldn't try to change behaviours that are offensive or self-defeating. There's no pleasure in being around kids who persistently abuse themselves and others – particularly if the 'other' happens to be me? And, to be honest, some of our most effective tools are designed to control behaviour, especially in residential settings where we have the power and call all the shots.

In the meddling department, we have a

tempting smorgasbord of theories and techniques generously provided by our friends in medicine, psychology social work. Of course we don't offer treatment or therapy (how pretentious would that be?) but most of those nifty intervention techniques we like to brag about have been borrowed from the psychotherapy folks who are professionals with fee-paying clients and licences to practice. When it comes to measurable outcomes, however, only the good old chemical fix, along with its adjunct, cognitive-behaviour therapy, seem to have any hope of demonstrating statistical significance. Ah well ...

My purpose here is not to condemn, or even question, the foundations of CYC practice. I only want to point out that they are essentially 'outside-in' strategies. By this I mean that the practitioner (the adult) is both the initiator and agent of change while the recipient (the kid) is the willing or resistant respondent. Whatever the program brochures might say, almost in-

variably it's the adult who determines what's to be changed and what the outcomes should look like. And it's the commitment and skill of the adults that provide the resources to make it all happen. When all is said and done, it's these things that determine whether practitioners are considered to be effective, their practices valid and their programs funded. There's nothing inherently wrong with this. If we waited for the kids to decide what they want to change, and how they want to go about it, we'd be herding them into geriatric centres. Yet, something is sadly missing.

The problem is that kids who have been exposed to an outside-in regime, tend to develop an outside-in mentality. They see themselves as beneficiaries or victims of their circumstances, depending upon whether they're considered to be winners or losers. So whether kids chose to thank me for changing their lives, or blame me for the abuse I inflicted upon them, I am equally disturbed. Their inability or unwillingness to see that they have the resources within themselves to create the lives they want keeps them stuck in their own quagmire. At the heart of the matter, they have no idea who they are, what options are available and how they might take charge of their lives. The missing piece is their inability to look at themselves, to reflect upon their experience and to take action on their own behalf.

### **The Inside-Out Alternative**

Traditional outside-in methods identify the practitioner as the primary agent of change.

For the most part, they are based upon some notion of deficit or disability used to justify professional intervention. Inside-out approaches, on the other hand, are based upon the belief that all kids have the inner resources and potential to create their own lives in their own way. The initiator may still be the adult but, from the outset, the focus is upon the subjective experiences of the young person rather than some popularized label and predetermined plan of action. In this way, the process of change moves in the opposite direction. The primary skills of the practitioner are relational sensitivity and responsiveness, rather than medical-style diagnosis and intervention and the enduring stance is one of persistent curiosity. In some ways this is similar to the 'client-centred' approaches advocated by Carl Rogers in the 1960's although the issues and the context are quite different.

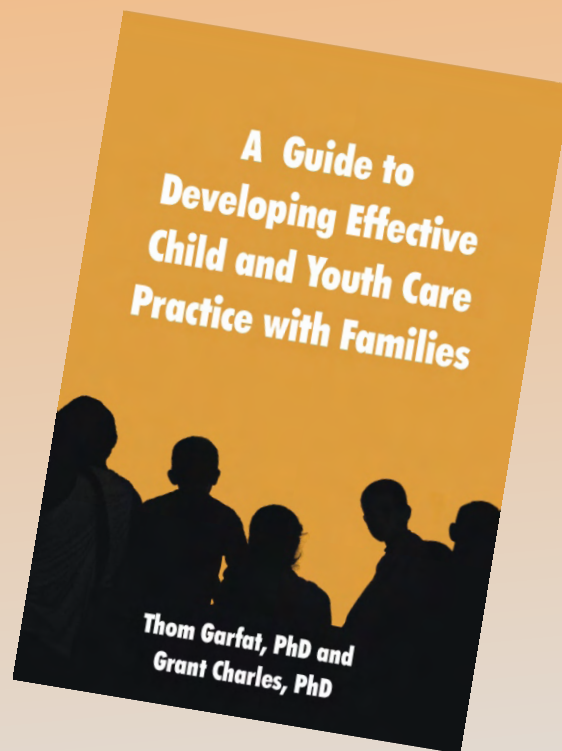
Assuming an inside-out perspective isn't an immediate all-or-nothing stance. Most kids, and particularly those in trouble, are raised and educated through external contingencies and controls. As a consequence, they create their own ways of protecting a fearful Self from hostile or neglectful world. Any sudden attempt to change the rules, however well intended, will more than likely be treated with suspicion and resisted, thereby strengthening the defensive armour. What's called for is an incremental shift that builds trust and gradually draws attention to what's happening on the inside. This usually requires considerable patience on the part of the practitioner, but pushing too hard, slapping a label on the resistance, or resenting the resentment, will only serve to

strengthen the defensive walls. Sometimes, it's necessary to hang onto the faith that there isn't a kid on this planet who wouldn't want to be seen and heard by a trusted and caring adult. On the other side, by coming to understand a young person's inner world, a professional will be in a position to respond to that world and employ only those methods that promote the development of an effective self – from the inside out. Using external rewards, for example, may bring about the desired changes in behaviour but there's all the difference in the world between a reward that enhances self-efficacy and one that confirms the very opposite – even though the behaviours may appear identical. Only by understanding the individual's subjective experience is it possible to make such distinction.

### **The Role of the CYC Professional**

In making this case, I'm not suggesting that CYC professionals should begin to think of themselves as 'therapists'. The role of therapist can never be assumed by anyone who exercises control or authority over his or her clients – it's that simple. However much we might like to deny the much-maligned power-differential, it's a reality that will never go away. Personally, I believe it to be an essential ingredient of child and youth work – one that makes it possible for us to go straight to the heart of the matter.

The child and youth care relationship may become a meeting of selves, but trying to turn it into a meeting of peers is counter-productive and just plain silly. In the first place, most of the kids we work with do not choose to work with us, so



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our very presence in their lives is an authoritarian imposition. Secondly, most of their recurring difficulties are actually developmental interruptions that have been created through their relationships with significant adults – parents and caregivers in particular. These must be resolved if the youngster is to move on and, in many cases, the CYC professional is the ‘ideal’ adult authority with whom he or she can work through the omissions and transgressions of the past.

Some CYC folks dislike placing themselves in this role for a variety of reasons but, whether we like it or not, kids will continue to turn us into surrogate parents and project their hopes and anger in our direction. This isn’t detrimental to the work, it’s an opportunity to bring about change. We are talking about classical ‘transference’ and effective professionals will know how to recognize it, be comfortable with it, and incorporate it into their practice. This doesn’t mean they will slip into the ‘counter-transference’ trap by becoming pretend parents – only that they will stand firmly enough in the adult role to allow the youngster to do the necessary developmental work that couldn’t be accomplished around Mommy and Daddy. This may sound like a complex and delicate process, which of course, it is. The trouble is that very few practitioners are trained to work with this powerful aspect of the CYC relationship. Perhaps the day will come when this, along with many other relational tools, becomes part of our collective professional package.

Returning to the central theme of this article, we need to ask whether it’s possible for us to see and hear kids for who

they really are, given our place of authority and the expectations placed upon us (see paragraph one)? On the other side, will kids ever trust enough to reveal their inner world and risk exposing their tremulous selves to an ‘authority’ figure with a hidden agenda? If the inherent power differential prevents us from being therapists, are we able to become listeners or witnesses? The simple answer is to all of the above is ‘yes’ but there are many obstacles conspiring against this prospect, and most of them belong to us.

First we have to suspend the belief that relationships are convenient vehicles through which one person is able to modify the experience or behaviour of another. This doesn’t work in child and youth care any more than it works in marriage. When the object of the exercise is for one person to see and hear another, there can be no other agenda and what emerges is a relationship that is in an end itself. But CYC folks do have agendas – lots of them. They’re in our minds when we devise programs, plan activities and try to discourage Crystal Moffat from carving up her arms with a razor blade. And with every agenda there comes a desired outcome, a chance for “success” and a favourable evaluation from those who exercise their authority over us. It’s the work, folks - it’s what we do. The question is, can we bracket-off our assumptions and aspirations to simply hear what Crystal has to say about her inner world without jumping in to make everything right? Well, as Mr. Obama used to say “Yes we can” but, just like the beleaguered U.S. President, we face many formidable challenges along the way.

Allow me to make a few suggestions for practitioners who wish to see and hear kids for who they really are and lay the foundations for working from the inside-out.

### **Showing-Up**

The first essential step is to ‘show-up’ – to bring the unadorned adult Self to the party. Only an authentic Self can make contact with another Self. There are two aspects to this. The first is to be aware of all those tempting and subversive little agendas that are still sticking to your intentions and let them go. The second is to become aware of your own internal state – your thoughts, feelings and physical sensations – they are all parts of the same system that is you. By far the most direct access to this information is through the breath. In opening up your awareness, sit down comfortably with your feet firmly grounded and notice how you’re breathing – fast, slow, deep, shallow etc. Then take a couple of deep belly-breaths and close your eyes. Notice any physical, emotional and cognitive shifts. Repeat this until you feel fully connected to your internal experience. Then open your eyes and, from that inner place, make contact with the outside world of objects, colours, smells, etc. When you can switch back and forth freely between the inside and the outside, you are ready to be fully present with another without losing your Self in the process. From this place, the task is one of inviting the more unsure Self of the youngster to come forward – to the place we call the “contact boundary.”

### **Staying Curious**

Just because you’ve made your-Self available, doesn’t mean the other Self is going to come rushing out with open arms. In all likelihood, this will be an unfamiliar, even threatening, experience for your young partner, so you might expect defences to be strengthened as the sincerity of your invitation is put to the test. It could take a while, so it’s usually best to begin the process in short scheduled sessions – say 30 minutes of ‘together time’ after school. You may get the silent treatment, superficial chit-chat, recursive questions or sundry accusations, but the key is to stay in touch with your-Self and remain open to whatever is coming from the other side – without judgments or interventions. Your quest is for connection and your search is driven by unconditional curiosity. The more protected the younger Self, the longer it will take but sooner or later, usually when you least expect it, the defences will momentarily drop and you will sense an unfamiliar presence peeking out from the battlements. This is a moment of truth and if you’re there to acknowledge and welcome the stranger into the fold, the inside-out shift begins and a new relationship is born. From this point on, it’s not so much what you do, but who you are that counts.

As with a young child, this delicate relationship must now be nurtured with the adult establishing the conditions and showing the way. To this end, it’s essential that, within the range of daily activities and events, time is still set aside for direct Self-to-Self communication. What the emerging Self needs is not a judge or a teacher but an accurate mirror – an affir-



mation of its existence, rightness and validity. While mirroring is a natural ability, it is also a skill that should be honed by any professional who works relationally with either children or adults. The problem is that it's not possible to reflect what you don't have. In other words, you cannot accurately mirror another unless *you* have been accurately mirrored. Since it's highly unlikely that you grew up with mirrors that fully reflected what you thought and felt, there's always some remedial work to be done. In reviewing the following descriptions of mirroring styles, it might be useful for you to consider which style best describes your own experience growing up since this is likely to be the style you will adopt in reflecting the experience of others.

### **Mirrors that Lie**

Do you want kids to *succeed* in life? To feel *good* about themselves? To have a *positive* attitude? Of course you do, and the obvious strategy is to focus on the good stuff and ignore the crappyola. "Well done," "Brilliant" "Fantastic" "You're so talented" we cry as the kid struggles to match the billing. And the more serious the perceived deficit, the more we amplify the positive message. It's called **over-mirroring** and it's still the most popular motivational technique employed by parents, professionals and athletic coaches who push kids to perform to some predetermined agenda. Behaviourally it can appear to work like a charm but, faced with such exaggerated reflections, a fragile Self can easily be overwhelmed, withdrawing from the action and leaving the performer to carry on alone. Over time,

the successful ones remain empty on the inside while the failures build up layers of protection from a barrage of negative judgments and labels. The use of **over-mirroring** to promote self-esteem remains universally popular, even though it pushes the authentic Self into hiding, leaving the kid with nothing on the inside to feel good about. The Self the world sees is a fake – an image of success that wraps itself around the ego to become whatever is required to earn the most valued rewards.

Perhaps you believe kids should get on with their own lives with minimal adult intervention? "That's nice dear... now go and wash-up before dinner." At the extreme end, this occurs when the significant adult is not energetically present or tends to respond well below the child's level of excitement. The result is that he or she is left feeling unseen, unheard and even abandoned. This is **under-mirroring** – hazy reflections from the outside that lack definition and form, leaving the recipient feeling, incomplete, invisible and, in many cases, abandoned. In the extreme case, the fledgling Self comes to doubt its very existence. Lacking in substance and validation, it has no voice and nothing to say to the outside world.

Professionals who are more concerned with behavioural outcomes than Self-development frequently combine these two styles into a technique known as **selective mirroring**. Typically, they will over-mirror the desired responses and under-mirror the behaviours to be extinguished. This is a classical outside-in approach that pays little or no attention to what the youngster is actually experiencing on the inside.

This mirror reflects only what the adults want to see and encourages the creation and presentation of a “false-self” that expresses the good bits while stuffing the rest into the psychic closet Carl Jung referred to as “The Shadow.”

Perhaps you believe that kids should be given straightforward, no-nonsense feedback – particularly those who behave badly. Of course there may be times when this might be in the kid’s best interests but as a general stance, **critical mirroring** can be developmentally disastrous. In this case, the authentic experiences of the child are constantly interrupted by the negative introjects of the adult. On the inside, feelings are not only discounted, they are “wronged” and an unacceptable Self withdraws into its own protective shell.

Do you think kids benefit by knowing that adults have experiences similar to their own? “Hey, I understand exactly how you feel buddy. When I was your age, I was sent away to summer camp and ...” Again, there may be an appropriate time for such stories but as a basic stance, it amounts to the adult projecting his or her own stuff onto the experiences of the child. Referred to as **narcissistic mirroring**, glimpses of the child’s interior world are used as opportunities to express the needy Self of the adult. This often passes as teaching, or sharing, or affirming but, in effect, boundaries have been violated and a fragile Self has been dismissed.

At the extreme end, very few of us were presented with a mirror that was so fragmented that it bore no relation to the structures of consensual reality. This type of **psychotic-mirroring** is not common but it can be found within the CYC arena

and may explain how psychotic behaviour can be passed down from one generation to the next without having to resort to genetics – just a thought.

I offer these as discreet examples of faulty mirroring but, in actuality, they are usually blended and most of us have been exposed to all of them at one time or another. Understanding that our earliest experiences of being mirrored (i.e. before the age of three) sets the ball rolling, we can usually identify one predominant form that will be reflected in the mirror we now offer to others.

### **Mirrors that Respond**

Mirroring is not an exact science. At its core, it’s an energetic process – the thoughts and words are simply extensions of an intuitive sense that is created between one person and another. In its most primary form, babies are our best teachers. Go and play with an infant, without any agenda, and you will probably find yourself mirroring within a matter of minutes. You will discover that it’s not simply imitating the other – it’s about being open and responsive to your own experience while responding to the experience of another. Some people like to call this “resonance” and babies are usually very good at it. As we get older the process becomes increasingly cognitive and complex but the energetic and intuitive foundations remain constant. For an adult to offer an accurate mirror to a child, the following conditions are essential:

- The adult must possess a secure sense of Self that is contained within its own boundary. Any confusion about where

one person ends and the other begins will blur the images and contaminate the integrity of the mirror.

- The adult must be open to his or her thoughts and feelings, taking full ownership for both.
- The adult must be genuinely curious about the subjective world of the child and be responsive to whatever is revealed from that place.
- There can be no agenda, other than the desire to understand and respond authentically to the experience of the Other.
- Since nobody received full accurate mirroring through childhood, the more adults work to remedy flaws, biases and omissions in the way they were mirrored, the more effective they will be. This can be done by practicing with another like-minded person, or working with a professional ‘therapist.’

If you are interested in learning about the neurological foundations of mirroring, you might want to take a look at Marco Iacoboni’s book “Mirroring People” published in 2008. If you want more information on breathing and learning how to enhance your mirroring potential, I unabashedly recommend my own book, *Don’t Let Your Kids Be Normal* published by Influence in 2010 and available on Amazon. Of course, you could also contact the author directly for more information.

### **A Final Reflection**

Given the scope of this article, it wasn’t possible to delve into the conceptual foundations of the inside-out perspective. Briefly stated, the underlying theoretical

assumption is that there is a natural developmental process that can be disrupted or distorted by significant others during early childhood and eased back on track through subsequent relationships. The focus is upon the emergence of the Self as it seeks increasing levels of connectedness and autonomy through relationships with Others. Outcomes are not identified and measured in terms of behaviour, but according to each person’s sense of making his or her own choices, from the inside-out. In psychology, this is often referred to as “intrinsic motivation” or “internal locus of control”. I’m ending on this note because I’m tired of people telling me that this stuff is ‘hairy-fairy’ and non-scientific. My hope is that Child & Youth Care can begin to develop its own empirical foundations and research designs without sacrificing its unique character and traditions.

*This is the fifth in a series of ten articles. If you have read this article, please email the author at: [fewster@seaside.net](mailto: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.*

*The author would like to thank **ERNIE HILTON** for his insightful comments on the first draft of this article. Such interactive collaboration lies at the heart of professional child & youth care practice.*

# Personalized Service

Kiaras Gharabaghi

When Michael Hawkeye woke up on the morning of his 17th birthday, he knew something wasn't quite right. Unlike in previous years, Michael Hawkeye felt no excitement, he wasn't giddy, and if anything, he sort of dreaded getting the day started on this morning. But he did, and everything was fine. Some of his friends remembered his birthday and called him. Others posted on his Facebook page, and a couple of good buddies even came down to the city from the reserve to spend the day with him. In the end, it was a good day, even if Michael Hawkeye had a strong feeling that something was up.

Something was up indeed. As winter settled in with a brutal freeze in the city, the skies stayed grey and the snow piled up on sidewalks and in the side streets, Michael Hawkeye was getting tired. Not in the sleepy, worked too hard, drank too much sort of a way. He was getting tired of being. And he didn't know why. What he did know was that he didn't much care to get out of bed in the morning. He ate breakfast, but he wasn't really hungry most days. He just couldn't focus on anything at school, and soon he started not going anymore. And the last thing he wanted was to see his friends. He craved the passage of time more than anything else, he found comfort in darkness and the less he had to

speaking the better. This was early March, and it was bitter cold in the city.

One day, Michael Hawkeye fell asleep in the middle of the day, in the middle of his room, swinging. This sleep was like no other sleep. And Michael Hawkeye had a dream. In his dream, he recognized that he needed help, and he had decided to make this particular day the day he sought out help. He woke up and for the first time in a while he felt anticipation. He had had a dream of an eagle fighting a hawk over a school of fish in the windy river, way up north, where rivers are not a place but a life force. Michael Hawkeye cheered for the hawk, and the hawk did get to the fish first, and the eagle did turn away. Michael Hawkeye had woken up suddenly after the hawk had eaten the fish and the eagle had returned and eaten the hawk.

Michael Hawkeye had a plan for this day. He wanted to get to the Centre in the early afternoon. Before that, he wanted to have a big lunch with his favourite foods at a nice restaurant. For that he needed money, and so he planned to stop by the bank right after he was finished at the doctor's office where he wanted some meds to fight his sinus pains. And so Michael Hawkeye went to the doctor.

"Hello Michael, how can I help you today?"

“Hi Dr. Samulson. I am having my Sinus pains again. I am wondering if you could prescribe my meds again?”

“I sure can, Michael; are you happy with how they worked last time? Would you like to stick with the same meds or would you like to try something different?”

“I think I will stick with what I had last time; thanks for asking Doc.”

“Well you take care now Michael, and let me know if you need anything else.”

After this, Michael Hawkeye went to the bank. He wasn't sure if he had enough money to take out, but he was hoping that he did.

“Hello Mr. Hawkeye, how are you today?”

“I am just fine; I am hoping to withdraw some money, but I am not sure I have enough in the account”.

“Well, let's take a look and see what there is; we'll figure out a way...; well good news, Michael, the Band deposited your funds already, so you are all good to go. How much would you like?”

“I will take \$100.”

“And how would you like the money?”

“Small bills please.”

“Absolutely. So that's \$5, \$10, \$15 .... and \$100. Now is there anything else that I can help you with?”

“No, thanks so much, I will see you later.”

“You have a wonderful day now, Michael.”

After all of this, Michael Hawkeye was very hungry. He went to a small restaurant at the edge of his neighbourhood. He entered and was welcomed by a young woman.

“Hello Sir, how are you today? A table for one?”

“Yes please, I am very hungry so if could get someone to order from right away please... .”

“Of course, Sir. Oliver will be with you right away.”

“Well hello Sir, I understand you are very hungry. What can I bring you?”

“Well, it is a special day for me today. I wonder if you have anything that might make me feel at peace and at home?”

“We have a wonderful Northern Pike. We often prepare it as a Cajun meal, but we can cook it the Ojibwa way. Would you like that?”

“That sounds just wonderful, thank you”.

Michael Hawkeye looked around the restaurant as he waited. He had never noticed this place before, but it did seem like it was a special place somehow. He noticed that the background music had been changed from Joni Mitchell to Susan Aglukark. This made Michael Hawkeye smile; “I guess their intentions are good” he said to himself.

After his wonderful lunch, Michael Hawkeye paid and left the restaurant. He took a deep breath as he hit the open air of the street and then Michael Hawkeye walked over to the Centre. He entered and was greeted by a young woman sitting in a glassed cage in the middle of the entrance hall.

“Can I help you?”

“Yes please. I have not been feeling very well, and I would like to see someone to help me.”

“Do you have an appointment?”

“N..n..no, do I need one?”

“Yes, but have a seat”.

Time passed. Michael Hawkeye looked around the waiting room. There was a picture of some children on one wall; evidently the children were very happy. There was a white child, a black child and an East Asian child in the picture. There were also some magazines around, but Michael Hawkeye was not a very good reader. There was a TV but it was off. Michael Hawkeye was hoping the young woman would come and turn it on, but she did not. He couldn't get himself to ask her either.

About an hour later, a black man came through the door with what appeared to be his son.

“Hi, we have an appointment with Counsellor Jerome.”

“He was moved to our other location as of yesterday; you will be seeing Counsellor Linda instead.”

“Who is that? We don't know that person! Why can't we go see Jerome at your other location?”

“You live in this neighbourhood and you have already been assigned to Linda; she is our new Counsellor and she needs to get her caseload up.”

“I don't give a shit about Linda's caseload! I want to speak with Jerome!”

The man stormed out with his son. He looked furious, frustrated and sad as he left the building. Then a very tiny young woman appeared from behind the locked doors that led into the Centre's centre. She had very pale skin and looked very unsure of herself. Michael Hawkeye was certain she was a client.

“Hey Lucy, where is my new client?”

“He freaked out and left, Linda.”

“Well, I guess I can use the time to get more orientated to this place”.

Lucy turned her voice toward where Michael Hawkeye had been sitting, but her eyes remained fixed on the screen in front of her.

“Sir, I doubt anyone is going to be available. I can put you on a waitlist and call you when something comes up”.

There was no answer. Lucy kept staring at the screen in front of her. Eventually she looked over. Michael Hawkeye wasn't sitting there. Michael Hawkeye was swinging in the middle of the day in the middle of his room. And his sleep was like no other sleep...

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# Reflections on a Child and Youth Care Approach to Working with Families

Thom Garfat and Grant Charles

There can be no doubt that child and youth care practice with families is complex and demanding. In this chapter we provide you with some 'food for thought' as you begin your work with families. We want to offer some stimulus to encourage you to begin to reflect upon various aspects of working with families.

Child and youth care practitioners who engage with families are not family therapists in the normal or traditional sense of that term. Nor are they social workers, psychologists or some other human services professional, although many of the tasks, philosophies, and skills across the various professions are quite similar. Child and youth practitioners are professionals in their own right and, as such, we believe, should practice within a child and youth care framework. We are not therapists although our work is genuinely therapeutic. We do not follow the models of other professions, although we learn from, and in many cases contribute to, them. We believe that in order to be an effective practitioner with families, the child and

youth care worker must know, and be fully grounded in, our own profession and the way in which we consider family in our field.

It seems simplistic to say so but all of us have previous experiences that are relevant to our current interactions as practitioners. These experiences greatly influence how we work with people. Our previous experiences of trying to be helpful, of working with families, of receiving help themselves, or of working independently may be of importance to the practitioners. The same holds true for families. Previous experiences with social workers or with police or other helpers of trying to obtain help and of having strangers in the house may all be relevant for the family. And, of course, the previous history of practitioners and families are relevant to the others as are our own experiences as members of families. Family, in whatever form we understand it, significantly influences all of us (Fewster, 2004). The importance of history cannot be denied. When we enter in to a situation, or have an experience, we search for ways to

make sense of that experience (this will be discussed more in the chapter on meaning-making). One of the most powerful influences on how we experience and interpret that experience is our previous experiences of similar situations.

As an example of this imagine for a moment that a practitioner is going to visit a family who lives in a particular neighbourhood. The last time that this worker visited a family in this area she was thrown out of the family home by a mother, angry and possibly threatened with something she thought the worker had said. It is impossible for the worker not to be influenced by the previous experience she had when going now to visit this new family. She may be scared, hesitant, determined, cautious and maybe even excited as she uses her framework of previous similar experiences to prepare herself for this new encounter.

Imagine, too, that the family who is waiting for the worker to arrive has made numerous attempts to obtain help, although in a more traditional, office based, form. They did not believe that any of the previous attempts had been helpful. The help has not seemed to resolve the problems they were experiencing. As they wait for the worker to arrive, they are likely thinking about these previous experiences. The question to ask then is how will their current expectations be influenced by these previous experiences? How might their expectations be different if all of their previous experiences had resulted in positive outcomes? How might this impact on their current expectations?

It may be helpful if we explained this a bit further. For example, how families ini-

tially see us is influenced by all of the other experiences they have had with 'helpers' before us. It is important to be aware that we are often not seen an individual when members of families first meet us. Rather we are seen as a combination of every other 'helper' they have every interacted with throughout their lives. If their experiences have been helpful then they are likely to assume that we will be helpful. If their experiences have been negative then they are likely to assume that their experiences with us will be negative. This may not be fair to us but it is just the way it is, not just for families but for all of us. We all often tend to initially judge what is about to happen by what has happened in similar situations in the past.

### **Reflective Questions**

- Can you think of a time when your first impression of someone was negatively influenced by your previous experience with someone else?
- How did this influence your current interactions?
- How do you think you can guard against this from happening again?

When we work with families we need to be aware of how we are influenced by our perceptions of previous experiences. As we prepare ourselves for our encounters with families, we need to ask: What am I bringing to this encounter from my own previous history? How might my experiences in my own family influence what I will be doing and 'seeing'? What experiences have I had as a worker that might influence me? What similar situations have



I encountered? And how do these help or hinder me now? As we work with families, we need to try to understand how our and their previous experiences may influence on our encounter.

### **Opening up the Definition of Family**

We mentioned in the opening chapter of this book that family may well be *who* you consider it to be rather than what you consider it to be. While historically the definition of 'family' was confined to a married couple and their offspring, or included the broad extended family, we have seen a change in the definition to reflect the greater inclusiveness and reality of a contemporary society. Family has probably always defined in a broad and 'non-traditional' manner by some of us although it is only recently that these ways of seeing family has become more widely accepted. It is not uncommon now, for example, to see the definition of family in child and youth care practice as: the members of a biologically connected system who have impact, or the potential for impact, on the young person in care or, persons not biologically related who have assumed roles traditionally occupied by biologically related persons. The following example illustrates this point:

Marcie, 15, was admitted to the residential treatment programme with the understanding that she had 'no family'. She had been in the care of the system for six years and in that time had had no 'family contact' of any kind. Her mother had died a few months after Marcie was taken in to care and her father was unknown to

the social services system. No-one had any idea of who he might be. Her maternal grandparents were also dead. Her paternal grandparents were, of course, also unknown. Marcie was always reactive at those times when other young people had family contact. Weekends when parents and siblings visited, holidays, and vacations were times when staff expected that Marcie would 'act out' in response to her sense of being alone and without family. As Marcie stayed in the residential treatment centre it was painful for the staff to observe. They became determined to find *family* for Marcie, for they operated under the assumption that everyone needs family.

To make a long story short, the staff began to search for family and here is what they found:

- Marcie's mother had a step-sister who had been fostered at a young age. They tracked her down and found she only lived a few hours away. When they contacted her, she was thrilled to think she had a relative for she, too, had thought she was alone.
- There was a man who, although not Marcie's biological father had spent a number of years living with Marcie and her mother. When he was contacted he asked about Marcie and said that he had 'always thought of her as if she was my own'. He was interested in developing connections with her.
- During Marcie's first few years in care she had lived in a foster home with two

other girls her own age. When the staff talked with her about them she said they were her 'sisters'.

The staff of the programme made contact with all these people each of whom was interested in contact with Marcie. At the time of the next holiday, Marcie had to make a choice as to which 'family member' she was going to go and visit. She came into the center with 'no family' and she left with an aunt, an uncle and two sisters, all of whom were as real a family for Marcie as any biological relatives could have been. When one broadens one's definition of family, there are often 'family members' to be found.

### **Reflective Questions**

- What is your definition of family?
- Where did that come from?
- How did you develop that definition?
- Is it the same as the definition your own family of origin might hold?
- How has your definition changed over time?

### **The Advantages of a Child and Youth Care Approach to Working with Families**

A child and youth care approach to working with families is inherently different than other approaches. It is founded in the values and beliefs of child and youth care and because of this we suggest it has certain advantages over other approaches. Primary among these characteristics is the fact that *child and youth care practitioners work with families in their environments, in their homes, not in an office detached from the daily life of the family.* This is consis-

tent with the characteristic of our approach to being with people as they live their lives'. We help people learn to live their lives differently in the places where those lives are lived.

This holds true whether the child and youth care practitioner is engaged with families from the base of a residential or a community programme. Meeting with families in their environment is consistent with the principle of child and youth care work of 'meeting them where they are' (Krueger, 1998). While there have been arguments made both for and against working with families in their homes, here are some of the advantages, as we see it, of doing so:

- The worker is able to make direct observations of how the family lives their life together rather than relying on reports from others.
- Family members experience the worker as 'reaching out to them' and 'meeting them where they are at'.
- The worker is more likely to encounter, and have the opportunity to engage with, all members of the family.
- The worker is more likely to be able to observe and appreciate the strengths of the family rather than just focusing on the 'problem'.
- The worker is able to help the family change how they are and how they interact together in 'real time'.
- When family members change how they interact in their living environment, the cues associated with that change are embedded in their daily life environment.
- When family members experience suc-

ness in their own environment, the satisfaction they feel is associated with their own environment and not an office.

*(Adapted from Garfat, 2004)*

### **Reflective Questions**

- Can you think of any other advantages of working with the family in their environment?
- Can you identify any potential difficulties of working with families in their environment?

### **Some of the Demands of Child and Youth Care**

#### *Family Work*

Working with families is a difficult and challenging form of child and youth care practice. Yet, at least in the initial stages, everyone wants to do it. Interestingly, in our experience, most people at first think it will be easier than residential work. We have seen a rush over the years to work with families as if one could simply reach out and make a difference. In the end it turns out this is far from reality. Here are a few of the reasons people have cited as to why, or how, family work is difficult:

- When you work in residential care you are a part of a team. When you are having a difficult moment, someone else is around to help you out. There is often a colleague to discuss things with when you are unsure about what to do. When you need a minute to think, you can tell the young person you'll get back to him in a few minutes. When you work with families, in their

home, you are often alone and on the spot.

- All of us have 'personal business' which comes up when we are working with others. Working with families has a tendency to stimulate old, child-parent issues for many of us. And for many of us, these are the most demanding of issues.
- When working in a residential programme, you are in a familiar environment where you know the 'rules' of interaction and where you feel safe and comfortable. In family work, you move from environment to environment and context to context. This requires a constant shifting and alertness. You are 'less grounded' in the environment when working in a family's home.
- When working with families, there are often parents who are older than the worker. This challenges the workers reliance on age as an authority factor. For some of us, positioning ourselves as helpers is difficult when the 'helpee' is older than ourselves.
- When working with families, the worker no longer concentrates only on the developmental stage of one person, but of many, and of the family as a whole.

Some people might argue that getting started in working with families is easier if one has not been previously employed in a residential environment because the worker does not have to adapt from working in one context to working in another. One does not have to 'make the shift' (Shaw & Garfat, 2004) from one environment to another and, quite frankly,

some of the habits which have been developed in a residential programme do not have to be undone or relearned.

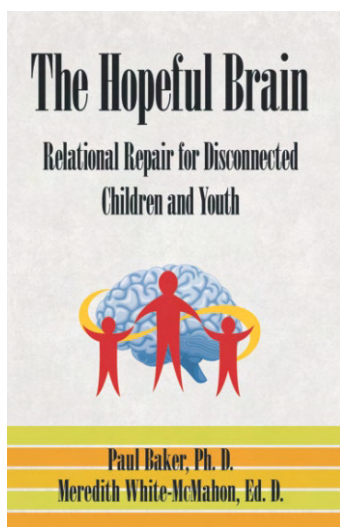
However, we believe that the practitioner who has previous experience in a residential environment, and who learns family work as a part of the transition of a residential environment, brings to the work a number of advantages. Residential work is, perhaps, the best environment in which to learn a child and youth care approach. In the context of support, guidance and a familiar environment, the practitioner grows through the developmental stages of becoming a competent worker (Phelan, 1999), learns to think systematically, develops the ability to respond quickly, becomes familiar with 'surprises' and develops an organised approach to her work. She learns the process of 'doing with' (Garfat, 2001) which is essential to effective work with families. She also learns a range of creative ways of working with the challenges that young people can throw at us.

As well, when the practitioner learns

about working with families as a part of a programme transition, he has time to adapt and to try on different approaches. He is not forced head first in to full engagement in this challenging work. However, make no mistake, when one is making the shift to working with families after having developed skills in working with individuals, special challenges arise. As Shaw & Garfat (2004) have noted, not everyone should do family work because not everyone is up to this type of challenge. Indeed, it is possible to identify the characteristics of child and youth care practitioners who are effective in working with youth and families. The following chapters identify more of the characteristics of this approach, and of those who seem to be able to use it effectively.

**This feature:**

Chapter 2 of Garfat, T. and Charles, G. (2010). *A Guide to Developing Effective Child and Youth Care Practice with Families*. Cape Town: Pretext Publishers.



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# Generosity, Learning and Residential Child Care

**Max Smart**

*Service to others is the rent you pay for  
your room here on earth.*

— Muhammad Ali

I was mowing the lawn the other day. Two weeks had gone by and I had neglected the lawn, being a bit preoccupied with some training I was booked to deliver. Whilst mowing, I noticed the lawn of my elderly neighbour was also overgrown. Irene, my neighbour, is in her 70's still sprightly, but her hands get sore with arthritis so I cut her grass also. As I pulled the lawnmower from my garden to hers a 10-year-old boy who also lives in the same street approached me. He sat on Irene's wall and watched me intently as I cut Irene's grass. He struck up conversation and asked me, with childhood curiosity, why I was cutting my neighbour's lawn. He asked, "Why cut someone else's grass, it's not your grass".

My nine year old then appeared and struck up conversation with the other boy, and was asked by this child, "why does

your dad cut Irene's grass? Aiden, my son, replied frankly, " 'Cause Irene's hands are sore ... so my dad does her grass".

Had I thought faster I would have got into a conversation with the boys about helping others but I missed it as Aiden had taken over, but the conversation got me thinking and inspired me to write this article; something I had promised Charles Sharpe a few months previously and had forgotten about. What got me thinking was the notion and the surprise of the other boy, that helping someone else was a strange thing to do. It got me thinking about acts that are apparently without material reward and how we perceive them in our fast moving society. It brought to mind when Cutler (2001) lamented, "we seem to have stopped doing things because they are kind or fair or the decent thing to do".

So has that spirit of generosity gone, is it still out there but subtly obscured from our day-to-day vision? Whilst these questions are general ones for our society, our times and our culture, I'm interested in these questions not only out of my own curiosity about the human condition but also specifically from an interest about how emotional growth can be fostered in residential care. So let's understand what is generosity?

## **Re-enabling a Spirit of Generosity**

Generosity involves giving to others. It may take many forms: time, caring, recognition, material goods, and services but all involve a giving of self or a part of self for the benefit of all. Cobb (1976) reports that "humans function best when they are part of a community of mutual social sup-

port. As they fulfil obligations to others, they discover that they are valued and esteemed". Cobb's assertion resonates with my experiences of raising my own children and also of working with children in residential care. When their needs are met, confidence grows and young people grow and thrive.

Generosity is not selflessness however. It does not discount the person's own interests. If people are to be generous they require balancing their needs as well as the needs of others. A person who is generous has an appreciation that what is given does come back in the kind acts of others.

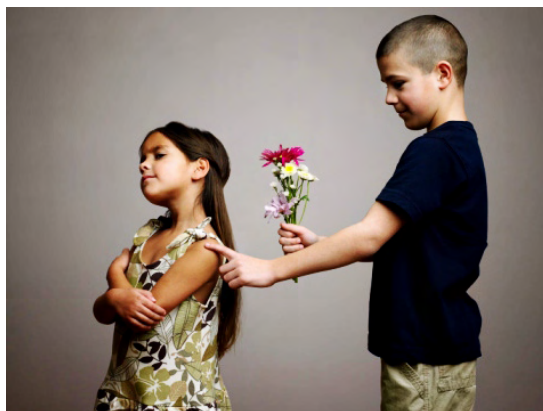
It is what Hans

Selye (1978) refers to as "reciprocal altruism" giving to others with no expectations of material rewards as it comes back later, (Fulcher & Garfat, 2008). So, there is something that is balanced here; we give and receive over time. As Brokenleg (1999) reports, "Altruism is inborn, and the rudiments of empathy are apparent even in a newborn".

### Teaching Generosity

My assertion here is that generosity is both biological and taught. It is taught not just by parents and grandparents but also by extended families, communities and societies. Human beings are experiential learners and we learn by example. However, we also teach by example and if our

young are taught caring and consideration for others, modelled by the examples of their caregivers they are likely to demonstrate the same behaviour. The opportunities for demonstrating generosity are numerous. In making a sandwich with your child you can ask what they think their friend would like in their sandwich and encourage your child to make the sandwich for their friend.



These opportunities occur hundreds of times in my home, as I'm sure they do in yours. They are what Adrian Ward describes as opportunity led, day-to-day, moment-to-moment learning that becomes internalised.

This teaching by example is potent. It allows discussion about other people's wants and needs, changing the emphasis from self to other. Generosity also tastes good; it connects us to others and reinforces bonding. In short, being aware of the needs of others feels good.

Generosity therefore, is not separate from the meeting of other growth needs and therefore seems to be as much about being connected and attached, as it is to confidence and competence. For example, we would find it hard to be generous if our survival is compromised; wouldn't we all struggle to be generous if we didn't belong? We should remember that our primary attachments arise out of dependency (Cairns, 2010) and humans are

interdependent in order to survive. Human evolution has been predicated upon banding together to survive where all are mutually dependent on each other to endure. This has been a guiding tenet of tribal life throughout human history (Brokenleg, 1997). Giving to others and giving back to the community are fundamental core values in many Native cultures, where adults stressed generosity and unselfishness to young people as this contributed to the good of all (Strand, 2003).

“Helping others,” teaches young people about connection and interdependence with other human beings. Learning that they are interrelated to each other in the community helps form a sense of obligation to other people and caring beyond one’s immediate family (Lickona, 1983). So I suspect that generosity has been “hard wired” into human psychology but it needs to be fed and nurtured for it to survive.

### **Generosity in Residential Care**

I have been privileged to work with young people in residential care since 1995. The young people I have encountered enter care with fear and suspicion. Their “private logic” (Redl & Wineman, 1951) about the world they have encountered is one where they have had to take care of themselves as others have not taken care of them in the way they should have. Consequently this logic leads to a significant mistrust of adults and adult motivations. Often this private logic leads to actions that from outside observation can be seen as selfishness, an attitude of, look after number 1, or I have to take care of

me because no-one else will.

The behaviours that look selfish are often just coping strategies, albeit self-defeating coping strategies, from their past. When entering the world of residential care, feeling threatened and insecure, it is hard for these youngsters to invest and connect. The pain of past experiences combined with confusion of the present, leads many at-risk youngsters to act out and to push away adult help and support further away.

Acts of generosity must seem a luxury ill afforded. Yet, the purpose of residential care, in my opinion, should not be to “fix” these troubled young people. It should be to help young people grow and develop and to “massage the numb values” (Redl, 2008) that lie dormant in our young people. Simply put, our task is to demonstrate that they are not on their own and that we all survive with interdependence and not alone in isolation. As Quigley (2004) observes, “being connected is a commonly missing developmental piece in the life of at-risk children”.

Acts of generosity build connectedness and these acts of kindness should be modelled by adults in the care setting. As Quigley (2004) suggests, “receiving help and helping others is a way to develop the inter-connectivity that is needed to bind people together in common community”. When kindness is offered young people are given opportunities to reciprocate with others; a staging post in the development of moral reasoning, “which can help a troubled adolescent begin to make better decisions” (Quigley, 2004).

This would concur with Brendtro’s (2004) observation that people who experience

kindness and generosity – learn to return it. Offers of kindness and generosity, however, should not be taken for granted. Responsibility and learning to be responsible are also part of growing up. This means that one does not tread on the rights of others and if someone has done something wrong they should apologise and repair what has been broken, particularly broken relationships.

We should remember that an apology is in itself a generous act; “because it puts one in a position of humility”, (Brokenleg, 1999). When we resolve conflicts we “take on the perspective of the other before reaching resolution” (Fulcher, 2008) and these acts of kindness apply to adults and young people alike. Long (1997) advises that one of the most powerful therapeutic interventions is simple kindness, and small acts of kindness can have massive pay back as young people grow to believe that they matter to someone else. Long reports,

Just as sunlight is the source of energy that maintains organic life, kindness is the source of energy that maintains and gives meaning to humanity. Without sunlight and kindness, neither organic nor compassionate life can exist on this planet.

### **Putting Generosity on the UK Residential Radar**

Although the childcare sectors in the US and South Africa have been talking and writing about generosity as a developmental area for many years, it has received scant attention in a UK childcare context. Generosity needs to be given a place in

our understanding about the growth needs of our young people in care settings. As Quigley (2004) advises, “teaching children to help other human beings is to equip them with a practical set of social skills that will assist them throughout life.”

Just as the generation of empathy and understanding are laudable goals in rearing children at home, they should also be imperative in the development of quality care environments for children away from home. Consequently, we need to elevate sector and practitioner understanding of the importance of generosity and place it firmly on the UK residential radar. We need to create climates of mutual concern, where adults and young people care for and about each other, with a strong sense of community. This means that we need to teach and model generous behaviours in our relationships with our young people.

Generous behaviours can be practically modelled in the daily lifespace via compliments of others, via speculation in our day-to-day encounters about the needs and wishes of others and by stories about how generous acts from others towards you have helped in your life. We can model genuine respect for others, practice empathy and understanding and can build generosity into our cultures and our care settings. Positive cultures of care are created by a focus on relationships and responses to growth needs. Promoting growth and development and the creation of strengths rather than deficit-based thinking, seems to me to be far more creative than concentrating on the elimination of negative behaviours of troubled young people.



## The Value of Generosity

Martin Brokenleg, clergyman and co-author of the renowned book "Reclaiming Youth at Risk" (1990) advises people to look at the Lakota phrase "Mitakuye Oyasin" which translated means, "we are all relatives." This notion of community giving goes back a thousand years in tribal societies but it is something Western societies may need to reconnect with. If we do, we will encounter true generosity, where communities reach out to young people in difficulty and pain to find healing and belonging. This may diminish the need to lash out in the anger and frustration we see in delinquency and crime. For a lot of youngsters in our care, generosity and kindness may be that first encounter with a safer and more helpful world.

We will leave the last words to Winston Spencer Churchill who famously wrote "we make a living by what we do, but we make a life by what we give". So, I think I will continue to cut Irene's grass, because it makes me feel good, as well as being something that helps Irene. Hopefully, when my hands are sore later on in life, someone will do the same for me!

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**Dr Thom Garfat (Canada)** is the president of Transformation Consulting, the co-editor of [www.cyc-net.org](http://www.cyc-net.org), and is an international speaker, consultant and trainer with over 40 years experience in the field. His most recent books include *Quality Care in a Family Setting* and *Developing Effective Child and Youth Care Practice with Families*. He is a Senior Trainer with the Circle of Courage.

**Dr. John Digney (Ireland)** is Deputy Director in High Support Services. He has over 20 years 'specialist residential' experience. He has presented at conferences worldwide and has been contributing to the body of knowledge for several years. His area of special interest is in the 'utilisation of humour in therapeutic intervention with youth'. John is a certified RAP and DA trainer.

# The experience of fostering neglected children: examining the impact on foster parent satisfaction and retention in child welfare<sup>1</sup>

Jordanna J. Nash, Alan W. Leschied, Susan Rodger and Anne Cummings

**Abstract:** *The current study investigated the experience of foster parents who were caring for children who had experienced neglect and examined the impact of that experience on foster parent retention. Foster parents completed questionnaires designed to investigate role satisfaction and description of their fostering experience. Nearly three quarters of the foster parents in the sample were currently caring for children who had experienced neglect. Foster parents of both neglected and abused children reported high levels of difficulty managing child behavior in their home. In comparison to foster parents of non neglected children, foster parents of neglected children rated their behavior as significantly more difficult. They also reported that, compared to foster parents of non-neglected children, this difficult behavior had more impact on their consideration to withdraw from fostering. Despite facing challenges when fostering a neglected child, however; these foster parents did not report a lower level of satisfaction in their fostering role. The findings are discussed in relation to their implications regarding policy, training, treatment, and future research.*

There is a desperate need for foster parents because increasing numbers of children are being admitted into child welfare care in Canada (Health Canada, 2001). Not only are there larger numbers of children placed into the foster care system, but these children also have increasingly complex needs requiring specialized services (Rosenfeld et al., 1997).

In part, this challenge related to children's needs reflects the increasing number of children who have experienced abusive and neglectful parenting prior to their entering care (Kates, Johnson, Rader, & Strider, 1991). In particular, the number of children who have experienced neglect continues to rise (King, Leschied, Whitehead, Chiodo, & Hurley, 2003), and

1 This study was made possible through the financial support of the Ontario Association of Children's Aid Societies. The support of the nine southwest Ontario children's aid societies and Dianne Cresswell of the Children's Aid Society of London and Middlesex is greatly appreciated.

studies have shown that neglected children emerge as the most negatively affected when compared to the children who have experienced other forms of maltreatment (e.g., Gaudin, 1999). The purpose of this study was to explore the relationship between fostering neglected children and foster parent attitudes and retention.

### **The Crisis in Child Welfare and Foster Care**

In 2000, there were 60,000 Canadian children in care, an increase of 30% over the previous three years (HRDC, 2000). In Ontario, the number of children in care almost doubled between the years of 1993 and 2002 (King et al., 2003). With such large numbers of children in care the pressure on the child welfare system to deliver effective services has become increasingly challenging.

The Canadian Incidence Study (CIS) found that child neglect was involved in 40% of all reported cases of child maltreatment. Of the 53,922 cases investigated for child neglect, 43% were substantiated, and 20% remained suspected by child welfare services (Health Canada, 2001). Child neglect now forms the majority of child maltreatment cases (Trocme, Phaneuf, Scarth, Fallon, & MacLaurin, 2003). In Ontario the number of substantiated cases of neglect doubled between the years 1993 and 1998 (King et al., 2003). In addition, 60% of child neglect cases remained open for ongoing child welfare services. Furthermore, and of specific interest to the current study, children who had experienced child neglect compared to children entering care

with histories of other forms of child maltreatment were more often placed in out-of-home care (Trocme et al., 2003).

The foster care system is in considerable crisis because the number of referrals to child welfare has escalated in contrast to the recruitment of new foster parents. Within the foster care system there are high rates of placement breakdowns leading to foster parent withdrawals from service. (Rycus & Hughes, 1998). This occurs, in part, because many active foster families are unable to adequately address the special needs of children in their care. Consequently, many foster parents, stressed by the demand placed upon them, leave their fostering commitment prematurely as a result of frustration with their relationship to the sponsoring agency or as a result of feeling overwhelmed by the needs of children in their care (Rycus & Hughes, 1998).

### **What is neglect?**

Child neglect is defined by Health Canada (1997) as a condition in which a caregiver fails to provide the "essential requisites to a child's emotional, psychological, and physical development." Child neglect occurs due to a lack of appropriate parenting and/or a failure to provide adequate care resulting in potential harm to the child (Schumacher, Slep, & Heyman, 2001). Thus, child neglect is an *omission* of behavior, as opposed to physical maltreatment, which is considered a *commission* of behavior (Erickson & Egeland, 1996). Researchers have identified subtypes of child neglect as physical, emotional, medical, mental health, and educational neglect. These may occur alone or in

combination (Erickson & Egeland, 1996).

Despite the prevalence of child neglect, it has received surprisingly little attention in the maltreatment literature. Two decades ago, Wolock and Horowitz (1984) coined the phrase “the neglect of neglect” in describing the place of neglect in maltreatment research. Unfortunately, this trend has persisted, in part, due to the common practice among researchers of defining child maltreatment solely as child abuse and seldom distinguishing between child abuse and child neglect (Belsky, 1993). A recent review of risk factors for child neglect by Schumacher, Slep, and Heyman (2001) delineated criteria of inclusion for studies utilizing representative samples and clear differentiation between types of maltreatment, reporting only 10 studies that met these criteria between 1974 to 1998.

### **Neglected Children in Foster Care**

When a child is placed into child welfare care due to substantiated allegations of neglect, it is critical that caregivers are aware of the profound effects that experiencing neglect can have on a child and of the resulting difficulties in caring for these children. Hildyard and Wolfe (2002) indicated that the effects of child neglect during childhood and adolescence are pervasive and negatively impact the “child’s early competence across major developmental dimensions” (p. 685). Overall, these authors point to cognitive deficits, social withdrawal, low peer acceptance, and high internalizing behaviors as subsequent effects of child neglect. The researchers of the Minnesota Mother-Child Project, an investigation of the ef-

fects of child maltreatment, suggest that neglect is chronic rather than episodic and, as a result, children slowly lose their spirit, no longer possessing a will to connect with others (Erickson & Egeland, 1996).

### **Attachment Theory and its Relation to Neglect**

Attachment theory is frequently used as a theoretical context accounting for the effects of child maltreatment. The theory allows for consideration of developmental, environmental, and interpersonal influences on attachment, which are critical when considering intervention with maltreated children (Crittendon & Ainsworth, 1989). Attachment theory suggests that if children experience neglect, a severe form of insensitive care giving, they are at risk of forming a nonsecure attachment to their caregiver (Hughes, 1997). In a meta-analysis of studies investigating attachment quality in maltreatment samples, Morton and Browne (1998) found a significantly higher proportion of non-security in maltreatment samples. Finzi et al. (2001) noted that because of their cognitive representational models of relationships and of themselves, neglected children are at greater risk for social withdrawal and social rejection, in addition to feelings of incompetence. These cognitive models are modified through development and experience, and become a general cognitive working model influencing a wide variety of relationships, including those with foster parents (Goldberg, 2000).

## **The Impact of Neglect on Foster Parenting**

A foster parent's awareness of the frame of mind of a child entering foster care following an experience of neglect is crucial. Hughes (1999) suggests that these parents need to be trained so they can provide an emotionally stable environment while concurrently facilitating the child's ability to form an attachment with them in a deliberate manner. In this type of situation, it is possible that neglected children entering foster care may be able to shift their negative representations of caregivers to a more positive one given that foster parents provide the required support and care.

Successful placements in a foster family share certain characteristics: First, the children wish to be fostered and have minimal behavioral difficulties. Second, the foster parents are committed, warm and encouraging, and they enjoy the child, have clear expectations, and are able to cope effectively when faced with difficult behavior. Third, there is a positive relationship between the child and the foster parent (Baker et al., 2003). A neglected child may pose certain obstacles to successful placement outcomes, particularly when it comes to behavioral difficulties and an ability to form a relationship with their foster parent.

## **Satisfaction and Retention in Foster Care**

In light of the increasing numbers of children coming into care, it is important that there be sufficient available placements for these children in foster homes. Unfortunately, this is not always the case.

Kufeldt, Este, McKenzie, & Wharf (2003) noted that the foster parent shortage is not necessarily a result of inadequate recruitment but a difficulty in retention. Former foster parents cited a lack of support from agencies, poor communication with workers, and difficult behavior of their foster child as reasons for leaving fostering (Rhodes, Orme, & Buehler, 2001). In contrast, current foster parents reported that overall satisfaction with fostering was related to their intent to continue to foster (Denby, Rindfleisch, & Bean, 1999). Clearly, if foster parents are to remain in fostering, they need to feel supported, competent, and satisfied in their role (Denby et al., 1999). Ongoing educational opportunities for foster parents are viewed as critical in their relationship to foster parent retention (Denby et al., 1999). Nevertheless, Rhodes et al. (2001) reported that only half of a sample of foster parents received additional training following their approval. Fees et al. (1998) identified that another factor contributing to the attrition of foster parents is the increasing number of children with more severe problems entering care. Training can mitigate these challenges if it is considered useful and relevant.

## **The Present Study**

The overarching purpose of the current study was to gather information regarding foster care and child neglect, and to examine the perception of foster parents' satisfaction and its relation to foster parent retention.

The second purpose of the current study was to examine foster parents' opin-

ions of their training regarding child maltreatment. The following was hypothesized: (a) the content of training would not be specific to child neglect, (b) foster parents would indicate that the training was not based on their identified training needs, (c) foster parents would report feeling less competent and confident in their ability to care for a neglected child due to the lack of detailed information given in training regarding their needs, and (d) foster parents would report a need for information regarding the effects of neglect. In addition, an exploration of the topics related to child neglect that foster parents feel should be included in training was gathered.

The third purpose of this study was to identify whether fostering a neglected child had an effect on foster parent satisfaction and retention. The following events were hypothesized: (a) Foster parents of children who had experienced neglect would be more likely to report consideration to withdraw from fostering due to the inherent difficulties in caring for these children. (b) Dealing with foster children's difficult behavior would be reported as impacting foster parents' consideration to withdraw from fostering. (c) Foster parents of neglected children would report a lower overall level of satisfaction in foster parenting, compared to foster parents of non-neglected children.

The fourth purpose of the study was to describe foster parents' relationship, interactions, and opinions regarding neglected foster children in their care. The following events were hypothesized: (a) Foster parents would describe the building of a relationship with a neglected

foster child as difficult due to behaviors of the foster child, which are consistent with having a non-secure attachment representational model. (b) Foster parents would report the neglected child in their care to have negative emotional expression and difficult behavior, to report the development of a relationship with this child as being difficult, and that their current relationship was distant. (c) Foster parents would report believing that their neglected child would exhibit behaviors indicative of non-secure attachment in a situation similar to Ainsworth's Strange Situation.

Finally, the fifth purpose was to describe the feelings foster parents have regarding a child who has experienced neglect in their care.

## **METHOD**

### **Participants**

This study employed a convenience, consenting sample of 57 foster parents from seven counties in southwestern Ontario. No significant differences between foster parents of neglected and non-neglected children were found on demographic variables such as age, gender, education level, race, marital status, number of biological children, or years fostering. Foster parents of neglected children did report a higher income level than foster parents of non-neglected children.

Foster parents currently fostering a child who had experienced neglect comprised 73.7% of the sample. More specifically, the reasons for the foster children being removed from their biological home were the following: neglect only

(29.8%), neglect and physical abuse (43.9%), physical abuse only (8.8%), and other than neglect or physical abuse (17.5%). For purposes of this investigation, two groups were formed from this sample. The foster parents of children who had experienced neglect consisted of parents who identified having a foster child who experienced neglect alone, or neglect in combination with physical maltreatment. A comparison group consisted of foster parents who identified caring for a child who had experienced physical maltreatment or some other reason precipitating their coming into care.

### Materials

A standardized quantitative questionnaire, *The Foster Parent Satisfaction Survey* (FPSS, Denby et al., 1999) was mailed to a larger sample of foster parents. For the purposes of the current study, portions of the survey relating to retention and satisfaction were used: (a) demographic social characteristics of the foster family and questions regarding the type of care foster families provided, (b) considerations to discontinue fostering, (c) opinions about fostering and the agency, (d) attitudes regarding foster parent training, and (e) satisfaction in foster parenting. In addition, a questionnaire was developed specifically for the current study regarding neglect<sup>2</sup>. *The Fostering Neglected Children Questionnaire* (FNCQ) was created by developing items related to the major purposes of the study. This measure consisted of seven items assessing foster parents' training as well as experiences of

fostering a child who had suffered neglect. In the first section regarding training, foster parents rated their opinion of maltreatment training indicating whether they would like more information regarding child neglect. In the second section regarding the experience of fostering a child who had suffered neglect, foster parents were asked to indicate whether the most recent child placed in their care had been placed in care because of neglect, physical abuse, or another reason (e.g., sexual abuse, abandonment). They were then asked to answer the remaining questions in relation to that particular child. Finally, the last question presented a scenario and possible child reactions to choose from, intended to assess the parent's perceived attachment relationship with the child.

### Procedure

The FPSS was mailed to every foster family in all nine counties of southwestern Ontario by their respective Children's Aid Society. The completed questionnaires were returned by mail to the principal investigator. The return rate yielded a sample of 652 foster parents from a possible 1283 families (51%). The subsample for the current study was comprised of those foster parents who consented to participate in focus groups and completed the FNCQ. These foster parents completed the FNCQ at the conclusion of their focus group participation. The responses on the two questionnaires were matched for 44 of the participants for the final sample used for analysis.

2 Copies of the questions can be obtained from the first author.



## RESULTS

### Training

Foster parents indicated that children who had been neglected and abused were discussed together in training but overall rated their maltreatment training as helpful. However, the majority of foster parents did report a need for more information regarding children who had been neglected reflective of 94.7% of the sample, particularly regarding the effects of that previous neglect on their current behavior at home.

### Satisfaction and Retention

Both foster parents of children who had been neglected ( $M = 1.66$ ,  $SD = .75$ ) and non-neglected children ( $M = 1.58$ ,  $SD = .67$ ) reported being satisfied with foster parenting, with no significant difference found between the two groups,  $t(42) = 0.30$ , *ns*. Foster parents of children who had experienced neglect reported feeling highly confident in their ability to care for a previously neglected child,  $M = 8.36$  (on a 10-point scale),  $SD = 1.51$ . There was no significant difference between the foster parents of children who had been neglected and non-neglected children in their reports of feelings of confidence,  $t(55) = 1.46$ , *ns*. Foster parents of children who have experienced neglect reported feeling competent in caring for the children in their care. There was no significant difference between the foster parents of children who had been neglected and non-neglected children in their reports of feelings of competence,  $t(42) = 1.10$ , *ns*.

Of the foster parents who were caring

for children who had been neglected, 59.4% indicated that they had considered withdrawing from fostering, while 40.6% of foster parents of non-neglected reported considering withdrawing. The difference between the two groups in the rates of consideration to withdraw from fostering was non-significant,  $X^2 = .196$ , *ns*. A significant difference was found between the two groups,  $t(40) = 2.68$ ,  $p < .05$ , in that foster parents of children who had been neglected reported that responding to foster children's difficult behaviors impacted their consideration to withdraw from fostering more ( $M = 2.67$ ,  $SD = 1.49$ ) than foster parents of non-neglected children ( $M = 2.23$ ,  $SD = 1.18$ ).

### Fostering a Neglected Child

Foster parents of children who had been neglected rated the behavior of the neglected child in their care to be significantly more difficult than the foster parents of non-neglected children. Significantly more foster parents of children who had been neglected reported feeling frustrated and angry in relation to the neglected child in their care than did the foster parents reporting their feelings regarding non-neglected children.

The emotional expression of the children in care was rated by both groups of foster parents as negative. The quality and frequency of interaction between the children and foster parents were rated as positive and moderately frequent, respectively, with no significant difference between the two groups of foster parents. The development of the relationship and the nature of the relationship were rated as moderately easy and moderately close,

with no significant differences between foster parent groups.

It was hypothesized that foster parents of children who had been neglected would rate the children in their care as displaying behaviors indicative of non-secure attachment in a situation alike to Ainsworth's Strange Situation. Both groups endorsed non-secure verbalizing, attention, interaction, and emotion behaviors, with no significant differences between the two groups.

## **DISCUSSION**

The current study explored foster parents' experiences with children who had been neglected. This information provides valuable input regarding foster parent retention within the child welfare system. Sub goals of the current study investigated the opinions of foster parents regarding the training they received; whether fostering children who had been neglected was related to foster parent satisfaction and retention; and describing foster parents' relationships, interactions, and opinions regarding children who had been neglected in their care.

### **Foster parent training**

Relevant and useful foster parent training is an essential aspect for retention and recruitment of foster parents. As evidenced in this study, foster parent training appears to be following the trend within the maltreatment literature of combining abuse and neglect (Belsky, 1993). However, the reality of researchers continuing to combine abuse and neglect in maltreatment studies does not negate the reality

that many studies have shown abuse and neglect to have differential effects on children (i.e., Erickson & Egeland, 1996). Foster parent training programs need to reflect the different dimensions of abuse and neglect. Increasing the applicability and utility of training information, as noted by Fees et al. (1998), on topics such as the effects of neglect, behavior management strategies, and attachment patterns, would increase foster parent satisfaction.

### **Fostering a Neglected Child**

Foster parents have the best of intentions toward the children in their care.

However, these children may pose challenges to foster parents in delivering appropriate care, resulting in frustration in their role. From the present study, it appears that dealing with a foster child's difficult behavior represents a reason for foster parent's consideration to withdraw from fostering. Numerous studies now report that difficulties managing a foster child's behavior is a primary consideration for withdrawing from their foster care commitment (Rodger, Cummings, and Leschied, In Press; Rhodes et al., 2001; and Denby et al., 1999). Neglect appears to be the form of maltreatment driving the increase in the number of children in care in Ontario (Trocme et al., 2003). The finding that foster parents identified difficulty in managing the difficult behavior of the children who had been neglected in their care has the potential to affect foster parent retention to a very great extent.

Significantly more foster parents of children who had been neglected reported feeling frustrated and angry in relation to the child in their care. These

results suggest that the experience of caring for children who had been neglected is different from the experience of caring for children who have experienced other forms of maltreatment. Because neglect is a chronic occurrence (Erickson & Egeland, 1996), children in care who have experienced neglect most likely lack the experience of caregiver nurturing in their biological home, thus failing to experience an essential element in the development of a secure attachment. McWey (2004) found that a substantial number of foster children in their sample, regardless of the type of maltreatment they had experienced, were classified as avoidantly attached (a type of non-secure attachment). This fact may result in children who have experienced neglect becoming hyper-vigilant in relationships and unreceptive to the messages of caring adults (Hughes, 1997). The lack of response from a child to a foster parents' nurturing overtures could eventually lead to the reported feelings of frustration and anger on the part of the foster parent as evidenced in this study.

### **Fostering Maltreated Children**

It was hypothesized that there would be differences in foster parents' reports of their experiences in fostering neglected versus physically maltreated children. However, foster parents' reports of their experiences in fostering neglected versus abused children were quite similar. The inability of foster parents in the sample to discretely identify one form of maltreatment that the child experienced may be one explanation for the similarities in foster parents' reports. A portion of the

number of children who had experienced neglect had also experienced abuse. Thus, the similarity in the results between experiences of fostering abused and neglected children could be due to the neglected children also having experienced abuse.

An alternative explanation for the similarity of foster parents' reports of their experiences fostering neglected and abused children may be related to the fact that all of the children concerned were children who were in care and hence collectively of high risk (Leschied, Whitehead, Hurley, & Chiodo, 2003). In an investigation into factors associated with foster care challenges, Holland and Gorey (2004) found the following characteristics in the majority of the children: they had been maltreated in some manner before being placed in care, they had families of origin commonly reflecting some form of pathology, and they had experienced various life problems due to mental health and behavioral challenges. These researchers found a relationship between these risk factors and foster care challenges that were encountered. Children placed in care generally have already faced, and continue to face, such varied challenges that it may be difficult to differentiate the impacts of risk factors on the foster care experience.

### **Foster Parent Retention**

Foster parents are an essential resource within the child welfare system, and the retention of experienced foster parents is of the utmost importance in the face of the increasing numbers and high level of need of the children in care. Contrary to predictions, foster parents of children who had been neglected com-

pared to non-neglected children did not report a lower level of satisfaction with foster parenting. This result may again be considered in terms of the findings that foster parents of children who have been neglected and non-neglected children reported similar opinions of, and experiences with, the children in their care. It would follow that both groups had similar levels of satisfaction in their fostering role. In addition, this result can be considered in conjunction with the finding that foster parents of children who had been neglected reported feeling highly confident in their ability to care for the neglected child as well as feeling competent to support the children in their care. These results were consistent with research regarding motivation, which suggests that feeling capable to effectively perform a job results in feelings of greater satisfaction with the job (Hansen, Smith, & Hansen, 2002). Foster parents' reports that they feel confident and competent to handle the children in their care are positive signs for retention. Previous research has identified that these feelings influence foster parent satisfaction (Denby et al., 1999).

### **Directions for Future Research**

Foster parents who continue fostering neglected children, despite child behavior problems that arise, may differ from those foster parents who do choose to discontinue fostering. The sample in this study involved just foster parents who, despite reporting the consideration to withdrawal, nonetheless continued in their fostering role. The experiences of foster parents who quit fostering may differ significantly

from those who continued. Future research needs to focus on looking at the experiences of foster parents who have withdrawn their services to more fully appreciate what led to their withdrawal.

### **Limitations**

Foster parents in this sample were all voluntary participants who had not only chosen to complete a questionnaire but had also volunteered to attend focus group meetings. Clearly, these were extremely dedicated foster parents and quite likely those that, even in the face of challenging situations, remain dedicated to their foster care involvement. In addition, the majority of the participants were female, and it is possible that the point of view of a male foster parent may differ from that of their female counterpart. It will be important for subsequent studies to be as inclusive as possible so that a wider range of opinions regarding the challenging of fostering children who had been neglected can be determined.

### **SUMMARY**

Foster parents are amongst the key resources within child welfare agencies that provide services to an extremely needy group of children. The experiences of children who had been neglected, even within this high risk group of maltreated children, are unique in their challenges reflected in emotional and behavioral difficulties resulting in extreme challenges to foster parents who attempt to meet their emotional and behavioral needs. This study addressed some of the unique aspects of children who had been neglected

to foster parents and addressed the training and support that foster parents require who in order to assist in their retention within the child welfare system.

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# Trial Balloons

James Whittaker



Years ago, I shared a platform with Henry Maier at the orthopsychiatry meetings in Detroit. The topic, to the best of my recollection, had something to do with work with severely emotionally disturbed children. I led off with a properly professorial lecture: densely packed and liberally laced with relevant theory and research. Nearing the end of my part and ever sensitive to audience reaction, I turned to my co-panelist hoping to make some eye contact and an appropriate segue to the latter part of the session. There sat Henry, quietly beside me, nearly complete in the act of blowing up a rather large balloon. This unnerved me as I hurried to finish, convinced that the presentation had been so boring as to stimulate the audience to take up various arts and crafts projects. After polite applause, Henry stood up and released the balloon (along with several others as I recall) and with scant benefit of note or text proceeded to age each and every member of the audience in a living/learning exercise on the experience and meaning of play in child development.

This was the first of many of what I came to think of metaphorically as Henry's "trial balloons": facts, ideas, theoretical applications, observations, etc.,

designed to stimulate, provoke, challenge, delight or re-focus. Whether "caught," "batted away" or even (occasionally) "popped," those balloons represent for me the great lessons of child development: resiliency, plasticity, interdependence between caregiver and cared-for. All of these (and a great many more) rendered simply, delivered with grace and passion and grasped, ultimately, through a process of mutual engagement.

To say that Henry makes his subject (typically, one or another facet of the child-caregiver experience) "come alive" sounds like a cliché. But it is true. Henry invites us to enter the child's world (often through the vehicle of play); there to become, to paraphrase Erikson, a "playing child advancing to new stages of mastery" (Erikson, 1950, pp. 194-195). In so doing, we are sometimes asked to "suspend" something: role, belief, bias, etc., but always with the promise of exhilaration along with insight that follows "seeing" our everyday world in new and different ways.

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# The Place for Classics

Mark Krueger

Lately I have been part of two discussions designed to identify classics in the field of child and youth care. These discussions I believe are in part driven by a concern that we might be moving too far away from our roots, and in part by a concern that the classic works might be forgotten or ignored as the field continues to change and grow.

Periodically, these conversations crop up. Perhaps when we are feeling less secure about where we have been and where we are headed. This desire to get back to our roots is not a bad thing in and of itself. Sort of like going back home to ground ourselves in something familiar I think. Reverence and respect for our elders is essential. Their work has been instrumental in understanding and doing relationships and developmental care.

I am always conflicted during these discussions. First of all, I know I can never really go back home. My life has changed with new encounters, memories and insights. Every time I go back I have mixed emotions. Fond memories are pictured differently in reflections and I don't want to give up the new view I have developed since then. There is something unsettling about being in a place that might not have ever been what I imagined it to be. There

is also something very comforting in letting it be what I remember it to be.

There is no doubt that I should continue to learn from the classics and integrate what we learn into my thinking, writing, research, and practice. Like many others I am attached to classic works that shaped my thinking. I worry though that if I emphasize this too much I might miss some of the current creative thought. An argument can be made that some of the latest work is as relevant, informed, sophisticated and enlightened as the classics, and therefore deserves as much attention as the older work. Not that the classics of old were not as insightful (you could say they are timeless), but rather I might miss something if I ignore or brush over present work in favor of the past.

Sometimes I also worry that these calls to keep acknowledging the classics might be more for the sake of the old timers who were so instrumental in building that field and are holding on to some romantic notion of how significant a classic might have been for them. I say this of course as one of those old timers, romantic about the past. And with much reverence for my mentors, and the readings that shaped my thinking about doing and teaching child and youth care. My sense, however, is that



their thinking changed with time as well, and they might prefer not to identified primarily with their earlier, or a single, work.

Slowly over the years I have also been deeply influenced by novels, poems, films, paintings, and thinkers from other fields that present ideas and images that seem true to my experience and the subject matter. Some of our field's young student/scholar/practitioners are also writing some amazing articles. I guess I'm saying is that I have to be cautious about going back without acknowledging and using the classics that are in the works every day. I also have to continue to be open to letting in outside influences. A classic is more useful when it is framed within new writings, pictures, and discussions that offer new insight with repetition, difference,

simplicity and multiplicity. Works that show classics this way have potential to be new classics that advance knowledge. Personally, at this point in my career, I am partial to the ones that show rather than tell and evoke my own new discoveries.

A picture is worth a thousand words.

\* I have intentionally not mentioned authors. There are so many old and new classics. The ones I pick today could not be the ones I identified before and others I will identify in the future. Ultimately a classic is left to the reader to determine. If it moves the reader to be with youth in relationships and daily developmental activities in new, exciting, and effective ways, it is a classic for him or her.



# Love is Louder

**Estella Abraham**

CEO, *Fostering First International*

**D**uring the last couple of months I have spent some time in the USA, and I have enjoyed getting beyond the tourist experience, seeing and meeting people in their own homes, in their workplaces and to see their locality through their eyes. This for me is the best way to experience new people, places and services.

In October I was sitting in a hotel room watching the TV when by chance I tuned into a programme which was covering the tragic suicides of five teenagers who had ended their life because of repeated bullying and the real threat of being humiliated and 'outed' as gay. In the same week, the political campaigns for mid-term elections were hotting up and the re-emergence of 'Don't Ask, Don't Tell' for gays in the forces became a conversation piece once again, with ferocious debate taking place on screen.

It seems to me that the obsession some have with the issue of sexual orientation and the individual, collective or religious belief surrounding it seems to have become the pivotal and dominant feature, rather than the shocking and untimely ends of young people who chose to face death rather than continue to live a purgatory on earth.

The main issue – the issue of oppressive behaviour and action – seems to have been lost in the debate. The challenge for all of

us, regardless of our sexual orientation, regardless of our views and beliefs about it, is to take a stand on bullying, full stop.

We can only make an impact if we each take personal responsibility. Yes, this means you and me. We need to speak out, be prepared to challenge ourselves and challenge others about prejudicial behaviour. The human species is many and varied. But what makes us human beings and not just beings is, surely, humane action.

Often the children we care for 'don't fit' and some will be struggling with their sexual identity. Many of our children get bullied and some, as a defence or because of the traumas they have experienced, become bullies themselves. As care givers, foster carers or professionals working in this field we have a responsibility to be balanced in our responses, humane in our actions and to revisit the difference between acceptance and approval, and what this means in the everyday.

This week I'm in Canada and it's National Bullying Awareness Week. A commercial on network TV called [Love is Louder](#) embraces the power of positive thinking with visual images. It's really powerful and worth a viewing.

This would be a great resource to use to open discussion amongst friends, colleagues and those we are charged to care for.

## leon fulcher's postcard from Sligo, Republic of Ireland

**G**reetings from Sligo in the Republic of Ireland, railway stop for County Donegal, the northern-most part of the Republic! I had opportunity to visit Sligo to meet up with foster carers for the day, and a good day it was, too! Sligo's Irish name *Sligeach* - meaning 'shelly place' - originating from the abundance of shellfish found in the river and its estuary and extensive 'shell middens' or Stone Age food preparation areas in the vicinity. The river (known as the Garavogue 'rough river') was called the Sligeach.



Sligo and a map of Ireland, including Ulster

Maurice Fitzgerald, the Lord Chief Justice of Ireland, is generally credited with the establishment of the mediaeval town of Sligo, building the Castle of Sligo in 1245. Sligo was burned several times during the mediaeval period. In 1257, Geoffry O'Donnell, chief of Tirconnell marched on Sligo and burned the town. Early records refer to this Sligo as a *sradbhaile* ('street settlement'): a village or town not defended by an enclosure or wall, and consisting of one street.



The Garavogue River flows through Sligo

Between 1847 and 1851 over 30,000 people emigrated through the port of Sligo. On the Quays overlooking the Garavogue River is a memorial to the emigrants, with three sculptures commissioned by the Sligo

Famine Commemoration Committee to honour the victims of the Great Famine. A plaque in the background, headed 'Letter to America, January 2, 1850' tells one family's sad story: "I am now, I may say, alone in the world. All my brothers and sisters are dead and children but yourself... We are all ejected out of Mr. Enright's ground... The times was so bad and all Ireland in such a state of poverty that no person could pay rent. My only hope now rests with you, as I am without one shilling and as I said before I must either beg or go to the poorhouse... I remain your affectionate father, Owen Larkin. Be sure answer this by return of post."



The Irish Famine had a Dramatic Effect on Sligo

The Great Famine or the Irish Potato Famine was a period of mass starvation, disease and emigration between 1845 and 1852. The Irish language called it *Gorta Mór* meaning "the Great Hunger" or *an Drochshaol*, meaning "the bad times". During this period, significant numbers of Irish peoples fled to North America for a better life. Places like Boston and New York becoming enclaves of Irish culture and traditions.



Signatories of the 1916 Proclamation

Rural poverty was endemic in North-west Ireland and during this period, the whole of Ireland was ruled by the British, not just the Northern Counties which make up Ulster today. At the Sligo Railway Station, named in memory of Sean MacDiarmada one of Ireland's remembered freedom fighters I found an

interesting bit of history which gave pause for thought. With James Connolly and others, Sean was a signatory to the 1916 Proclamation which called for Irish Independence from the British. That Proclamation, signed in Dublin starts with: *“The Irish Republic is entitled to, and hereby claims, the allegiance of every Irishman and Irishwoman. The Republic guarantees religious and civil liberty, equal rights and equal opportunities to all its citizens, and declares its resolve to pursue the happiness and prosperity of the whole nation and of all its parts, cherishing all the children of the nation equally, and oblivious of the differences carefully fostered by an alien government, which have divided a minority from the majority in the past.”* The Troubles carried on for decades.

Shortly after the Easter Rising, Sean MacDiarmada, Connolly and the other 1916 Proclamation signatories were arrested and hanged. With uprisings across North Africa and the Arab world this year, it is easy to forget how Irish people tried to assert independence over their island and force was used to quell the rebellion. Only this year was a formal apology given by the Queen. It makes ya think, eh? It did for me.

*"Sla/inte chugat – Good Health to You"*



**Waiting on the Shore at Sligo**

## EndNotes



**“Live a balanced life — learn some and think some and draw some and paint some and sing and dance and play and work everyday some.”**

— Robert Fulghum

## Conversation

with grand-daughter, Hana.

She’s thirteen, in the 8th grade in junior high school.

“Granpa, do you remember what you told me when I was in third grade?”

“No, what was it?”

“You said that boys were mostly interested in sex and sports.”

“Did I say that?”

“Yes, you did. And I thought it was pretty weird at the time.”

“And now?”

“You were right. Thanks for the heads-up.”

— Robert Fulghum

## You win some, you lose some

... for a child in an abusive or neglectful situation, depression is adaptive. It reduces the pain, evokes sympathy, and thus reduces the harshness of the situation and mitigates it by allowing the child to distance him/herself from it.

However, if such an originally adaptive behavior becomes a way of life, the price gets higher and higher. Depressed people are among the most difficult to relate to.

If you take a "hard line" with them, you're brutal; if you do nothing, you're indifferent; and if you're kind and supportive, it's often not enough and/or you are misconstrued as being patronizing.

— Rod Durkin

“The third-rate mind is only happy when it is thinking with the majority. The second-rate mind is only happy when it is thinking with the minority. The first-rate mind is only happy when it is thinking.”

— A. A. Milne



“I probably remember 20% of the stuff I learned in school and forgot the other 90%.”

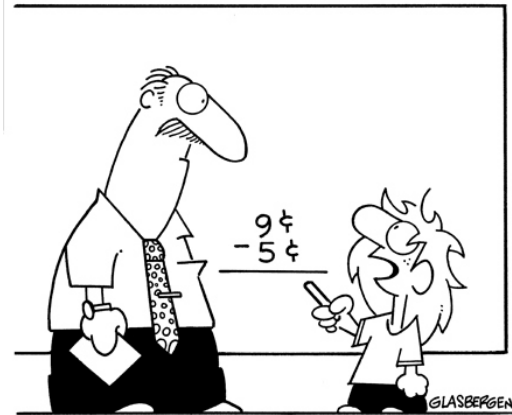
A snapshot of **David Wills** from the early Therapeutic Community days ...

“Wills understood that the lads who came to the camp were profoundly dissatisfied with themselves; they were failures who hated themselves. Their protection was hating the world about them. On discovering that they were given freedom, not discipline, they had to begin to discipline themselves .... In him the boys sought the loving parent they had not had and with great skill and understanding he lived through the 'corrective emotional experience' they sought. They attached themselves to him and to his wife. Time and time again the lads would test his capacity to go on loving in the face of delinquency and bad behaviour.”

— Malcolm Pines

Kurt Lewin's maxim:

*“There is nothing so practical as a good theory.”*



“If the brightest minds on Wall Street can't figure out the economy, then what do you expect of me?”

**While on the subject ...**

A little boy wanted \$100 badly and prayed for two weeks but nothing happened. Then he decided to write a letter to the Lord requesting the \$100. When the postal authorities received the letter addressed to the Lord, USA, they decided to send it to President Clinton. The President was so impressed, touched, and amused that he instructed his secretary to send the little boy a \$5.00 bill, as this would appear to be a lot of money to a little boy. The little boy was delighted with the \$5.00, and sat down to write a thank-you note to the Lord. It said: Dear Lord, Thank you very much for sending me the money. However, I noticed that for some reason you had to send it through Washington, DC and as usual, those jerks deducted \$95.



## information

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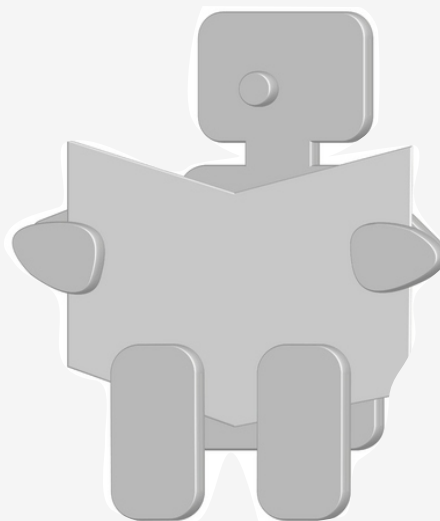
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