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So, it is that time of the month again when I am obligated to write another brief editorial. It is, after all, my responsibility. But it is an obligation I enjoy; a responsibility that always pleases me.

Not all obligations and responsibilities are negative although, for some reason, it seems to me that those two words have taken on a slightly negative hue in the last number of years. “It is your responsibility,” she says and it seems to sound like someone has failed in their duty or has to face some unpleasant task. “He is obligated to do it,” someone says suggesting that he ‘has to do it’ whether he likes it or not.

The meaning of words, eh? Ever changing, constantly contextualized, shifting.

In many programmes staff want to ‘hold the kids responsible’ for their actions (sometimes even their thoughts) as if the young people could not act in a manner which showed their responsibility without being compelled – as an aside, and by the way – many young people who are doing things we do not like and are driving us crazy are, in fact, acting very responsible – they just do not feel responsible to (or for) the things (or people) we want them to be. A young woman may be acting very responsibly towards the values of her peer group by refusing to accept your values. It’s just that you don’t like it so you call it irresponsible. And they are meeting their obligations to their friends. Pretty positive attributes, eh? But like I say, that’s an aside.

But – there always has to be a ‘but’, eh? But I was thinking that you might be thinking ‘so what’ (Frances Ricks ‘favourite question, by the way) – So what? Who cares? What is the point? Fair enough.

Well, then, here is the point . . . what do we really mean when we ask kids to be responsible or to live up to their obligations? Do we mean they have to do something painful something they will not like? Or do we mean that they need to look at their world, decide what is important to them, and then decide how they will be responsible to this world they live in?

Tough question – not for them. For us. Because if the answer is that they need to decide to what
or whom they will be responsible or hold an obligation, then we may be uncomfortable with their choices.

And, sorry to say, truth be known, don’t throw rocks at me – the reality is that we always want them to be responsible according to our definition of the world, and what is important in it.

But then, isn’t that our obligation – to help kids find their place in their world, not ours?

And, finally before I leave this ‘responsibility’ could I suggest that it might be a helpful thing if, in our programmes, we were to decide that responsibilities and obligations were positive things, from which we gain some pleasure. Hmm.

Gosh I enjoyed meeting this responsibility.

Thom
Ethics Is Hot ... So What!

Making ethics more practical and real:
A dialogue about becoming a virtuous child and youth care worker

Mark Greenwald

Setting the scene
We have two Child and Youth Care Workers, one “senior” worker and one “junior” worker. These workers are new to one another. With some spare time on their hands, they decide to talk ethics. Where will this conversation go?

Junior: “Look, I earned my CYC certificate, diploma, or degree... whatever you choose to call it. I’ve worked in the CYC field for three years now and I’d like to hear your opinions on this line of work. I’m all ears. What do you say?

Senior: Sounds good, but let’s ensure we neither patronize each other, nor indulge in platitudes and generalities. While I have many years of experience, I’m not your supervisor. Actually, our time working together has been too short to even establish a mentoring relationship. Let’s just keep this open and honest... we’ll see where this goes. Where shall we begin?
Junior: I wish to discuss ethics, although my past experiences in this regard caused me considerable frustration and a generous amount of existential despair.

Senior: Well, let’s not dive into such miserable examples then. I say this because you seem to be a sensitive, reflective, and questioning individual. You work with young people who have conspicuous difficulties, with colleagues who have strong personalities, and you deal with bureaucratic systems that would probably make Kafka look like Rebecca of Sunnybrook Farm. This “existential despair” comes with the territory. As long as you can tolerate — maybe even enjoy — this rollercoaster universe, you’ll do fine.

Now, let’s study your frustrations. I wouldn’t doubt you have several from which to choose. Let’s begin with one to start.

Junior: OK, here’s one: I’m confused and frustrated about playing the ethics card in my work. Professional standards and codes were drilled into me during training and in-service workshops, but I’m not too clear as to how well I’ve internalized ethics into my practical work. I do believe that my head, heart, and soul face the right direction when I interact with the kids. My concern is whether ethics can be brought down from high above to have more practical meaning for me, particularly since I do want to become a more effective CYC worker. I frequently ask myself, “Is there anything more to ethics to make it more real, more practical, or even more helpful in my daily work?” I see too many workers brush off workshops on ethics because they think it’s too situation specific and not relevant to their daily work with kids. They agree it’s important to know legalities, professional standards, and agency guidelines — but what does this all mean in the day to day?... so what!

Senior: I share your concern to find a more practical dimension to ethics. I remember asking similar questions in my third year working in this field. In my first two years of CYC work I was mostly preoccupied with just surviving and establishing my own credibility with both the kids and the team. Standard stuff, really. But as I became more confident, knowledgeable, and less egocentric in my work, I found myself more inclined to step back, look at the bigger picture, and ask myself more focused questions. I wasn’t concerned as much with questions about “What should I do?” or “What does this all mean?” Actually, I thought more about how I could synthesize my clinical skills, professional knowledge, and self-awareness to help myself become a “really good” CYC worker. I suppose I was ready to move forward to a higher level of performance and a higher level of satisfaction in my work (Sheahan, et. al.; 1987, Phelan, 1990; Garfat, 2001). In this regard, I also questioned what role ethics played in the formation of my professional identity.

So, let’s get into it, shall we? How do you really see your situation?

Getting More Specific: Stating the problem more fully

Junior: Well, when I interact with the kids, I see myself carrying this clumsy metaphor...
cas bag full of items I use when I observe, process, and act. This bag contains personal articles such as values, needs, attitudes, life philosophies, and my own life narratives. It also contains many aspects of my professional formation: skills, theoretical knowledge, a wide range of information, and a professional identity, which includes a basic understanding of and appreciation for professional ethics and standards. My major concern, and I may be repeating myself, is to figure out a way to dynamically integrate ethical practice and effective practice.

There must be another approach besides staying alert to all the codes, standards, and values at play when I interact with young people and my team. I am aware that others in the field share my concern. Ricks & Garfat make one particular point which crystallizes the issue. They say, “To make an effective practice decision requires moral reasoning in the moment, every day, and in each circumstance” (1998, p. 72). That’s exactly what I want to work on! I want to be able to make that ethical/moral reasoning component more practical and real in my continuous interactive work. Hopefully by doing so, I will become a more effective worker.

**Context-Making: Setting up for success**

**Senior:** I sense your clarity on this issue. I also see you as a kindred spirit in your view of CYC work as a dynamic process of continuous interaction and reflection — or as you just said it, “observing, processing, and acting.” Consequently, I can save time by not spending too much of it exposing you to Polsky and Claster (1968), Fewster (1990), and Krueger (1994). The main point I’ve taken from these individuals is that at any moment in your CYC work, you act in process. For example, Polsky and Claster (1968) adopted an interactional conceptual model, which they used to observe CYC workers and to identify their particular role functions. Their observations and analysis influenced me to view the CYC worker as a juggler who, at any moment, handles four balls — more specifically, the four role functions of monitor, nurturer, teacher/counselor, and integrator. The beauty of this model is that, if you understand how these balls (roles) are continuously in play, then you can exercise a high degree of control and precision to decide which specific role function to perform in that specific moment. As the moment changes, so too do needs change. Thus, the CYC worker must “juggle” how he/she performs different role functions. It’s all a dynamic process where the CYC continuously and creatively responds and acts in any interactional moment.

To look at this process differently, Fewster (1990) focused on self-awareness, self-examination, and the use of the self in the context of continuous action. Meanwhile, Krueger (1994) used dance and rhythm as a metaphor, which encouraged a CYC worker to interact more sensitively, creatively, and dynamically in a particular instance. I should also mention Schoen’s work (1982) on “reflection in action,” since this term is used more and more to describe this orientation to dynamic CYC work.

Since I’ve already established this particular context, it’s time to blend ethics into continuous practice.
Junior: Yes, thank-you. I wish to revisit ethics.

Senior: Alright, let’s get back on track. You said you wanted to make ethics more real and practical in your interactional work, and that you wanted to become more effective as well — correct?

Junior: Yes.

Senior: OK, I can give you something to try. It might help you make ethics more real for you. If you don’t like it, discard it — although I hope you will give it a decent try.

Junior: I’ll try it as long as it’s clear and user friendly.

Senior: Sounds reasonable. Now before I present you with this particular instrument, I want to review some philosophical concepts. My purpose is to create the best possible context that can help you to use this instrument successfully. I believe that if you understand the philosophy behind this tool, then you may be more inclined to use it.

Junior: That’s fine with me. My work has taught me that context is everything.

Senior: Well, I don’t know if I’m glad to hear that, but let’s focus on this tool’s philosophical foundation. While I don’t know to what degree you were exposed to classical ethical theory in your professional formation, I will presume that in whatever ethics course or workshop you completed you were exposed to a situational approach to ethical decision-making.

Junior: Yes, ethical decision-making made up the bulk of my ethical instruction. My instructors presented me with a wide assortment of ethical dilemmas and I was taught how to apply an ethical decision-making model (Lowenberg & Dolgoff, 1992) to formulate ethically grounded decisions to these situations. In addition, I learned about several ethical philosophies: the consequentialist/utilitarian approach of Jeremy Bentham (1988) and John Stuart Mill (1991), and, of course, Kant (1964) and his deontological rule based approach. I remember being taught how to play with these theories, as well as with my own values and the CYC professional codes, to brainstorm decisions to various ethical dilemmas; while I found this material both useful for ethical analysis and intellectually stimulating, I kept asking myself how I could integrate and apply it all to any interactional moment with a child. Professional codes of ethics have helped me to recognize and to value particular standards of care and professional work. I hope I have successfully incorporated these standards into my practice, but to what degree? I really don’t know.

Senior: So, in addition to becoming familiar with a situational orientation to ethical theory, you also incorporated professional ethical standards into your sense of professional identity.

Junior: Yes, and I recognize this more and more as I work with the kids and the
team. I guess, as you pointed out earlier, that I am advancing in my own professional development as a CYC worker. I see myself becoming less egocentric and more focused on who I am and who I want to be professionally. I am also becoming more aware of how I make particular decisions “in the moment” as I respond to whatever needs or issues I perceive. It’s almost as if I am observing myself from an out-of-body perspective as I interact with the kids and the team.

Senior: Aha! Some CYC developmental transition appears to be happening here. Let me ask you something: In your ethical education, did you learn anything about Virtue Ethics as another philosophical model?

Junior: Not really. It may have been mentioned, but without much emphasis or detail.

Senior: Well, in order to complete this context making I need to inoculate you with a brief shot of virtue ethics. This is particularly important, because a Virtue Ethics model may make ethics more real for you.

Junior: O.K. Inject me then, but the briefer the better.

Senior: Virtue Ethics has a long history, which stems from Aristotle (1976) and, of course, religion. Its basic premise argues that in striving for human excellence people guide their actions and decisions according to internally embraced qualities of character. The list of these desired qualities is long, but in general they encompass basic traits of prudence, integrity, courage, respectfulness, and benevolence. I would add that this model has more contemporary and relevant applications to the CYC field. Schools are now introducing more character education into their curriculum, and we can’t talk about this model without acknowledging Vorrath and Brendtro’s (1974) and Brendtro’s et. al. (1990) work developing values-based “positive peer” cultures, with all its variations, over these recent decades.

Junior: Good point. I see relevance here for the field and for myself, but where does the practical application come in?

Senior: If you employed the Virtue Ethics model in your work with young people and your team, you would not be concerned about finding a universal “principle/rule” to apply, nor an “outcome” to evaluate (Punzo, 1996). When you deal with ethical dilemmas, you would probably still reflect on all your relevant ethical and professional curriculum; but when in the continuous living and breathing of CYC work, you could incorporate within yourself a notion of what a “virtuous CYC worker” is — then aspire to act on this idea ALL the time in your ongoing interactions of your work. Please realize that, according to Aristotle (1976), valued qualities of character mean little if they are not incorporated into your identity through habitual practice. Remember, we’re taking a practice and process orientation here in order for you to become a more effective and complete worker. Finally, if this model is to have practical...
value, it requires more clarity in its conceptualization. To just say “I aspire to become a virtuous CYC worker” is not enough. You need to spell it out for comprehension, appreciation, and utilization.

Junior: OK, let’s have it!

The Virtuous CYC Worker: See if it has meaning for you
Senior: Reviewing various lists of virtuous qualities, I came up with five characteristics I believe apply to major aspects of CYC practice. They are: self-awareness, compassion/care, prudence, integrity, and courage.

Junior: Your project finally looks like it’s taking some shape, but how do you define these qualities to make them clear and real?

Senior: Yes, but hold on! It’s not that I’m trying to tease you or anything, but you’re going too fast! Remember our mutual appreciation for the value of context, if you want to design for success. You are absolutely right in recognizing the need to make these virtues more real and ultimately ripe for practice. Before we go into more detail, I need to know that you understand these virtues in a context where they are combined with moral agency and clinical practice. I believe that

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<td><strong>FIVE QUALITIES OF A VIRTUOUS CHILD &amp; YOUTH CARE WORKER</strong></td>
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| 1. **self-awareness**  
The Virtuous CYC Worker uses self-awareness to actively observe and evaluate himself/herself. He/She can clearly identify the biases/assumptions/values that influence their work. |
| 2. **compassion/care**  
The Virtuous CYC Worker possesses a high regard for the welfare of others and the sensitivity to address the suffering of others. He/She takes action to reduce pain and to conscientiously promote well-being and growth. |
| 3. **prudence**  
The Virtuous CYC Worker makes decisions of substance, which involve sensitivity, knowledge, understanding, and sound judgment. |
| 4. **integrity**  
The Virtuous CYC Worker values the importance of honesty, trust, and fairness in how he/she establishes relationships in his/her work with people. |
| 5. **courage**  
The Virtuous CYC Worker makes decisions according to what he/she thinks is “right” because he/she judges it to be the “right” thing to do — not because he/she feels obligated to do so. Decisions are made out of belief and confidence — not fear of consequences. |
you will become a more effective worker as a result, should you embrace this idea. In other words, to be successful you must incorporate these virtues into your CYC identity. Only then will you embody this dynamic relationship between ethical practice and clinical practice. This means that, by aspiring to be a virtuous CYC worker, you will regard your continuous clinical decisions and actions as ethically “right” actions (Ricks & Garfat, 1998) or as a function of an “informed ethical conscience” (Jordan and Maera, 1990). In a way, we are going back to your initial concern about making ethics more real, practical, and effective in CYC practice. Do you see this?

Junior: Oh, I sense you playing with my head here, but I do notice you have returned to my original concern. Then, if what you’re saying is true, I should expect this virtues model to help integrate my moral agency with my clinical practice?

Senior: Yes, indeed. Now we are ready to define these CYC virtues, then I can present you with an instrument, which will help you generate your own examples of each virtue. Here they are:

- self-awareness: Elsdon (1998) and Ricks (1989) make good points about how important self-awareness is in clinical practice and ethical formation. I’m sure that this is not a new idea for you. Without sufficient knowledge of your self or a strong commitment to actively utilize your self-awareness in your practice, the other four virtues can easily become “contaminated” into bad practice, and, perhaps, bad ethics.

- compassion/care: The air that CYC workers breathe. This virtue relates to the general practice of beneficence, including sensitivity to the difficulties and pain of others. I’m sure your everyday actions bear in mind safety, security, belonging, support, understanding, achievement, and general well-being. If you’re more interested, read Austin and Halpin (1989) for a short, elegant articulation of compassion and care.

- prudence: This virtue entails putting everything together into the exercise of sound, insightful, judgment. Where courage relates to personal potency, prudence relates to making decisions of substance which are rooted in sensitivity, knowledge, and understanding.

- integrity: In addition to emphasizing the importance of honesty, trust, and fairness, this virtue also involves a commitment to principles of justice, equality, and fidelity. This of course can play in both social arenas of children and staff, which at times can lead to ethical conflicts I’m sure you’ve had to deal with in your work.

- courage: We’re not talking about being brave and taking risks here. Courage, in this regard, involves the courage to act upon your beliefs. You take “right” actions because you consider them to be “right” according to your accumulated knowledge about the professional field, your knowledge of the young person and his/her related eco-systems, and your knowledge of yourself — including your belief systems. The important point here is that you make decisions from a
position of personal and professional potency and confidence. You know what you are doing, and you can defend your actions with not only intellectual substance (prudence), but also with confidence.

So there you have it. Take your time to consider our discussion to see if this material means anything to you. If you do believe that this conceptualization has practical value, you could also consider how to integrate this framework into a therapeutic milieu. This model could serve as a vocabulary to guide both expectations and interventions for both kids and the team. After all, Vorrath and Brendtro (1974) used similar frameworks when they designed their own therapeutic milieus.

Instructions for Implementation:
Try it and see if you like it
Junior: Finally! Now I have to digest this model.

Senior: Yes, take a look at the “Five Qualities of a Virtuous Child and Youth Care Worker” (Table 1). The purpose of this instrument is to help you generate examples from your work according to these virtue definitions. In this way you can see for yourself whether or not you are actually acting in a manner that reflects these virtues. If you find yourself not only acting on these virtues, but also reflecting on them as you perform your interactional work, it would be interesting to see if you notice a positive change in the way you interact with the kids and your team. In which case, it would be useful to receive feedback from colleagues who have taken notice. Who knows? If this model just serves to heighten your awareness and causes you to reflect in a more satisfying way about your work, that’s good too.

Conclusion: Where can we go from here?
Junior: Thanks a lot! I’ve got something new to try out in my CYC work. This instrument definitely appears to be practical and user friendly. I should also say that this virtues orientation isn’t really new to me, although you have “repackaged” it in a way that appears to have potential practical value. I guess it’s now up to me to see if this model has value in my work.

Now I have one more question for you: I’m really into empowerment as a dominant orientation in my work with young people. How would my emphasis on empowerment fit into this conceptual framework?

Senior: Oyy! Do you have the time? Do I have the energy?

Let me be brief, if that’s possible. Empowerment or self-determination would be an example of a strongly held belief system or treatment philosophy, which I presume guides your decision-making and actions. If so, then an empowerment orientation would permeate through this entire framework. For example, a strong belief in empowerment could lead you to act with courage in a potent way by providing necessary information, encouragement, and ecosystems advocacy to a young person who wants to do something new and with potential risk. Your decisions and actions in this regard may increase this person’s exposure to failure, as
well as success. But, if you are committed to the virtue of compassion/care in promoting well-being and growth, then you will act in conscientious and creative ways to design for success as well as prepare for possible failure. Your actions may go beyond emotional support and include relevant skill training and practice. Your belief in empowerment would also lead you to emphasize integrity in your interactions by establishing trust, openness, and honesty. In this regard, the dynamics of your relationships with young people will have a strong bearing on how well they effectively advocate for themselves.

Prudence would enter the picture when you explore — perhaps even negotiate — options, strategies, and risks with the young person... and then there’s the application of sound judgment when performing the necessary ground work with the team and other relevant ecosystems. Finally, your own personal sensibilities towards risk and self-determination play an influential role here. Without sufficient self-awareness, you may inadvertently push the young person too far, too fast — or perhaps the reverse, and hold back this individual.

I could go on with this, but I won’t! Your question about empowerment is a good one because it provokes us to realize how easily our beliefs and orientations influence so many CYC interactions. I can also think of other philosophical orientations — like normalization and integration/inclusion — that would give us some more fun in this regard, but let’s not push it.

**Junior:** Yes, let’s give this a rest for a while! Let me first find out if this model of a virtuous CYC worker has any real practical value for me in my work. If it does, then this model may, in fact, play an interesting role in furthering my identity as a CYC worker. Who knows, right?

**References**


This feature: Greenwald, M. (2007) Ethics Is Hot ... So What! Making ethics more practical and real: A dialogue about becoming a virtuous child and youth care worker. Relational Child & Youth are Practice 20 (1). pp. 27-33
Shared responsibility is often talked of as a method of running a school or institution; and since its very name has a positive ring, it has been identified with many kinds of set-up, from the prefectorial system of the English Public School to the experiments in school democracy of W. George, Homer Lane and David Wills. So it is most necessary to show what I mean by this term.

I look on a School or Children’s Home community as something which does not exist in its own right, but is created as a powerful medium through which to educate children for life and stimulate their personality growth, and to take them away sometimes from undue stress. In addition, except in day-schools, it has to provide certain experiences or opportunities which the family would provide for children who live at home all the time. The basic one is the experience of belonging and identification; one may call this as basic even as the experience of love, because it is the sense of belonging that carries the child through the many periods when his parents are not showing him their love.

There are many things that contribute to this sense of belonging, and the Children’s Community should incorporate as many as possible of them into its way of life, or find substitutes for them.
One of these contributions in the family is the give and take of its members in which the positive effort of each one, even things so slight as the baby’s smile or the small boy’s trying to help with the carpentry, are accepted as a contribution to the family’s happiness, and one learns to share the burden in bad times. The more parents value early attempts at sharing and helping, the more surely the foundations are laid for good attitudes later, especially to work and helping; forming individuals who creatively participate in their work instead of just carrying out orders.

How can we carry this attitude into the life of a Children’s Community, (for the sake of the children first, and also the community), and escape from the idea that work of any kind is a chore instead of a contribution? Perhaps it would be true to say that with children of infant and junior school age, it is most natural for them to offer their physical efforts for the common good. Older children, particularly those who have had negative experiences, are less likely to volunteer these freely; but they will usually offer their opinions on their surroundings and way of life.

This is the crucial point where shared responsibility can begin. In many places, open expression of such opinions is not encouraged. In other places they can be expressed, but because they are never allowed to have any effect, they soon become superficial and negative. But if opinions are not only allowed but asked for, even in serious matters (such as when a boy misbehaves outside the setting), the importance of finding the right solution will bring good sense and with it the feeling of commitment to the place. One effect of the children’s help is to reduce the individual’s paralysing sense of guilt. It is not necessary to this that all decisions must be put to democratic vote; the vital ingredients are a fair hearing of views and an honest discussion of them by everyone until there is some agreement on what is right to do. (One does not expect a family to make its plans on majority votes either, but still everyone’s views and likings have to be considered).

With this background it is only a very short step to a more active participation in community responsibilities. Where the prefect system in its simple form falls short is that it assumes there is a wide divergence between what the adults want and what the children want; and it then brings the oldest children over to the adult side with offers of power and privilege. But if a community defines its aims clearly enough, this divergence should disappear, and an understanding of the common good emerge instead. This common good would be something to which everyone would contribute according to his own ability. For instance if a group of children were in a shop together and one of them took something without paying and showed the others they would tell him to put it back because the act concerned them all, as a group with certain responsibilities. The responsibilities of daily life, from getting one another up in the morning to shutting up the house at night, would be as much the child’s concern as the adult’s; they would not be delegated from one to the other, but a chosen adult and a chosen boy each day could do these tasks jointly, as suggested in the next section. Each of them would
carry the responsibility together. And this could be a give-and-take relationship like the sharing of responsibility in a family. The adult would let the boy or girl take on what he could accomplish, always seeking to keep an element of challenge, but never letting the anxieties and demands grow too great to be borne. Children who cannot undertake this main task can still be given limited areas of responsibility; some of these are indicated in the chapters that follow. And if this attitude is extended through the place, so that the children arrange together such things as their cleaning duties, they may see even these as a responsibility shared with the adults who come in to clean. An atmosphere will be created in which older children will freely help younger ones not only with their tasks, but with the problems of growing older, mastering their moods of anger or gloom, and learning to identify with the adult world.

If shared responsibility is a flexible child-centred approach and not an almost constitutional system, it will be possible for the adults to allow a great deal of responsibility and freedom when the children can use it, and make their own influence and presence more felt before it becomes a burden, or the children involve themselves in a kind of ‘power politics’ which goes completely against the aims of this approach. It also allows those who are building up a new place to transfer their role gradually to the children as their confidence and capacities grow, until the point is reached where any newcomer can recognise and accept that there is a shared concern for the whole community. This remains an aim which will at times be nearly attained, while at other times the adults have to intervene directly at many points, and take a very obvious leading role. When this happens it should not be taken as a sign that “shared responsibility” does not work; it is simply a phase in the changing life of the community. The amount of challenge and freedom must always be related to the children’s capacities. There must be freedom to make mistakes, even in serious responsibilities, but not to the point where the community becomes insecure and panicky.

Since 1979, HomeBridge Youth Society has been serving youth between the ages of 12 and 18 years old who are in need of temporary or longer term places to live. HomeBridge provides residential youth care in six facilities in the HRM: Hawthorne House, Johnson House, Jubien House, Sullivan House, Reigh Allen Centre and Cogswell House.

“CYC-Net is an invaluable site for enhancing professional growth and development among youth care practitioners, youth care supervisors and administrators in services like residential care. Here at HomeBridge Youth Society we rely on the discussion threads and the vast library of resources offered within the site to ensure our practice is keeping up on trends and information from around the world.”

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270 Pleasant Street, Dartmouth, N.S. B2Y 3S3 • www.homebridgeyouth.ca
You are what you do and become what you’ve done: the role of activity in development of self

A non-linear dynamic systems relational approach

Karen VanderVen

Abstract: The usefulness of professional knowledge is often judged by its ability to bring subjective experience into a comprehensive theoretical framework. In this article, the author uses the broad and rapidly developing parameters of modern systems theory to examine the relationships between “doing” and “being.”
— now. On couches, grimy with years of use, loll the youthful residents, looking scruffy and desultorily glancing at the television set. Inside the staff station, the workers are smoking and writing up their notes. Right now everything is “fine”; the kids are not “acting up” or fighting — although the staff later will tell you this is their main problem with them.

Many people would see nothing wrong with this latter scenario. But there is, most emphatically so. Why are not the children and youth doing something? Something engaging, challenging, productive? Because many of the children and youth in the human service system seem to have problems around relationships, emotions, and interpersonal skills, the focal point of child and youth work practice and professional education has concomitantly encouraged practitioners to handle these areas. The intent of human services to promote positive self-development of clients is continually stressed. Yet despite this emphasis, there are still scenes like the above — and children and youth whose behaviour continues to be unfocused and non-productive. This hardly contributes to development of self. In biographies and similar other accounts, people have described how their interest in and competence in an activity such as art or sports has contributed to their identity and their sense of having a meaningful place in the world. Successful adults who have written about their experiences “in care” similarly describe the significance of activities in enabling them to develop a strong sense of self, meaningful relationships, and adult success (e.g. Brown, 1983; Seita, Mitchell, & Tobin, 1996).

Yet, many occurrences in practice directly deprive children and youth of the opportunity to be exposed to and participate in these activities: the use of point and level systems and the current “self-esteem” movement.

Point and level systems are now endemic in many programs serving children and youth. Children and youth must “behave” properly in order to “earn” the “privilege” of participating in activities and, in some settings, even relationships, by “having enough points” to spend time with an adult. These literally deprive children of the major therapeutic and developmental ingredient needed to develop of a strong sense of self, with internal self-regulation, and the skills needed for adult mental health and success (VanderVen, 1995).

The “self-esteem” movement, while already recognized as misguided (Curry & Johnson, 1990) has made provision of meaningless praise, rather than encouragement of real accomplishment, a common practice. Practitioners are reluctant to provide the activities (that is, if they have “earned” them) that will lead children to a higher standard of performance or skill because this “will lower their self-esteem.” Children can spend hours in stupefying, punitive boredom yet be sent to an hour-a-week “self-esteem” group, complete with smiley stickers, in the expectation that this will increase their “self-esteem.” If we can even accept the developmental utility of the concept of “self-esteem,” both the practices of point and level systems and self-esteem groups can be seen as more likely to lower, rather than increase, it; the only true positive
evaluation of the self comes through real accomplishment.

Furthermore, these practices fly in the face of contemporary advances in identifying the core purpose and processes of developmental and therapeutic child and youth care work as primarily relational and interactional as embodied in the work of Gerry Fewster (1990), Thom Garfat (1998), Mark Krueger (1998), and Henry Maier (1990). A related, although philosophically somewhat different, stream is the hermeneutic approach to youth work as described seminally by Nakkula and Ravitch (1997). For purposes of this paper, the approach to child and youth practice as collectively embodied by these works will be referred to as “relational child and youth work.” Activity is certainly embraced by this body of work, as one of the possible contexts for the interaction and the evolving relationship. Examples in the writings often mention an activity that situated the relationship, for example, the rhythmicity of a game of basketball youth and workers are playing. The possibility exists that articulating more specifically how activities can define, mediate, and enhance relationships and interactions will extend the power of this breakthrough in conceptualizing the distinct nature of child and youth work.

Thus the major premise of this article is that development and reconfiguration of the self of children and youth as focused upon in the new relational model of child and youth care work would be further enriched by the formal inclusion of the concept of “activity” into the approach.

In order to propose such a theory of self development through activity, it is important to bear in mind contemporary trends in theory construction so that such a theory will have coherence and utility. One major trend is analogical scholarship (Gergen, 1990), in which a paradigm from another field is juxtaposed against the subject field. Non-linear dynamic systems theory, sometimes referred to as “chaos” or “complexity” theory, originating in the physical sciences, has been applied in recent years to a wide range of social phenomena, on the premise that such an approach can best express their systemic characteristics and enable greater and more realistic insight into productive ways of working with them (e.g. VanderVen, 1997; VanderVen & Torre, n.d.). In this article, non-linear dynamic systems theory will be applied to construct a beginning outline of a theory of self development that includes activity as one of the major components of self development. Included in the paper will be a description of source theories for the theory outline:

- A description of the major tenets of relational child and youth work
- “Activity theory” and its application “activity programming”
- Non-linear dynamic systems theory and specific concepts that can be related to development of self through activity
- The significance of self in personality development of children and youth, how self is developed, and the self as a complex adaptive system
- An outline for a proposed non-linear dynamic systems theory of self in activity as mediated through relational child and youth work, including core principles
• Implications of the theory for child and youth work, most particularly activity programming and relationship-centred practice

**SOURCE THEORIES FOR A THEORY OF SELF DEVELOPMENT IN ACTIVITY**

**Relational Child Care**

The breakthrough work on “relational child care” as already described will serve as the core for integrating self development, activity theory, and complex adaptive systems theory into an integrated theory of self development.

Although summarizing can hardly reflect the texture and intricacy of these seminal theories, by viewing them across authors, common threads can be identified:

• The relationship between the child/youth and the worker is the central mediator in that youth’s development and is forged in mutuality, rhythmicity, and caregiving interactions

• The process and synchronicity of interaction, focusing more on process than on prescriptive technique, with content of situations being co-determined rather than unilaterally applied from an authority position, is the way in which positive development is encouraged through the relationship that evolves

• Much more so than in other human service professions, the personal selfhood and style of the practitioner is admissible into the relationship, in fact forms its meaningfulness

• The interaction occurs “in the moment” and is multiply determined by personal attributes of the participants and the context (e.g., a caregiving situation, an activity, even a crisis)

• A reconfigured and/or stronger sense of self emerges as the multiplied aspects of the relationship are internalized by the youth and affect his or her ongoing transactions with the environment.

With activity integrated into this approach, it is proposed that its ability to promote positive development will be even further enhanced.

**ACTIVITY AND ACTIVITY THEORY**

**Activity Theory**

Activity theory, as mentioned, is seldom if ever referred to in the “child and youth care” literature, being found, generally, in literature on cultural psychology. This theory is relevant to, and supportive of, the role of activity in child and youth development. Pioneered by the Russian psychologist Leont’ev and drawing heavily on the thinking of Vygotsky, activity theory is now represented by such scholars as Lave and Wenger (1991) and Cole (1996). In general “activity theory” is concerned with how informal learning — particularly skill development — takes place in the context of social interaction with others rather than in passive reception of information. It also stresses how the role of the adult is to encourage new learning by providing support to the point that the child finally has mastered the skill and can use it autonomously.

Apprenticeship, for example, is a way
of providing “situated learning” through “legitimate peripheral participation” in which knowledge and skills are developed in a cooperative enterprise in context, and result over time in the increased access of learners to participating roles in expert performances until they reach the point of “full participation in the socio-cultural practices of a community.” Such “participation networks” are structured; in fact they need to be in order to allow peripheral participation to take place (Lave & Wenger, 1991, p. 17). The concepts of “situated learning” and “legitimate peripheral participation” provide a strong rationale when considering activity and relationships in interaction as crucial in the development of self.

**Developmental Aspects of Activity**

Within the child and youth work field, the number of writings on activity programming as a function of the practitioner are far fewer in number than those that focus on the relational aspects of child and youth work. Where a rationale for “activity programming” and “activity” is given, it often focuses on the notion of “providing recreation,” filling up “free time,” or “keeping them (children and youth) busy.” There is much less emphasis on how “activity” can promote positive developmental outcomes and, even more so, how “activity” might actually be one of the primary cornerstones of learning, overall development, positive mental health, and successful adulthood.

“Activity” in the context of this paper might be viewed as existing in “domains” of occupations of young people, particularly, but not exclusively, when they are “out of school.” Domains of activity include “play,” sports, games, arts, crafts, service, music, hobbies such as collecting, “tricks and rituals” of childhood, even entrepreneurship. Traditionally we think of school-age and older children as participating in activity and younger children as participating in “play,” particularly imaginative or “pretend” play. Of course, imaginative play, and certainly the spirit of “playfulness,” are not the exclusive domain of preschoolers. The literature on the crucial role of play in development of young children in all spheres — social, emotional, cognitive, and physical — and as an integrator of these capacities is substantial and compelling.

There is much less formal articulation of the developmental benefits of “activity” for older children, especially those in group care settings. Although adults may recognize the need of children and youth to eventually develop vocational and employment maintenance skills, they fail to see the connections between the developmental outcomes encouraged by participation in activities and a developmental process, the growth of activity skills into vocational skills.

However, this author has enumerated these in numerous writings and presentations (e.g. VanderVen, 1981, 1985, 1998). They include promotion of identity, industry, mastery, self-regulation and frustration tolerance; physical skill and body image; a wide array of social skills such as empathy, perspective taking, team work, sharing, cooperation; anticipation (time sense); and attending (to name just some of them).

Werner and Smith (1992) cited activity, that is, possession of a hobby, as a resil-
ience factor for “at-risk” children. Csikszentmihalyi’s (1990) theory of “optimal experience,” or flow, relates to activity outcomes, in that “flow” is often attained while deeply involved in a “favorite” activity. Nakkula and Ravitch (1997, p. 249) state that “a childhood lacking in the richness of play” (i.e., activity) “compromises opportunities to develop flexible strategies for communication, relationship building, and creativity development.”

The significance of self-development through activity is underscored, interestingly, when one views adult development theory, with particular reference to adults (Erikson, 1975) and older adults. With this population, their sense of self is very much determined by their interests, their activities, many of whose origins can be traced in an ever growing trajectory, from childhood. Friedan cites research indicating that older adults who participate in meaningful, substantive activities actually live longer (1992), although for the elderly the nature of these activities and who they do them with is extremely significant in relationship to their having a positive effect.

Certainly, then, there is reason for more concerted attention to articulating the relationship of activity to “self” development in children and youth. Nonlinear dynamic systems theory, to be discussed next, provides a cornerstone for seeing how activity participation contributes to the development of a rich and complex “self.”

**NON-LINEAR DYNAMIC SYSTEMS THEORY AND THE DEVELOPMENT OF SELF**

**Non-Linear Dynamic Systems Theory and the Complex Adaptive System**

Non-linear dynamic systems theory is concerned with the behaviour of systems which are complex, that is, composed of multiple components that interact with each other in various ways and are open to taking in, and responding to, information from the environment. The process of psychological development, including development of “self” (Butz, 1997), can itself be conceived as a complex adaptive system in which the organism takes in information from the environment, which is mediated through other human beings and the person’s own evolving psychic structures. This is then fed back into the structures, continually changing them and therefore the way in which new environmental information is processed. All of this leads to a more complex mental organization and a better ability to relate to the challenges in a complex world. Key concepts in non-linear dynamic systems theory that are particularly applicable to developmental processes are connectedness, recursion, sensitive dependence on initial conditions, attractor, self-organization, far-from-equilibrium, “weak chaos,” coupling, entrainment, and emergence. These concepts will be central in building a theory of how activity is fundamental in the development of self and will be referred to in the rest of this paper. Table 1 offers a definition of these terms.
The Self as a Complex Adaptive System

A review of a variety of writings about the nature of “self” yields a number of key attributes that support the contention that the self can be viewed as a complex adaptive system in the context of non-linear dynamic systems theory. The first is that the self has a core, an essential sense of existing and being (using systems language, an attractor) that is maintained even in the face of continued external change. The self is organized and has a pattern as a means of maintaining one’s ongoing sense of personal identity, even though that pattern may be constantly shifting. The self has a structure that enables it to entrain new information, yet maintain this internal sense. The self is complex and dynamic, continually open to new information that it integrates into its current structure, but which alters that structure toward greater complexity and intricacy. The self is actually actively constructed as an individual responds to the messages received and adapts to them in terms of the meaning they have, reflecting the processes of entrainment and recursion. “The child is as much an agent of his or her own development as a recipient of the direction of others” (Forman & Larreamendy-Joerns, 1998, p. 105). This approach to self-construction is very congruent with the concept of constructivist learning as described in Fosnot (1989, pp. 20-21) by VanderVen (1997, p. 45) “in which knowledge consists of past constructions which come from interaction with the environment and the learner’s adaptation to new acquired information through a continuous process.”

Table 1
Key Terms in Complex Adaptive Systems Theory

**Sensitive Dependence on Initial Conditions:** A small input into a system can reverberate through it, have multiplicative effects, and yield a large output.

**Recursion:** A system’s output is fed back into the system continuously, thus creating a newer, more complex, and differently behaving system.

**Attractor:** The governor of a system; the point to which it continually refers back. **Self-organization:** The tendency of a loose system to organize itself into patterns **Far-from Equilibrium:** When a system is continually dynamic, and “off balance.”

“**Weak Chaos**”: Making a more static system turbulent and dynamic by “introducing” chaos; this usually means taking some decisive action strong enough to perturb the components of the system.

**Coupling:** When there is interaction between sub-components of a system.

**Entrainment:** When a system co-opts another system which becomes linked to it.

**Emergence:** An evolutionary-type process in which systems continue to grow and change toward greater complexity and may generate new systems.
Thus, the self can be seen as a complex adaptive system: the attract or is the core of self, which provides the basis for continued entrainment of information with the self continuing to emerge in greater complexity over time. That is, the self is involved in an ongoing process of recursive construction — if development proceeds well. That complexity of self is crucial in development is supported by Rescher (1998), who states that the most effectively functioning mental capacities are those that are complex have the most structures, the most openness to new information.

Thus, the paradox of the self in the developing human being is its stability — it continues as a stable and central personality feature throughout the life span, yet it is constantly undergoing change and modification, behaving very much like a complex adaptive system. It has been obvious, of course, that the “self” and “self-concept” do not develop in a vacuum. It goes without saying that significant adults play a fundamental role in offering and mediating the experiences that contribute to a child’s developing sense of self, first through serving as attachment figures and later, in a multiplicity of teaching, care-giving, coaching and other supportive roles (Curry & Johnson, 1990) that situate the experiences children have that in turn they use to construct their sense of self. As children become older, the peer group (Selman, Watts, & Hickey-Schultz, 1997) assumes a central function as a social force affecting the self. The “textures” of these relationships help children assess themselves and their place in the social world; their sense of self then contributes towards determining their “place” in that world in a continuous interactive process.

THE THEORY OF ACTIVITY IN DEVELOPMENT OF SELF IN RELATIONAL CHILD AND YOUTH CARE: A BEGINNING OUTLINE

Using selected concepts outlined in the preceding discussion of activity theory, complex adaptive systems theory, and development of self, the following outlines the beginnings of a new, integrated theory of activity in development of self in the context of relational child and youth work. The concepts of non-linear dynamic systems theory are used to construct the basic premises of the theory.

Connectedness. Perhaps the central function of activity in self development and relationship is the fact of connectedness. Presence of an activity — to attract interest or even resistance — enables both parties to connect with each other. Without such a mediator to enable two different “selves” to cross boundaries and engage with each other, such a connection may be less likely to occur, particularly if — as is likely the case with at-risk youth — they have few internal resources and social skills to bring to the transaction. The activity is indeed central in setting the context for “situated learning” and “legitimate peripheral participation.”

Attractor. The notion of attractor — the governor of a system — is crucial in the development of self. When there is no structured or focused activity in a setting, there is no external attractor in the system that situates the youth(s) and in that
way the following can occur:

• The youth(s) will be bored and unfocused, and there will be a greater tendency for unproductive and acting-out behaviour to occur. This will move the staff toward limiting and punitive responses, thus diminishing the quality of any relationship and interaction that existed.

• A relationship that is not mediated by an activity may move over acceptable boundaries — even with the more flexible boundaries permitted in relationship-centred child care — without a mediating influence, or not be enabled to occur at all.

• An activity initiated or embedded in the context of a setting serves as an attractor in the interactive setting between youth and staff. This then provides focus for the relationship, its process and content depending on the staff’s perception of the youth’s readiness for relationship. The activity can be used to allow distancing and neutrality, Often inserting an educational and structural aspect to an activity allows this, that is, giving formal skill instruction and practice enables this to occur until, through the trust that hopefully evolves, more closeness can occur. In this situation, more “self-hood” emerges on the part of the worker, who tempers education with style, which provides greater variety of expression to be internalized by the youth in his or her self development.

Sensitive Dependence on Initial Conditions. This phenomenon - that a small input may lead to a major outcome in a complex system - supports the concept of utilizing an activity to initiate a relationship. The focus this begins can then iterate over time to become a major attribute of self and lead to very positive outcomes.

A basic example of an entry behaviour that can determine the evolution of a relationship and activity interest that can contribute to self development is a worker who arrives and says, “Hey, I brought my yo-yo today. Used to play with it a lot when I was a kid. Want to try?” Immediately a context to shape and focus the interaction is set. The youth may respond in any number of ways: ignore the worker, walk away, brighten up, or hold out his hand for the yo-yo, But immediately there is something for the worker to respond to, and the dynamic aspect of the interaction is primed. It is even possible that some youth will become truly interested in developing yo-yo skills that can be used to help him engage meaningfully with others and contribute to the growth of an ever more complex and positive self - with the origins being a very simple initial situation. Imagine the contrast if the worker begins by saying, “You just lost 50 points for not having this place cleaned up.” The youth stiffen up with resentment which can similarly reverberate through the context and future interactions - ending up some time later, with angry, unaccomplished, disengaged youth.

Recursion: The notion that information generated as an open system evolves is fed back into that system, spurring it on to greater complexity, is a dynamic that explains paradoxical results in interventions with children and youth, and supports the relationship-centred model, especially as
activities are increasingly made part of the content of those relationships. When the focal point, or attractor, in the system (context) is control, such as embraced by a point and level system, the more the context emphasizes control, the more resistance develops, resulting in even greater attempts to control and greater resistance, ultimately yielding alienation, anger, and disengagement from relationships and productive interactions.

In child and youth care settings, short-sighted adults attempting to control their youthful clients will either make them “earn” what little activity there is (VanderVen, 1995), by “good” behaviour - even when they do not have the skills to attain such a behavioural standard (which might be attained through more unconditional participation in activity) - or will simply not offer sufficient activity, thus compromising the opportunity for them to begin to develop the complexity of personality that will enable them to attain a more positive adulthood. Thus they give way to boredom. Although in some cases boredom may force a child to utilize his or her own resources for stimulation and engagement, thus contributing to development, more likely the individual either gets involved in anti-social or negative behaviour or simply settles for an emptier personality akin to his or her daily living situation.

Far-from-equilibrium. Utilizing an activity as the situator of relationships and interactions sets up a situation that is analogous to triangulation in family systems, with the activity being the third point. Without a third entity, two entities can become static, whereas with three there are constant shifts in balance. This encourages the system to be far-from-equilibrium, actually an optimal state, because it can entrain more information and hence grow in complexity. A worker offering an activity to a youth or a group, or vice versa, can encourage a far-from-equilibrium state.

Self-organization. The tendency of a system with even minimal structure embedded in its context does not need a great deal of energy inputted to evolve its own coherent structure and pattern, that is, self-organization. For example, a youth who is introduced to star-gazing by a worker and begins to spend his evenings purposefully doing his homework so there will be time to work on building a telescope with that worker and watching the constellations is exhibiting internal self-organization. The expanded knowledge, connections, and interests that develop represent the ideal complex, coherent, evolving self that will be able to approach new situations with greater complexity.

Weak chaos. Deliberately “stirring up” a system by injecting “weak chaos” - perhaps doing something paradoxical or unexpected - can keep a system “dynamic” and open to change including the evolving self-hood of youth. This is a prime function of the worker in the relationship-centred model, using activities as an extension of himself. Allowing a youth to stay up unusually late, taking him on a challenging trip, shopping for a new piece of equipment, simply adding novelty or surprise to an activity, or any number of other actions can restore declining energy, move things in another promising direction.
**Coupling.** In self development, as either an activity or a relationship connection become internalized, the mental subsystems these represent can begin to connect with each other and affect each other transactionally. The activity will change the youth’s internal sense of self (toward greater richness and complexity) and conversely, as the sense of self changes, relational capacities will increase.

**Entrainment.** One of the most exciting aspects of activity occurs when a youth is enabled to establish a new interest, with the support and investment of a worker (which situates the activity and relationship). There is then the potential for this system to relate to other external systems, that is, other domains of activity, related domains of activity. For example, a youth who becomes interested in ceramics might participate in community ceramics activities, meet other ceramicists, write about ceramics, and take up painting and drama as well.

**Emergence.** Finally, we can consider the concept of emergence in the development of self through activity. As the self as a complex dynamic system evolves both internally and externally, as described above, competencies for living and for relationship building - as mediated by activities - and activity interests and skills - as mediated by relationships in ongoing oscillation - emerge,

**Core Principles**

From the above non-linear dynamic systems theory conceptualization of the development of self through activity, I offer the following core principles to specifically guide efforts to enhance use of activity as a child and youth work intervention:

1. **Context is crucial in child and youth work and exerts an inexorable influence on interaction and relationships.** The context reflects the systemic aspects of person and environmental interaction.

2. **Activities can define the nature of the environment and the feedback it gives to the interaction and relationships of participants.** The nature of the activity, who introduces it, how it is structured and delivered, the responses of participants - all interactively affect and shape the overall content and pattern of interaction and relationships.

3. **When the context is “activity-rich” - that is, there is an activity situating the interactions and relationships - greater complexity and mediation are possible, increasing the possibility that these are developmentally productive.** Activities provide more energy, options, and variables for modifying the processes of interactions and relationships. Specific knowledge of activities (e.g., kinds of responses elicited by various media) allows utilization of activities to enhance interaction and relationships.

4. **Activities engaged in by children and youth mediate relationships and interaction.** Because the activity adds an additional component to, the interactional system, it encourages greater complexity, thus providing the youth with a greater number of possible pathways to explore in the future and options from which to choose.

5. **Activity knowledge and skills directly encourage development of positive**
self-concept. Activity interests promote and allow the forging of connections, and the opportunity to gain feedback in response to one’s offering and sharing of activity knowledge and skills. An individual’s own internal awareness of interests and skills increases confidence in initiating and maintaining relationships. The element of complexity thus introduced continues to expand and enhance the self-concept.

IMPLICATIONS FOR CHILD AND YOUTH PRACTICE

The theory of self development through activity as situated in relationships and context offered in this paper suggests that not only are relationships enriched when activity is an attractor in the system, but the activity can actually serve to mediate the formation of relationships, especially in at-risk children and youth.

For this premise to be enacted in practice, training and education, and settings, practitioners might consider the following:

Training and Education

Self-in-Reflection. Progressive training and educational programs openly endorse discussions, journals, the concept of the reflective practitioner, and the like that help the developing practitioners recognize their own selfhood as it affects their style: ways of relating to others and applying new information, Activity should be encouraged in contrast to implementation of control strategies such as point and level systems, and the power of activity in constructively modifying behaviour, as well as enhancing the relational capacity of both adults and youth, stressed.

Added to these activities might be more emphasis on recollections of play and activity, and the role these played in the development of self, relationships, and one’s current life pattern. Similarly, more emphasis on the role of activity in one’s adult functioning could be made. These reflections will bring the significance of activity more to the forefront, and make it more accessible for actual use by the practitioner.

Activity Theory and Activity Programming. Training and educational curricula can give appropriate balance and in-depth consideration to activity theory. Although activity theory has been stressed in preparation of European educateurs, it has had little attention in child and youth work. This could be changed, however, as this theory is a crucial component in understanding how self develops in environmental contexts that can be structured to enhance their effectiveness in promoting learning and development. Activity programming, while included in some curricula, might follow the example of European social pedagogue education and bring the theory, practice guidelines, and knowledge of specific domains of activity to the forefront. Prospective child and youth workers should be formally prepared in a number of activity areas, and apply them in guided practice.

Practice

Systemic Changes, More activity-centred settings can only be implemented through attention to their systemic aspects. Administrators must recognize how activities not only lead to positive out-
comes for children and youth, but also how to support their implementation in the milieu. They must promote throughout the agency a value system that supports activity programming, as well as specific practices. These include actively reducing endorsement of point and level systems, providing adequate and well-maintained equipment and supplies, including activity knowledge and competence in job descriptions and hiring practices, and providing activity-oriented on-the-job training. Supervisors also need to be able to translate these premises into their practices.

**Direct Changes.** Direct line workers need a situation in which ongoing activity, formal and informal, can continually be conducted, and in which their personal interests and competencies can be comfortably entered into practice. They will undoubtedly find that their relationships with youth and youth’s relationships with each other are enhanced and their joy in the work increased as they experience the pleasure of youth growing and learning through relationship and activity.

**CONCLUSION**

This paper has presented an outline for a non-linear dynamic systems theory of self development through activity as mediated by relational child and youth work and situated in the contexts in which interactions take place. Whichever is the initiator of these transactions — the activity or the relationship — the fact remains that we are what we do, and what we do is integral to who we are and what we continue to become.

**References**


last month I wrote in this column about poetics and the language of youth work. A few days later, I listened to several young poets read their work at a poetry marathon in my hometown, Milwaukee. The marathon is held every year at Woodland Pattern, a community supported book and literary arts center that serves as a social action and intellectual center in a relatively poor neighborhood. People from all income levels and races gather at WP to support and benefit from the arts. In addition to an excellent collection of poetry, Native American literature, and an art gallery, writing classes for young and old and community meetings are held there. Whenever I go to browse or listen, I feel at home. Often I go on Saturday evenings for readings from national and international authors I would not be able to hear anywhere else in our community. On Sundays musicians are invited to play.

I look forward each year to the annual marathon. For one day, from 10:00 AM until midnight poets read in five minute blocks. Schedules are handed out when you pay so you can decide which hours to attend. A hand stamp permits reentry in between grocery shopping and other errands. The poets enlist sponsors to make donations to Woodland Pattern. I contributed to a poet musician friend of mine who long ago decided to live the life of a poet by supporting himself with a job unloading ships in the harbor. In addition to being an excellent fund raising event, the marathon provides a chance to reconnect with friends during the breaks. The atmosphere in the packed house is electric. For a day, we are all poets and musicians reminded of the talent we have as human beings to live and be together.

Usually I stay for several hours until I can’t sit or stand any longer. I always leave amazed at the amount of talent in our community, each poet with his or her unique way of seeing something. Some of
the performers sing instead of read. Social change, love, loss, peace, and everyday events are major themes in many of the works.

It is a tradition to begin the day with readings from youth in a WP writers’ workshop. This is my favorite part of the day. If for no other reason than I witness youth standing for the first time in front of an audience and expose themselves through their work. They nervously tap their feet and fool around as they wait. Each one tries to be nonchalant (cool) as he or she approaches/swaggers to the podium. Then afterwards with a big burden lifted from their shoulders they sit down knowing they “did it.” No matter how polished or unpolished their work, all the readers receive a round of applause and appreciation for their effort. Empathy fills the room; we can all remember how difficult it is to stand in front of an audience and share our personal work. Much can be learned about disclosure from poets.

The emphasis this year on love and identify this year struck me. It seemed as if each young poet expressed his or her love for someone with longing and/or appreciation for that person who ignited fires in their hearts: a parent, boyfriend, or girlfriend (real, wished for, or abandoned). Several wrote about how they would leave their neighborhood and what they would become. They would not be trapped or caught up in life on the streets. Using their talent and commitment to do better, they would escape.

I shouldn’t have been surprised I guess. These are major themes in adolescence. Every youth wants to be loved and special. No one wants to grow up in poverty and/or as a victim of gang life. But often what we hear in the music and poems of youth is violence, and/or despair. This is what sells. These youth however had dreams of a better world in which they could become something with and/or for their loved ones. And Woodland Pattern was a place where they could express how they truly felt. I admired their courage. They were “tough” in a more powerful way than they had been taught on the streets. It took courage to do what they did. I felt inspired, many of the words and images still whirling in my head as I listened to adult poets that followed.

Also by coincidence a few weeks ago I was given a small book titled Time and Place by Khalil Coleman, a young youth worker in our community www.timeandplacebk.com. Khalil believes we can learn by analyzing stories. He has established a publishing, consulting, and teaching business he calls Changing Lives Through Literature www.changinglives.com. In Time and Place he tells the story of two youth B and K who have dreams, like the young poets, to escape from their lives in the hood. I was drawn to the themes time and place, which are instrumental in adolescent development and wanted to learn more. As B and K journey back and forth in time from the hood to school and more affluent neighborhoods they question the morality and reality of what is needed to survive on the streets of their neighborhood, and contemplate change.

As I prepared a review for the newsletter of our State association of child and youth care workers, I was reminded young people today are just as concerned,
if not more so, about the need for social change, as were members of my civil rights generation. Time and Place was a call to action in the tradition of Camus and other activist/philosopher who saw the injustice and absurdity in life but maintained his faith in the power of humans to act for change.

Then of course there were the demonstrations in Egypt. What a moving display of organic, non violent, civil disobedience. Chanting Arab “poets” massed in the square to throw out a corrupt government. Called to action on social networks and determined to stay, they supported each other with chants against the tyranny that had kept them suppressed for so long. It reminded me of the Velvet Revolution in Czechoslovakia when the poets and writers symbolically overturned a soviet tank with words. Never before, however, has the power of non violent protest been more widely witnessed than in the events of the last few weeks. Let’s hope it continues as people continue to pour into the streets trying to be, as Gandhi said, “the change they want to see.”

Let’s also hope the young poets at Woodland Pattern, B and K, and all the other young adults longing for a more civil society were watching this powerful example of how change can occur if the will is there. There is also wisdom in these events for the leaders of the professions of child and youth who want to draw attention to the power of care.

“Love is all we need,” sang John Lennon. “Foolish optimism” you say. Maybe, but I am still moved by what I heard at Woodland Pattern, read in Time and Place, and saw in the square. Change, small and large, is in the power of silence and words heard, read, spoken, and remembered. Poetics is a force in and of itself that has the power to show and evoke the contemplation that leads to positive action. In a recent draft of an article we are writing together, Kiaras Gharabaghi (frequent contributor to this magazine) ended his section of the paper by saying, “And if you would like to accuse me of being hopelessly romantic with respect to child and youth care practice, I will thank you.” Let’s join him and the young poets on the streets still in our hearts.
I Am My Own Hero

Emily D

I was the girl that’s been beaten
But always fights.
I was the silent girl
That has no name, no light.
The faking girl with the plastic smiles
Depressed girl who cries and aches.
Fairy tale girl that does not exist.
I was the distant girl out of sight.
Psycho girl with scars on my mind.
Lonely girl who’s out of touch.

Hidden girl who covers her scars.
Hated girl who knows no love.
Alcoholic girl, she’ll drink tomorrow.
Stoner tonight,
I thought I could smoke away
All my sorrows.
I am angry and I have no care.
Aching girl try another med.
Hurting girl is this the end?
I would like you to meet this lonely girl.
She comes from a broken home. The
thermometer on the wall always reads
cold. She was like the tall grass that got
out of control then got cut low. Now she’s
all alone living in this world she does not
know. She’s living under this metal roof
but sometimes she looks for an opening
so maybe the sun can shine through. She’s
been bad, broken laws, committed sinful
acts. Till the day she dies she will be run-
ning from her past.

This little girl with these blue eyes has
so much life in her but so little around her.
She cries and cries but that’s nothing that
adds up to what’s inside. This might be
deep but this is her life. She does not want
it to be perfect. She prays and dreams.
But she still gets called worthless—she’s not
worthless; she’s worth more than this. It
was like yesterday she was learning to ride
a bike; now she is climbing mountains
larger than life. She’s scarred like a 3rd de-
gree burn. Things she’s seen, words she’s
heard, places she’s gone.

They describe it like an unreadable
scary movie that has no ending. She asks
the critics but they said there’s no rating.
Her dad still calls her baby. Turns around,
calls her names, not treating her like a
lady. Compares her to her birth mother;
“Dad, that ain’t me.” She’s living in this
world she blinded. She screams “man, I
can’t see.” She speaks but can’t be heard.
She screams, gets told to calm down.

Doctor adds another milligram, then it
all falls down. She asks God “why does it
have to be this way? God, I can love but
love shouldn’t hurt this way.” She gets
tired every day; they tell her she’s stron-
ger but she feels weaker day by day.

Her birth dad got taken away because
they said she could not handle the pain.
What pain? They put her on more and
more meds but no med could ever bring
what she lost back. She lost many people
at a very young age... dad, mom and
brothers but mainly herself. She’s tired of
this pain!

She thinks to herself “I am going to
heaven. I have to be”; there’s one other
course, it’s hell she believes she lives in
right here on Earth itself.

She had a time in her life she doesn’t
want to go back to. But she takes a deep
breath and takes a step in the past toà

When she remembers she was so
weak once, she still remembers it like it
was yesterday, went into her mom’s
closet where she keeps the lockbox full of
meds. She had a water bottle in her hand
and then she swallowed IS pills; she got ill
and was rushed to the hospital. She felt so
sad she could not move; she was just
there. Then the nurse who took care of
her looked her straight in the eye and said
baby girl you’re a miracle, you’re lucky
you’re here. You’re lucky you’re alive! She
said no I am not! Shut down, laid back and
just cried—regretted that day but she can-
not say she lied. But back then, that was
her life.

But after all, she’s still dreaming. She
can do this. She’s believing. She still
reaches for the sky because giving up ain’t
her way. Now she’s happy to be here. She
knows she’s happy to be alive, happy to
smile and not scared to cry. She’s living
the life that she was born to live. She
made it this far; she will make it to the
end! The past is the past; she’s living her
future to the fullest. Everything happens
for a reason. My advice to you is keep on dreaming. Cherish everything because it might not be there tomorrow. Don’t dwell in your sorrow. Lift yourself up; we are all just living for tomorrow.

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I’ve Found My Way!!

Now I’m the girl who picks her battles. I’m that loud girl with the bright light. The real girl whose smile is legit. The sad girl who can face her tears. I’m the fairy tale girl. That ends with a happily ever after. The silly girl that has a colorful mind. The happy girl in touch.

The hidden girl only when she plays Hide and go seek. I am the lovable girl who has no hate. Sober girl, I’m done drinking. Smoking brought most of my sorrows. I get mad But angry has a new meaning for me now. The aching girl, I’m off all my meds. We are all hurting but this ain’t the end!

I AM MY OWN HERO!

WE ARE ALL THE MIRACLE!

From: Reclaiming Children and Youth. Vol.17, Issue 3, pp36-37
Understanding And Treating Adolescent Vulnerability: A Developmental Perspective

Kees Maas

Abstract:
A minority of adolescents has difficulty negotiating the quest for identity and self-worth and thus experience depression, substance abuse, conduct disorders, and suicidal behavior. This paper focuses on the intervention with this vulnerable population. The clinical illustration shows the importance of a therapeutic relationship with a balance of warmth and neutrality in order to build strength and a sense of identity and worth.

Introduction
This paper is about the lifetime challenge of finding out who you are and what you are worth in your own eyes. This endeavor starts at birth and is particularly prevalent in adolescence. Building stones are self-confidence and self-esteem fostered by a caring and structuring environment. Not all children meet optimal conditions to ease their way into becoming a person who knows who she is and loves herself and others. Adverse conditions can create vulnerability that hinders the identification process. Some of these conditions are inherent to the person such as temperament, physical or intellectual limitations, and other conditions are due to the environment such as lack of secure attachment, parental neglect, abuse, ill mental health, social isolation (Rutter, 2002).

Child and youth care professionals meet the challenge to help these children hurt by life get back on the track of the normal challenges of their development, and the latter part of the paper discusses
the paramount importance of the therapeutic relationship, the basic ingredient of good child and youth care.

Before I tell you about the normal challenges of the adolescent development, let me introduce sixteen year-old Melanie.

**Melanie**

Picture this: Dark coloured ripped clothes, multiple piercings on ears and brow, and a backpack with the names of heavy metal groups (such as Marilyn Manson) written all over it and a few furry cuddly animals hanging from it. While showing this tough exterior more masculine than feminine, including swearing a lot, Melanie would be totally devastated and feeling excluded when a friend would not follow up on a promise. Melanie showed many symptoms of high anxiety and depression. She was frantically busy in her life, most likely to ward off her low feelings. She didn’t fit criteria for a manic depressive disorder.

This parentified child was always struggling between maintaining the semblance of autonomy (pseudo-autonomy) and her strong dependency needs. She showed high preoccupation with social inclusion and exclusion. Paradoxically, Melanie could show the greatest sensitivity and empathy to the feelings of others, while at the same time displaying tremendous egocentric concentration on the narcissistic injury caused by a friend’s words or actions that felt like betrayal. More than average smart and with definite interpersonal skills, she would get caught up in her emotions and more often than not act impulsively, including through physical aggression. Melanie showed this fundamental preoccupation with being acknowledged in her own right with her legitimate needs and her need to assert her identity.

In terms of family history, she was an only child and all of her life has been going back and forth between her grandmother, her mother, and occasional placement, but with continuous involvement of child protective services. Her father was always kept at a distance by the mother and then distanced himself by moving abroad. Hence, her profound distrust of adults and tremendous worry when a positive relationship would develop.

Later on in the presentation, elements of Melanie’s development and pattern of behavior will be used to illustrate the particular challenges vulnerable adolescents like her face when trying to tackle the tasks of normal adolescent development.

In the next section, the challenges are illustrated that all adolescents face in their quest for identity and self-worth. Studies from the mid 1990s show that the great majority of adolescents manages to complete their developmental tasks successfully (Cloutier, 1994), and there is no reason to believe that that has changed in the last ten years.

**What exactly do adolescents have to accomplish?**

In simple words it is about finding out who you are, what you want to become, what you want to accomplish, and finding a clear distinction between self and others. Without these features it is more difficult to find a clear place in the world and to relate to others in a harmonious way.
Psychologists have thought about this and coined these features in terms of processes presented in the following sections.

1. The integration of bodily changes into a new body image
2. Revision of old defense mechanisms
3. Second round of the separation-individuation process
4. Changing patterns of interaction with family and social circle

1. The integration of bodily changes into a new body image

The body image is part of one’s identity. Puberty brings rapid and fundamental bodily changes that require major psychological adaptation (Samy, 1990; Hanus, 1995). With Puberty childhood ends, and sexuality moves closer to adult levels. The bodily changes that occur at puberty are irreversible and are hard to accept for a minority of adolescents. These adolescents make tremendous efforts to deny their bodily transformations. One example is the adolescent girl who tries to rid herself through anorexia of her feminine shape and even her period. Suicidal behavior can be conceptualized as attacks against the sexualized body and expresses the extreme difficulty of adaptation to the inevitable pubertal transformation (Laufer, 1989).

With adolescence, boys and girls become more aware of the social impact of their bodies and have stronger subjective reactions to their own and others’ body images. Each individual is preoccupied with an idealized body image (how tall, how much weight, etc.), and a deviation from this ideal can become a narcissistic attack. The more fragile the self-esteem, the more impact these preoccupations with one’s body image will have. Of course, societal influences through the media and the star system will have an impact on even the healthiest adolescent!

2. Revision of old defense mechanisms

All children deal with intrapsychic conflicts and develop over the years a fairly stable personality structure made up of certain defense mechanisms. The function of these mechanisms are essentially to contain conflicting impulses of a libidinal or an aggressive nature.

Adolescents are faced with new intrapsychic conflicts regarding aggressive impulses with the growing assertion of one’s difference and autonomy in one’s family of origin. Furthermore, the sexual impulses are far more present and require integration in one’s view of self and others.

Some of the adjustment to the changed reality of the body can entail regression to earlier stages of psychosexual development. For instance, a child that developed healthy eating habits can turn into an over- or under-eating adolescent because of his trouble integrating his sexual impulses. The bodily changes bring sexuality to the centre. At puberty, perceptions of sexuality are still immature, and the adolescent has to review his relationships with the other sex. For instance, a longstanding friendship between a boy and a girl can suddenly become tense and ambiguous and even be interrupted, because one or both of the friends have strong sexual feelings that they do not really know what to do with. In same sex friendship tension might stem from the change of preoccu-
pation of one of the friends leading to a feeling of strangeness on the one hand, but the tension could also stem from mutual or unilateral sexual attraction.

The adolescent has to review his ideal of self, where former ideals and new values come into conflict. These conflicts may bring the risk of disillusionment, de-idealization, and confusion. For instance the boy who always treated girls as a social category without interest, suddenly is faced with a heightened interest in girls, which brings bodily and emotional arousal. Another example would be the well behaved girl that suddenly finds herself distracted from her schoolwork or other interests by her bodily and emotional reactions to the presence of boys.

3. Second round of the separation-individuation process

Beyond the psychosexual development covered in the previous two points, the adolescent has to tackle two other developmental tasks: (a) Develop one’s own identity and autonomy, (b) Establish and maintain intimate relationships outside of one’s family of origin.

a) Develop one’s own identity and autonomy.

This first task is about who we are and how we are different from others and how we develop our own judgment. Developing an autonomous identity requires a delicate balance between independency and dependency. Differentiating self from others also brings the issue of self-esteem and how good one feels in one’s skin. For many adolescents this quest for identity brings a fair degree of anxiety and confusion, and a heightened sensitivity and vulnerability related to one’s image of self.

The process of separation-individuation starts at birth, and in the first three years of life most children learn to successfully function quite safely outside of their immediate family. Further, they learn that a relative distance from their parents is no threat to their relationship with them. For some children, even the possibility of separation remains a major source of insecurity and anxiety. The relative success of separation-individuation is an intrapsychic process, which is largely influenced by the parents’ capacity to tolerate their children’s individuation. Hence, parental anxiety regarding separation and the relative autonomy of their child can lead parents to maintain the child in a fused or extremely dependent state. This parental anxiety mostly stems from their own unresolved separation-individuation process.

Adolescence brings the next phase of the individuation-separation. The autonomy is taken one step further and involves the loss of the infantile ties to the parents. Depending on how successfully autonomous he became in the first phase, the adolescent might be more or less ready for a further separation from his family. He might feel more isolated and empty, guilty to distance himself from his parents or panicked because of the distance he feels from them (Shelly et al., 2004).

Suicidal behavior can express, on the one hand and paradoxically, a desire of fusion to end the distance and separation, or on the other hand, a desire of distance and to take ownership of one’s life even if it has to be destroyed to meet the end.
Suicidal behavior might be associated with anger with the parents for a distance that felt as abandonment or with punishing one’s self for abandoning the parents.

b) Establish and maintain intimate relationships outside of one’s family of origin.

The second developmental task the adolescent has to pursue is to support his distancing from the family by finding and maintaining new relationships outside of the family that provide affection and love. This is found with friends and requires a new type of relationship with the other sex. All of this can lead to loyalty conflicts as well as difficulties to give a harmonious direction to one’s loving feelings and sexual energy. Fear of rejection and anxieties regarding this unknown intimacy can put a damper on reaching out.

The physical or symbolic separation from loved ones (e.g., parents) brings on a mourning process. This process entails anger and rage towards the loved person. Adolescents who have not learned to successfully integrate their ambivalent feelings (such as the simultaneous presence of love and hate) towards loved ones have particular difficulties with these aggressive feelings that are part of the mourning process and might tend to direct these feelings towards themselves (Samy, 1990). These adolescents will tend to split off their “good” loving feelings from their “bad” hating feelings. The first phase of the integration process of ambivalent feelings takes place in early childhood, and the process is rekindled by the loss inherent to the separation-individuation process and the fear of losing the very person one wants to get closer with.

The integration of the ambivalence has to do with giving up on the total control of loved ones and a more realistic acceptance of the strengths and limitations of both self and others, as well as the realistic boundaries that exist in one’s relationship with others.

The challenge for the adolescent lies in a revision of the idealized image of his parents and starting to see them as human beings with their strengths and flaws. Accepting this reality can be painful and accompanied with feelings of helplessness or even a diminished self-esteem. The loss of one’s ideals can bring a sense of emptiness and a difficulty to see any sense to life. This loss of sense and the suffering that it brings can lead a preoccupation with death as the ultimate solution. This morbid direction can become even more present in adolescents who have not been successful in their efforts to get closer to others outside of the family.

4. Changing patterns of interaction with family and social circle

The preceding factors happen internally but do not evolve in a social vacuum. Just as their adolescent changes, parents are going through an adaptation as well. The separation-individuation of their child confronts them with their more or less successful process with their own parents. Child and youth care workers will get confronted as well with their personal experience with their parents while accompanying a youth in his separation-individuation.

Therefore, the success of the adaptation of the adolescent to his new life phase will be helped tremendously by the par-
ents’ or caregivers’ capacity to accompany him. The relational climate of a family (or of an institution) can be more or less favorable to the development of autonomy, identity, the expression of feelings, both positive and negative, or be more or less tolerant of the necessary distance that comes with the normal adolescent development.

The literature (e.g., Farberow, 1985) underlines how a harmonious development is hindered by the presence in a family of violence, alcoholism, or other substance abuse, or mental illness. On the positive side, nourishing interpersonal relationships within the family allows a better chance of developing secure attachments to parental figures (Lesage, 1994). Favorable social situations are identified as protective factors against such mental disorders as depression (see Brown and Harris, 1989; McGuffin et al., 1991; Cyrulnik, 1999; Rutter, 1987, 2002; Luthar, 2003).

Parents or caregivers play a crucial role in the integration of ambivalent feelings by helping the child or youth to acknowledge and express his aggressive feelings. Allowing this acknowledgment and expression reduces the risk that the child directs these feelings against himself in the shape of self-destructive thoughts or acts.

Donald Winnicott (1970), the well-known British psychoanalyst and pediatrician, insists on how important a family climate is wherein members are enabled to love and hate one another safely without fear of destroying relationships or suffer from retaliation.

Hence, a child will develop a fear of his own anger and its expression when growing up with parents who are unable to express their anger or parents that exert no control over their aggression and act it out impulsively. The child’s intrapsychic organization is highly influenced by his parents’ mental balance and his family’s degree of disorganization or organization. Social disorganization is highly correlated with suicidal behavior (Durkheim, 1960; Farberow, 1985; Brent, 1995). Social disorganization is characterized by unfavorable conditions such as promiscuity, bad housing conditions, criminality, excessive poverty, substance abuse, social isolation, and instability (see for a clinical illustration, Maas, 2004).

Social isolation is associated with such factors as divorce and unemployment. An adolescent having grown up in a disorganized and isolated family will more likely not have developed affective communication skills or even effective communication skills with the other members of his family because members in the family do not talk to each other. In these circumstances it is hard to acquire the necessary social skills to succeed in building new relationships outside of the family.

Worse even, deficient interpersonal relationships in the family do not allow the adolescent to obtain the emotional support necessary to get through the hardships of temporary interruptions (such as fights, misunderstandings, etc.) as well as the definite interruptions (e.g., break-ups, moves, etc.) of his new relationships with his peers.

With this lack of social support or when the interpersonal relationships are present but toxic, the adolescent is more likely to face severe discouragement, lead-
ing even to suicidal ideation (Everall et al., 2005).

This paper has illustrated the normal challenges of adolescence with the promoting as well as the hindering variables. Some of the difficulties that adolescents have in working towards a clear sense of identity translate into temporary adjustment problems (depressive moods, withdrawal, acting out through aggression or substance use, and risk taking behaviors) and sometimes into more chronic patterns (impulsiveness, conduct disorders, depression, chronic anxiety, substance abuse, or a coexistence of diagnoses also referred to as comorbidity).

The early example (or story) of Melanie shows how her particular vulnerability caused her grief in working through the challenges of adolescence.

5. Melanie’s struggle towards a harmonious identity

a) The integration of bodily changes into a new body image.

Despite her apparent self-assurance, Melanie didn’t find herself attractive and had concealed her femininity in a masculine exterior, in dress and attitude. Her anxiety translated in such symptoms as insomnia and extreme itching of her skin that felt to her as if she was covered by many insects. Melanie had very little sexual experience and had become very apt at steering away of any situations that could entail a heightened physical intimacy. Though not socially shy, she didn’t know what to do with her sexual feelings regarding boys. Only when this was discussed and put in the context of her necessary developmental changes, and when the practice of some relaxation techniques helped her gain some control of her bodily sensations, she was able to be less anxious about her different rapport with boys.

b) Revision of old defense mechanisms.

Melanie had lived her whole life with a constant preoccupation and fear of abandonment and rejection. She defended herself against that through aggressive behavior, pushing people away, sometimes before they could even be considered close. It was as if she tried to have others feel how she had felt: always uncertain about her mother’s constancy in place and mood. Though capable of friendly interaction, she could become overwhelmed by these feelings of anxious powerlessness when feeling dependent on others and fearing she would be left and excluded. She was extremely sensitive to criticism, but on the other hand could herself be outrageously mean with others.

As a child she had been more withdrawn and shy, avoiding social relationships. Adolescence brought her to become more assertive socially, which was accompanied by a rekindled fear of rejection. She would go far in alienating her family (particularly her grandmother) and thus would find herself without any support when she went through a crisis with one of her friends.

c) Second round of the separation-individuation process.

Melanie still needed to be reassured about the constancy of her primary care-
giver(s). Although her grandmother had filled in when her mother was not capable of taking care of Melanie, the grandmother had not developed into a secure attachment figure for Melanie. So moving out of the family circle brought a lot of anxiety and counter-phobic behavior. She would engage in more separation than she could really handle: She stayed out late, even staying out all night with friends. These behaviors would cause reactions of distancing and ultimately placement.

In her treatment she needed to be acknowledged in her need for affection and consideration and how she feared to be controlled by the person she relied on, and how this would lead to ambivalent feelings towards the people in her inner circle (family as well as friends). She needed to be reminded how she had such strengths as intelligence, kindness, generosity and humor. Along the same lines, she needed help to become more tolerant of her weaknesses, such as her impulsiveness and her verbal lashing out at people without previous thought. She needed to understand that all of her emotional reactions and the expressions of her impulses all translated efforts to assert her identity, to construct her self-esteem, and to establish friendship and love relationships based on mutual respect of difference and independence.

d) Changing patterns of interaction with family and social circle.

Finding a balance between time spent with her friends and with her family without feeling guilty or fear that her decisions might create distance and even breakup became a major challenge for Melanie. In her case, she had to attend to her mother as well as her grandmother, which complicated things even more. Another complicating factor was her wish and need to get closer to her father and her mother’s refusal for this rapprochement to happen. Her mother stood in the way of Melanie’s obtaining a passport required for her to travel to see her father. This struggle with her mother for access to her father brought a relative idealization of her father and did not permit her to acknowledge her ambivalent feelings towards her father because of his lack of commitment. Here Melanie was caught between her general and normal developmental task of taking distance of her family and her unfulfilled needs of closeness with her father. Helping her acknowledge this need allowed her to express her disappointment with her father and to see her relationship with him in a more realistic light.

The relationships with a male educator and a male psychologist were also helpful in her quest for a paternal presence in her life.

The adults in her life were not all supportive when she had difficulties in her relationships with peers, so she had to pick carefully with whom to talk. On the family side it was her grandmother who remained the most stable and most supportive figure, but Melanie remained distrustful of adults and become better at seeking out more reliable peers. Although she continued to present as quite mature and adequate, she needed and halfheartedly accepted the guidance of the youth care workers.
6. The therapeutic relationship: the challenge for child and youth care professionals

Child development takes place over time, and each phase of development requires of the child’s caretaker an understanding of the particularities of the developmental phase at hand more importantly, how to adjust his way of approaching, intervening, guiding, talking, and listening. Natural caregivers and professional caregivers are confronted at any given stage of development with the hardships and the pleasures it brings, for the child but also for them, given their personal history with this stage of development. Despite intellectual knowledge of child development, the affective personal history of the professional and natural caregiver will color his perceptions and behavior in the interactions with children and youth. The use of one’s self as a working tool takes its full meaning here and requires self-knowledge in terms of strengths and weaknesses due to temperament, intellectual capacity, and personal history. This includes personality development and family and social environment. Emotion is an important aspect of child and youth care work, and it requires, despite difficult circumstances, for one to remain aware of where the youth comes from and what his vantage point is. The heat of the action, and there is a lot of that in working with vulnerable youth, brings the challenge of finding the right balance between conserving one’s self, by understanding and controlling one’s affect, and remaining open to hear and contain the pain and agony that is expressed. This is true even in vile attacks by the youth’s struggling with the particular hurdles that make the normal developmental tasks of adolescence seem like mountains impossible to climb. The challenge is to build a strong enough relationship between youth and caretaker that can withstand ulterior crises. In general, assisting vulnerable children and youth is a very demanding task and requires working together from different disciplinary vantage points. These youth tend to split their world in good and bad, and they might perceive the professionals around him in the same fashion. Individual professionals can over-identify with the child’s “good” side and take position against others, just as the opposite might occur when professionals only see the “bad destructive” side of the youth and invoke the need to protect one’s self and the society against the youth. Treatment teams then become the stage on which the child’s inner reality and inner conflicts get played out in terms of conflict between individuals or between professionals.

How can the professional allow trust and a certain commitment to the therapeutic alliance to build (according to Shea, 2005) the following:

- a) An efficient transmission of empathy
- b) An aptitude to create a security inducing climate
- c) An authenticity and naturalness
- d) A capacity to show reassuring competency
- e) A capacity to assess the therapeutic alliance.

**An efficient transmission of empathy**

In order to be able to show empathy, careful inquiring is required about the
youth’s reality. Respect of the emotional intimacy of the youth is at the basis of any good empathic formulation. There is a difference between saying “you are totally devastated since your mother told everyone in court that she couldn’t ever take you back home” or a less intrusive statement, “After hearing what your mother said in court, it must feel that she destroyed all you had going together.’ The issue is also to acknowledge the possibility of experiencing certain emotions without the youth’s feeling that they are being imposed on him. Formulations can be better accepted that suggest “could it be that” instead of affirm “You must be.”

An aptitude to create a security inducing climate

This is often done by allowing the youth to go at his pace, by asking questions, and letting the youth know that he can answer to the extent of his current trust of the professional. Safety has been an issue for most of the vulnerable youth. They must be reassured that whatever is said will not be held against them, just as indicating that his safety and the safety of others are paramount. Thus the professional will act on statements about the intent to harm self or others. Both the negative (anger, sadness) and the positive emotions should be acknowledged and received with the same welcoming message, while acknowledging the fear and worry that these feelings might bring. For instance, the fear of being able to control destructive feelings or the worry of what might happen once one expresses caring for someone: Will this lead to another rejection or breakup?

An authenticity and naturalness

With time any professional learns to integrate his own way of being in a skillful and authentic fashion, for instance, in the way he asks questions. This contributes to the youth’s feeling comfortable and being reassured by the competency of the person in front of him. Being authentic is also being true to one’s own feelings, paying attention to feelings of fear or sadness that might all be indications of the youth’s fright and depressed affect that he cannot express. Feedback to the youth on the impact of his demeanor can be very helpful, but one has to be very clear about one’s intentions: e.g., is there a hidden message of punishment for his anger or a message that excuses his behavior because he is a victim of his environment? Humor is often helpful to show how life’s suffering cannot be avoided, but how shared misery is sometimes less than half a misery.

A capacity to show reassuring competency

Reassuring competency will show in the capacity one has of acknowledging the youth’s experience and situate it in the context of his general development. This educates the youth about the tasks all adolescents have to accomplish in their own way. It is also about educating the youth about anger management and social skills, and providing practice while building on existing strengths.

A capacity to assess the therapeutic alliance

Vulnerable youth will be sensitive regarding interruptions, perceived side taking, betrayal of confidentiality, and thus
of trust. They need regular reminders of the “rules” of the therapeutic relationship and how it fits within a larger therapeutic endeavor with other professionals. One can sometimes expect more from the work than is realistic. Regular talk with others, either through formal supervision or more informal peer support about one’s work, helps to remain realistic, but it can also be a support in dealing with the setbacks, the disappointments, and the lack of concrete feedback about the work done. Sometimes, one finds out by fluke only about how the youth he helped years ago has turned out, for the better or for the worst.

Conclusion

Difficulties that adolescents go through always have to be understood against the background of normal adolescent development. Certain disadvantageous conditions bring more difficulty in dealing with the tasks of normal adolescent development. Assisting youth in their difficulties requires the optimum use of the therapeutic relationship and its containment. A mix of human warmth and caring neutrality helps the youth focus on his issues and build on his strengths to develop his own identity and sense of self-worth.

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From Journal of Child and Youth Care Work. Vol 22, pp99-110
I have a season ticket to watch Hibs, one of Edinburgh’s two professional football (soccer) teams. It hasn’t been a good season so far for Hibs supporters. Up until the past couple of weeks they had hardly won a game and were beginning to be thought of as candidates for relegation from the top division. They had problems in every area of the field but especially in front of goal. An opportunity that presented itself in a recent match was symptomatic of their plight. Our centre-forward was through on goal. Any centre-forward worth his salt in that situation would have driven forward forcefully and at very least got a shot on target. But our centre-forward attempted some fancy back flick to a colleague in a less promising position than he was and the move petered out. Basically, he shirked responsibility.

To be honest, I don’t blame him. In another time and place he might have burst the net. But he was bearing down on goal in a particular time and place; the team wasn’t playing well, he had hardly scored a goal all season and the fans were on his case. Had he gone for goal and hit Row Z then the clamour from the touchlines would have reached fever pitch. And of course, this feeds into a vicious circle that saps a player’s confidence still further and makes it less likely that he will do what a confident centre forward will do in such circumstances.

I’ve admitted before in this column to my propensity to use football as a way in to reflect on some of the deeper things in life. So, I found myself pondering what this little cameo might have to say about child and youth care practice. I am increasingly coming round to the view that such practice is, at root, about taking responsibility. The sociologist, Zygmunt Bauman, draws on the Creation Story to pose the question, ‘Am I my Brother’s Keeper?’ The answer, he avers, is self-evident – of course I am; I become aware of my brother’s dependence and I need to reach out to him (or her). It is such a sense of moral purpose that brings us in to child and youth care and which sustains us in it.

That sense of moral purpose can be sapped, though, in contexts that make it difficult for us to take responsibility. And many current contexts do just that and...
they do so under the banner of improvement, modernization or whatever, the buzzword of the day might be. Excessive regulation saps responsibility. When rules and regulations take precedence over moral purpose, Bauman advises, the first thing to go is the moral impulse that brought most people into care work in the first instance. The task becomes redefined towards following the rules and being ‘professional’. All too often, our view of what it is to be professional means being objective and detached, and failing to take responsibility.

Regimes of accountability that degenerate into noisy cultures of blame also dissipate the urge to reach out to the other. In child and youth care, we are called to take responsibility in situations that are messy and ambiguous and where the outcome is uncertain. Our interventions might just as easily end up in Row Z as in the back of the net. And the Row Z scenario risks unleashing the self-righteous guardians of a ‘best practice’ that they rarely deign to model but are only too keen to judge others against. Like Hibs’ hapless centre forward it can feel easier in such contexts to engage in some fancy footwork and pass the buck to a colleague or, increasingly, in our brave new world of inter-agency working, to farm the problem out still further to the police or the health services or anywhere else that allows us to absolve ourselves from taking responsibility.

The upshot of all of this is practice cultures beset with what a recent article calls insidious leniencies, basically, a lack of moral purpose or sense of knowing what it was that we came into this game for in the first place. We can all be prey to a failure to take responsibility. For the past few months now I have been putting off getting in touch with a couple of young adults I looked after as youths. I rationalize my failure; I convince myself that they have others that can reach out to them. I question whether I am that important to them anyway – and maybe I’m not. But I still feel some sense of unfinished business, some sense of responsibility. This sense of angst is, I suspect, part and parcel of taking a moral stance – we are left with the gnawing feeling that we are not moral enough, that we have not taken sufficient responsibility in reaching out to the other. It is maybe when this sense of not having done enough leaves us or when we rationalize it behind notions of professional distance that we need to touch base with what it was we came into child and youth care for.

On a more prosaic note, Hibs have turned something of a corner in recent weeks and have won their last three games. There is more of a spring in the step of the players – they look more confident and are beginning to take some responsibility for what they do on the park. I see signs, too, that residential child care workers in Scotland (and indeed elsewhere across the British Isles) are growing in confidence and are beginning to take responsibility for their own future through setting up new practitioner-led associations. Far better to take such responsibility than to wash one’s hands, to be indifferent, or to pass the buck. At the end of the day kids need adults around them who feel some sense of personal responsibility towards them.
Although the Individuals with Disabilities Education Act (IDEA, 1990; 1997) has provided a national mandate to help high school students with disabilities grow into independent adults, youth with emotional and behavioral difficulties continue to experience considerable problems moving into adult roles. Their adjustment into socially acceptable adult roles has been examined in a number of follow-up and follow-along studies. This research consistently shows that many of these young people achieve only a few of the critical post-school outcomes identified by Will (1984), Halpern (1985), and others (Clark, Unger, & Stewart, 1993; Davis & Vander Stoep, 1996):

- High school completion. In numerous studies, students who have experienced emotional and/or behavioral difficulties have been found to have the highest high school dropout rates among all exceptionalities (Brown, 1995; Marder & D’Amico, 1992; Wagner, 1993).

- Postsecondary or vocational education. Only 7 to 26 percent of the youth who do graduate go on to access postsecondary education and training (Blackorby & Wagner, 1996; Marder & D’Amico, 1992; Silver, Unger, & Friedman, 1994).

- Employment. These young people are more likely to be unemployed, under-employed, or employed in lower skilled jobs than any other groups of the same age (Blackorby & Wagner, 1996; Marder & D’Amico, 1992; Silver et al., 1994). The earnings of these
young people are slightly more than the minimum wage and often in less than full-time employment, placing them in poverty (Davis & Vander Stoep, 1997; Silver et al., 1994).

- **Independent living.** Without employment, benefits, and adequate income, many of these young adults are unable to attain a level of financial self-sufficiency necessary to live independently (Silver et al., 1994; Wagner, D’Amico, Marder, Newman, & Blackorby, 1992). Therefore, they are at great risk of homelessness and dependency on public assistance once they leave the school system (Doren, Bullis, & Benz, 1996; Greenbaum, Prange, Friedman, & Silver, 1991; Davis & Vander Stoep, 1997; Way et al., 1997).

- **Staying clear of the criminal justice system.** An estimated 150,000 youth with emotional and behavioral difficulties are detained in the American juvenile justice system each year (Davis & Vander Stoep, 1997; OJJDP, 1995). The arrest rate of these young people is reported to be more than twice that of peers with other disabilities and three times that of peers with no disability (Greenbaum et al., 1996; Prange, Greenbaum, & Friedman, 1993; Wagner, 1995). They are more than twice as likely as youth with other disabilities to be living in a correctional facility, halfway house, drug treatment center, or “on the street” (Wagner 1995).

- **Social adjustment.** Finally, youth with emotional and behavioral difficulties are more likely to demonstrate substance abuse, psychiatric disorders, and poor work, marital, and occupational adjustment than other groups (Doren et al., 1996; Way et al., 1997).

The human and societal costs of these young people’s journeys into adulthood are enormous. Increased attention needs to be focused on developing and implementing integrated systems that facilitate their vocational, social, and community transitions (Clark & Foster-Johnson, 1996).

**Best Practices in Nine Transition Programs**

To identify the best practices in transition programs for youth with emotional and behavioral difficulties (ages 16-22), Clark and Stewart (1992) conducted a survey of 254 transition programs across North America, visiting nine of them in order to examine their values and practices. Although the transition programs studied presented a wide range of supports and services, seven common crucial features were identified (Clark & Foster-Johnson, 1996; Clark et al., 1993):

1. **Consumer-Centered Orientation**

In these nine consumer-centered programs, staff encouraged youth to take an active role in planning their transition to work and adult community life by allowing them to make decisions regarding their futures. For example, the young people served by these programs often determined who would participate in their transition processes. Family members, friends, coworkers, therapists, church members, etc., were invited to join together to create a natural support system
to help the youth reach their goals. In addition, the young person’s skills, strengths, preferences, cultural values, limitations, and personal goals were used to guide educational opportunities, pre-employment experiences, and employment. This focus clearly increased interest, involvement, and self-determination for the young people.

For example, at one of the programs we visited, Jose Sanchez, a 17-year-old, strong, tall, Hispanic young man, had not been in school since he was arrested three months before. Jose had been in and out of a variety of out-of-home placements since he was eight years old. Released to a foster home in his home town of San Antonio, Jose had been mandated by the judge to return to school and keep out of trouble.

Throughout his multiple placements and incarcerations, Jose had always managed to keep the ten-speed bicycle he had purchased three years ago with money given to him by his Aunt Rosie. Jose had maintained his bicycle in excellent condition despite the miles he had put on it.

A transition specialist at Jose’s new school worked with him on identifying his interests and skills and on expressing them at his transition planning meeting. His team was very supportive of his interest in mechanics. With the team’s encouragement, Jose joined a school-to-work program that taught skills for repairing bikes and small engines. The transition specialist helped him find an after-school job opportunity that required these new skills and helped him prepare for the interview. Now, along with his school activities, Jose works at a bicycle shop in his neighborhood.

2. Community Inclusion Environments
   Effective transitions to the world of work and adult community life were clearly enhanced in programs that helped youth acquire community-relevant skills. It was important for these youth to learn how to function in the mainstream of the community beside regular students, community members, and coworkers. In the nine programs visited, such environments included practicum experiences in a competitive work environment, school-sponsored work experiences, community-based instruction, apartment living, and after-work social activities with co-workers.

   Community businesses and industries were also a tremendous partner in the transition programs when their youth were ready to enter the labor market. In addition, the businesses’ unique needs were often met by these interested young people. For example, at the Marriott Foundation for People with Disabilities (Tilson, Luecking, & Donovan, 1994), a school-to-work program, employer representatives worked closely with youth who had experienced difficulties in order to place and support them in corporate-sponsored internships. Such internships provided the young people with work experiences that helped them gain the skills and experience necessary to seek competitive employment later in life.

3. Comprehensive Supports and Services
   An array of individualized supports and services is essential during the transition from school to the world of employment and independent living. The supports and
services provided by the model programs visited were thus arranged to support the young person in four different transition domains: employment, educational opportunities, living situation, and community life (see figure).

For example, in the employment domain, the nine programs provided a variety of work opportunities as well as employment support (e.g., employment in a large hotel or in a park with a coworker identified as a training mentor). Similarly, in the domain of community life, supports and services were provided in different settings by various supportive individuals, including the youth’s natural support system. For example, a live-in aunt taught her nephew how to cook at home; a teacher helped her students establish an Internet users’ group; and a case manager helped a young person obtain the necessary financial means to move into an apartment. These supports and services were most effective when they were individualized, flexible, and reflected the changing needs of the young person.

4. Continuity from a Consumer’s Perspective

Continuity of support is essential during the transition to adult living, especially when a young person turns 18 and must begin to access adult services. To provide such continued services across all of the transition domains, a variety of inter-agency linkages and collaborative structures are required. For example, in some programs that were visited, transition specialists or case managers assigned to transitional youth were employed half-time in children’s mental health and half-time in adult mental health so they had authority to work in both arenas. In other communities, regional and state-level interdepartmental teams were formed to coordinate available resources and to resolve issues related to specific individuals.

However, in the programs visited, continuity was best achieved from the consumer’s perspective when the program focused on establishing the young person as his or her own “life manager,” teaching self-advocacy and related skills that allowed him or her to function as independently as possible. Hand in hand with this focus was the agencies’ development of reliable natural social support systems. In many cases, these supports were the only ones that continued after managed care had pulled its funding.

5. Unconditional Safety Net of Support

Another crucial feature identified in some of the programs was their unconditional safety net of support. These service providers had made the decision that they would not deny services to any youth under any circumstances, but rather adapt their supports and services as necessary. This commitment was a powerful expression by staff of their hopefulness and a positive affirmation of the young person’s worth and merit.

Kaleidoscope, a youth development program in Chicago, was one program that exemplified this no eject/no reject policy. The program made an unconditional commitment to transitional youth with emotional and behavioral difficulties by accepting referrals based on the com-
The four transition domains: three major setting-based domains and one community life domain that encompass skills and activities that are relevant across all of the domains.

(Reprinted from Clark and Foster-Johnson, 1996, with permission from Paul H. Brookes.)
munity’s determination of who was to be admitted, and by unfailingly adjusting services and supports based on the current and future changing needs of each individual. Kaleidoscope did not punitively discharge any of the youth involved in their transitional program. Although a few youth decided to leave the program on their own, and others left due to contingencies such as criminal convictions that involved prison terms, administrators and staff at Kaleidoscope “stuck with” the youth they served, “no matter what.”

6. Skill Development

Although vocational training and career development often predominate in transition programs, other community life skills also need to be taught, including problem solving, communication, daily living, money management, personal hygiene, housekeeping, emotional/behavioral self-management, and social development. Numerous curricula on the market offer a variety of models and strategies for teaching such prevocational and life skills. However, these approaches often do not account for the diversity of individual needs of transitional youth. To avoid this deficit, the nine programs provided instruction in natural community environments, such as integrated work sites, apartments, and shopping malls, to teach these important skills most effectively and functionally.

For example, transition specialists in several of the programs visited actually helped transitional youth establish themselves in apartments in the community. They helped them select the apartment, furnish it, and obtain necessary kitchen appliances, hygiene supplies, and cleaning materials. As the young person moved into the apartment, the transition specialists taught and reinforced such skills as budgeting, shopping, cooking, cleaning, and getting along with neighbors.

7. Outcome Orientation

Finally, all of the programs visited exhibited an outcome orientation that emphasized three features: consumer outcomes, system responsiveness, and system effectiveness (VanDenBerg, Beck, & Pierce, 1993). Limited resources, new legislative mandates, and changing views about the needs for ongoing services for youth during transition all indicate the need for increased evaluation of programs and youth outcomes. Service providers who were interested in and responsive to such evaluation data seemed to be more effective than those who were not involved in monitoring outcomes.

For example, the school attended by Jose, the young man previously described in this article, went the extra mile to track outcomes. Not only did this program monitor Jose’s outcomes closely (he only partially met his academic goals, but was successful in achieving each of his employment and independent living goals), the program also aggregated such outcomes data on a regular basis to determine how the program was doing overall. These data on goal completion were tracked across the transition domains of employment, educational opportunities, living situation, and community life.

Best Practices Are Not Enough

To “make it” as adults is particularly dif-
difficult for youth with emotional and behavioral challenges. Many encounter economic hardship, instability, and dependence when they leave school to enter the world of employment and independent living. The consequences of being set adrift during this transition can be tragic if these young people are left without social or independent living skills and community support. To be effective, professionals and community members must address the complex, multiple, and interrelated needs of this population across the four transition domains of employment, educational opportunities, living situation, and community life.

Transition systems based on the seven best practices identified above will clearly be more effective in addressing these youths’ needs than those that are not. However, adopting best practices alone may not be enough to ensure successful transitions. In addition, alternative methods of providing post-secondary and vocational training need to be developed in order to expand the vocational and academic options of youth with emotional and behavioral difficulties. Greater collaboration among required supportive resources and services also needs to occur (Clark & Foster-Johnson, 1996). And finally, further research and development efforts must be undertaken to address critical issues faced by youth and young adults in their crucial transitions from school to adult living. These systemic developments, in conjunction with best practices, may be what are required to ensure more successful transitions like Jose’s.

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From: *Reaching Today’s Youth* Vol.2 No.4 pp44-48. NES.
In December’s column, I offered an argument that staff in residential child care need containment in order to do therapeutically containing work with children and young people in their care. This work often causes anxiety, which gets in the way of clear seeing and thinking.

So in this month’s column I turn my focus to the provision of containing processes for practitioners. Ruch (2008) proposes a useful model for thinking about the way organisations can promote containing contexts, called holistic containment. This model helps to make sense of already existing conditions or practices. It also helps to identify missing or counterproductive practices, enabling us to better understand why we should strive to improve them and how we might go about it.

**Holistic Containment**

Holistic containment is comprised of three facets: emotional, organisational and epistemological. I like Ruch’s use of the word facet because it reminds me of a precious gem – each facet is simply a different face of that gem. The facets of holistic containment are similarly interrelated and when combined, make up the overall containment which provides optimal conditions for clear thinking, emotional availability and reflection on practice.

**Emotional containment**

Emotional containment can be thought of as feeling containment. It is about helping practitioners to manage emotions encountered in practice. On a basic level, emotional containment provides the necessary support to make the difficult times more bearable. However, emotional containment is also about helping to make unthinkable experiences or feelings thinkable, creating a space where it is safe to express them.

Practitioners often provide emotional containment for one another. Words of
encouragement or gestures of support can have the immediate effect of making feelings more manageable. Sometimes just the presence of a particular colleague can make the rest of the team feel a bit less anxious and a bit more capable (and, often, this in turn makes the kids feel a bit less anxious about the adults’ ability to hold it all together). In this case, that colleague may indeed have a containing presence.

In Scotland, cups of tea serve a containing function. A cuppa is usually offered when a person has just been through a stressful event at work, both to encourage taking a break from the difficulty, and as a way of making a nurturing, supportive gesture without emphasising the person’s vulnerability. The cuppa is especially effective when the person know just how you like it.

Good supervision is emotionally containing, especially when it creates a safe space to identify and express feelings that are brought up in the work. When we experience good emotional containment, we are better able to listen to children and make ourselves emotionally available.

Some might resist the notion that we need emotional containment. Thinking about it might engender a feeling of inadequacy or unprofessionalism. I wonder if this also might provoke deeper fears about dependency, especially for those working in cultures where independence is highly prized. Ruch makes an interesting point, however, that emotionally containing contexts, ones that “enable practitioners to acknowledge their professional dependency needs” (p. 298), actually promote professional autonomy.

This is because emotional containment reduces the need to defend one’s own competence and professional survival, making space to focus on (and attune to) the needs of the child.

We know that, in children, dependence is necessary for healthy development and that secure dependence enables independent functioning (Maier, 1979). I wonder how often we think about, or allow ourselves to feel, our own dependency needs related to the work? In fact, when was the last time you heard those three words strung together – professional dependency needs?

Organisational containment

Organisational containment can be thought of as doing containment. It is essentially about organisational clarity. Expectations, procedures, rules and structures that are clear and serve the overall aims of the work help to contain anxiety. Perhaps it is easier to see the opposite. When there is a lack of clarity related to a new procedure, for example, or when a procedure is perceived as contrary to good practice, it raises anxiety and other uncomfortable feelings.

At social policy and organisational levels, the overriding focus seems to be on ever more rules, regulations and procedures to keep children safe and to improve practice. Ruch is emphatic in pointing out that this not only inadequate to meet the needs of practitioners, it can be counterproductive. Even when policies and procedures are clear and useful, without the other facets of containment, they are often used to avoid anxiety that it brought up in the work.
For example, sometimes it is easier to hide behind paperwork rather than facing the challenges out on the floor. Deferring to a rule rather than exercising our professional judgement can give a sense of certainty, even in the face of clearly poor practice. It provides us with a defence against the anxiety we would feel if we ventured into uncertain or contentious territory. Reducing our practice to techniques buffers us from the overwhelm and inadequacy we feel when we really embrace the complexity of a situation. Following a procedure is less anxiety provoking than simply being present with a child who is in pain (and with our own pain that is triggered by this).

So while good levels of organisational containment are necessary as part of an overall holistically containing work environment, they must take their place alongside other facets of containment if they’re to be beneficial.

**Epistemological containment**

Epistemological containment, the final facet, can be thought of as **thinking containment**. Basic epistemological containment is about spaces or forums where practitioners can make sense of the more complex, contentious and uncertain areas of practice. It also is about recognising different forms of knowledge and how they can inform our practice more richly. This facet of containment enables open-mindedness. It strengthens us to resist the allure of jumping to conclusions or clinging to false certainty. When we can tolerate uncertainty better, we notice more and have greater creativity in understanding and addressing issues.

Epistemological containment has much in common with meaning making. In Garfat’s (1998) study of the effective child and youth care intervention, he asserts that, to a great extent, the process of intervention is a process of meaning making. So much of the work is about trying to understand how a kid is making sense of things, and then helping him to find ways to make sense of those things in ways that will serve him better. I have found that I am helped to do the same thing, at the same time, through that process.

Attending to the processes of meaning making, our own as well as others’, requires openness and being able to stay grounded in not knowing. Practitioners need forums in which they can embrace and explore different sources of knowledge in order to help them make sense of events or aspects of practice. Amongst more reflective practitioners, these forums can arise informally, during that cuppa after the kids have gone to sleep, or with kids while ‘hanging out and hanging in’. These spontaneous occurrences of epistemological containment are much less likely, however, if there is not a deliberate and committed provision of such forums in a planned way. Common opportunities for more formal epistemological containment in residential child care include individual supervision, group supervision, meetings focused on one or more of the kids (sometimes referred to as case conferences or grand rounds), and external consultation. It has been my experience, however, that these forums are rarely used for the kinds of meaning making work that would constitute epistemological containment. As Ruch emphasised,
we’re so busy doing that we often fail to attend to feeling and thinking.

The weekly staff meeting is a good example of how, in one of the places I worked, we obscured feelings, meanings, and thinking about thinking with an eclipsing focus on doing. We had a set, required agenda that included things like menus, clothing and unit upkeep. Now you would think that we could touch on and tick off each of these more instrumental items rather quickly so that we could get to more substantial discussion – discussion that might actually provide a bit of emotional or even epistemological containment. Instead, we would get caught up in protracted and unsatisfying discussions that didn’t seem to help develop our practice – week after week. At the time, I hadn’t appreciated the power of anxiety. That anxiety was doing two things: it was keeping us in the ‘safe’ territory of superﬁcial issues, and it was interfering with our ability to see clearly what was going on and to do something differently. Does this sound familiar to any of you out there?

Relationship

The essential thread that ties these facets of containment is relationship. While the fabric and structure of a building, for example, contributes to (or detracts from) processes of containment, the main way feeling, doing and thinking containment is provided is through relationships. Even something as seemingly solid and static as a procedure (organisational containment) is signiﬁcantly affected by how it is communicated and modelled, both of which are inﬂuenced by the relational context within which that communication and modelling takes place.

For the most part, it is within individual relationships and networks of relationships that all three facets of containment take place. Holistic containment (the integration of all three facets) can often manifest through an individual and how she relates to her teammates. Unit managers often bear the greatest demands (usually unconscious demands) for containment, particularly when simultaneously they’re involved in direct practice (working directly with the kids) and indirect practice (providing support, supervision and other management functions for the team).

Meeting the containment needs of unit managers warrants further attention and is key in providing containing contexts for practitioners, but, as ever, I’m running out of words and time. This will be the subject of a future column.

References


Talking to Kids About the News

Estella Abraham  
CEO, Fostering First International

Most people reading this blog will have grown up when news broadcasts happened at breakfast, teatime and before bed. The constant stream of news that happens today can lead to a compulsive tendency to watch all the time, just in case something in the world is happening.

To have live visual reports from war zones or natural disaster areas is a relatively new phenomenon that can have a disturbing impact on children and adults alike.

Next time you watch the news, watch it with the mind-set of a child or young person… what impact would it have? The headlines are often sensational; murder, war, disaster, catastrophic financial collapse, mass unemployment, riots, shootings, stabblings, etc. Writing this, the news coverage tonight is mass murder in the USA and devastating floods in Queensland, Australia.

It’s important to pay close attention to what children see in the news because studies have shown that kids are more afraid of violence in news coverage than in any other media content. By creating a proper perspective and context for news and current events programs, we can help children develop the critical thinking skills they need to understand news stories and the news industry. Children are growing up anxious and living in fear from being bombarded with doom and gloom stories.

We as the adults need to discuss and explain current affairs at a very basic level, reassuring them and helping to develop perspective. Just saying ‘don’t worry about it’ or ‘you’re too young to understand’ is not reassurance!
Furthermore, don’t assume they haven’t really heard and understood what is said about a disturbing news event – ask first and, if they have, discuss it. Talking honestly and reassuringly about traumatic events will go a long way in assuaging their fears. Reassure children by giving them the facts. For example, explain that terrorist threats are very real in certain places, but not in their community.

Understand what news frightens children at different ages. School-age children are beginning to distinguish fantasy from reality and to worry about real-life dangers. Help them to develop a realistic sense of danger by explaining that traumatic events such as fires, fatal car accidents or plane crashes are rare, which is why they’re considered newsworthy. As children get older, the closer an incident is to the reality of their lives, the more disturbing it will be to them. For example, a story about a high-school shooting may be more disturbing to a teenager than a younger child.

Encourage older children to watch the news and discuss current events with you.

It’s important that young people understand what is going on in the world and their community. Watch the news with them and use it as a springboard to discuss difficult topics such as racism, sexuality, terrorism, war, death, drug and alcohol use.

Create “teachable moments”. Keep a globe, or bookmark a world map on your computer, so you can access it after watching the news to look up countries or areas mentioned in stories. News items often lack context or thoughtful analysis, so use an encyclopaedia or the internet to get more in-depth information about an issue or a country that kids show interest in.

With older children, when opportunity arises, explain the business of news. News media provide a valuable public service but they are also businesses that, in most cases, depend on advertising revenues to support them. In the search for images and stories that will attract audiences, the news media tend to focus on sensational crimes, tragedies and disasters or “soft” news, such as entertainment and lifestyle features. Social workers need to be discussing these matters with each other to heighten awareness. And in turn, they need to discuss it with their foster carers. This is a great topic for discussion in foster care support groups.

Finally, try to find positive news stories. Call attention to stories that emphasise positive actions and people making a difference – stories about new medical research, peace accords, activism on social or environmental issues and exceptional achievements in sports, the arts or sciences.
A couple of years back, the following question was sent in to CYC-NET by someone who had obviously been hearing a lot about “relationships” from his CYC friends.

I keep hearing so much about the centrality of “the relationship” in the work of child and youth care friends. Are they for real — or is this a bit sentimental and bogus? Surely the doctor and the plumber and the auto repairman must equally have good relationships with their customers/clients/patients? What’s so different with child and youth care people? — Jon (Jack)

The responses he got gave a pretty good review of the concept, but understandably from “inside” the field (see the entire discussion archived on CYC-NET, click “The Network” then “INDEX of more discussion threads”). As someone interested in what might be called “the science of child and youth care/work,” I wondered what it would be like to try to answer him more objectively, from “outside” the field.

To do this, I thought a chart comparing the four occupations on some key variables would be a good place to start. But, before long, it was apparent that the plumber and auto repairman were quite similar so the repairman was dropped. I
also made the assumption that Jon, the questioner, had in mind a small plumbing/repair business rather than a large heating-plumbing company or a large auto dealership repair facility, where relationships, if any, are more likely to be with a receptionist or service manager. A single family physician in private practice was

<table>
<thead>
<tr>
<th>Issue/Variable</th>
<th>Residential CYW</th>
<th>Doctor: private practice</th>
<th>Plumber: sole proprietor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Client age</td>
<td>Child/youth</td>
<td>Children &amp; adults</td>
<td>Adults</td>
</tr>
<tr>
<td>2. Client’s choice in choosing service</td>
<td>Low, or not at all</td>
<td>Middling, depending on supply of doctors, etc.</td>
<td>High</td>
</tr>
<tr>
<td>3. How service is purchased/paid for</td>
<td>By the state (occasionally by insurer)</td>
<td>By state/insurer (occasionally by the client)</td>
<td>By client (occasionally by insurer)</td>
</tr>
<tr>
<td>4. Type of service</td>
<td>Personal: social, behavioural</td>
<td>Personal: physical primarily</td>
<td>Material/object</td>
</tr>
<tr>
<td>5. Qualifications needed to provide service</td>
<td>2- or 3-year diploma (avg.), not licensed</td>
<td>7 years min. licensed</td>
<td>5-year apprenticeship licensed</td>
</tr>
<tr>
<td>6. Goal/object of service</td>
<td>General/multiple Behavioural improvement/prevention</td>
<td>Specific Health improvement/prevention</td>
<td>Specific household improvement/prevention</td>
</tr>
<tr>
<td>7. Duration of specific service</td>
<td>Weeks to months/years;</td>
<td>Minutes</td>
<td>Minutes to hours</td>
</tr>
<tr>
<td>8. Role of relationship in service</td>
<td>An end in itself (i.e., it is the service) &amp; means to an end</td>
<td>Means to an end</td>
<td>Means to an end</td>
</tr>
<tr>
<td>9. Duration of relationship</td>
<td>Days to 2 years</td>
<td>Many years</td>
<td>Many years</td>
</tr>
<tr>
<td>10. Others involved in relationship</td>
<td>Up to 12 staff, 12 kids</td>
<td>1-2 staff</td>
<td>1-2 staff</td>
</tr>
<tr>
<td>11. Intensity of relationship</td>
<td>High</td>
<td>Low to Middle</td>
<td>Low</td>
</tr>
<tr>
<td>12. Personal/private intrusiveness</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>13. Recourse if dissatisfaction with relationship</td>
<td>Parents/guardian, possibly change agencies</td>
<td>Change doctors</td>
<td>Change plumbers</td>
</tr>
<tr>
<td>14. Expertise required for the relationship itself</td>
<td>High</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
chosen for the same reason.

To reduce the need for an exhaustive study of various jurisdictions, I limited the examples to Canada, and Ontario (where I live) where necessary, for example in the “qualifications needed.” So for instance, in the chart below, “the state” or government refers to the province of Ontario, since all three occupations are under provincial jurisdiction. As well, both CYWs and medical services are largely paid for by the province but occasionally an insurer will pay for CYW services (e.g., behavioural problems as a result of a car accident) and some extra medical services. Some medical procedures can also be purchased by the client in private clinics.

The “Issue/Variable” items were chosen roughly on the basis of increasing focus on the relationship or interaction itself. So the initial 8 items have to do with the structure in which the relationship takes place – the general service provided – and the remaining items concern the relationship itself within that service.

I then reviewed the responses of those that answered Jon to see how their answers compared with the chart items. A number mentioned one of the basic differences, that the relationship in CYC is an end in itself, not just a means to an end (“Role of the relationship in the service”). Also mentioned a number of times was the “Goal/object of the service” (e.g., for the client “to experience real, wholesome, deep relationships,” to learn the “skills of conflict resolution, caring and problem solving” and to “have a fair shot at relating, mutually, with others — without having to bully and dominate”).

The items on “Intensity” and “Personal/private intrusiveness” of the relationship received a fair bit of comment. This generally took the form of almost poetic statements about the nature of “relationship” – “being in the moment,” “a feeling of ‘we’-ness,” “the transformational heart of child and youth care,” and a “‘fusion of joint experiencing’. The negative side of intensity (tantrums, aggression, screaming, stony refusal, etc.) that was so much a part of earlier CYC writing (and many CYWs present-day experience) was noticeably absent. Perhaps it was this that led Jon to comment that such talk is “a bit sentimental and bogus.”

The responders’ comments on the intensity of relationships also suggest the kind of “Expertise required for the relationship itself.” The discussants spent some time directly on that, the kind of skills and personal attributes needed to make such transformational connections with children and youth. This, perhaps inevitably, led to a discussion about processes for selecting CYWs. The closest term for this that I could come to in the chart for comparison purposes was “Qualifications needed.”

And it is here that one of the starkest contrasts comes out in the chart, by comparing the plumber with the CYW. The CYW has sustained contact (#7 and #9), with high intensity (#11) and personal intrusiveness (#12), requiring high expertise (at least for the relational part, #14), but only a 2- or 3-year diploma is required and no license (#5). The plumber on the other hand requires a license and a 5-year apprenticeship. The conclusion, as a direct answer to Jon, has to be:
A relationship is central to child and youth care, but the plumber’s relationship is much more highly valued by society – it takes 5 years and a license just to enter into the relationship. The implications of this for the need for strong professional CYC associations seem to me to be pretty blatant.

The other major contrast coming from the chart jumped out at me within minutes of starting the chart – Item #2. Again as an answer to Jon, the major difference between doctors/plumbers and CYWs is that CYWs’ clients have little to no choice in entering into the relationship. And to draw the contrast even more sharply, though the relationship is going to be long (#7 and #9), intense, (#11), personal (#12), with probably no way out (#13), the client has no choice. And by the way, it could involve a lot of other (no-choice) relationships (#10), and society doesn’t particularly care (#5).

The implications of this finding from the chart are numerous, enough perhaps to re-open a CYC-NET discussion on relationships. One CYW I showed the chart to saw the need for very specific types of CYWs, ones who would be able to appreciate the control function of CYC yet at the same time exercise the caring function. This aspect of the chart made me wonder how much of the behaviour CYWs deal with is the child’s reaction to having little or no control or choice in the matter. It certainly reinforces the position of those who have called for a greater awareness of the child’s sense of what “coming into care” means.

I’m sure there are many other implications to be drawn from this exercise, but for me the major one concerned viewing child and youth care/work as a “science.” If science involves defining concepts in ways that they can be measured and tested – being more objective about our profession – this small attempt at doing so has definitely reinforced my view that such an approach would be well worth pursuing.
What It Takes 
(to get through change)

Kiaras Gharabaghi

I am currently learning, or re-learning, how incredibly difficult it is to follow through on the changes that we know we must make. And as always, observing my own experiences in seeking change inevitably pushes me to reflect on being with young people. It especially pushes me to reflect on the expectations I have held, and I supposed most of us hold, that young people make changes in order to move forward in as constructive and meaningful a manner as possible. On the one hand, such expectations, when thought of not as impositions on young people in terms of how to be, but rather as encouragement and expressions of believing in their capacity to be what they want to be, are necessary, and they should always aim high. On the other hand, this is one of those times when I realize just how much I rely on the generosity, encouragement, support and perhaps most importantly, forgiveness of others to keep trying. And then I wonder whether young people living under extraordinary circumstances, perhaps in residential care or on the streets, with mental health challenges or chronically replaying trauma, can rely on similar levels of support and forgiveness as they try to make whatever changes they deem necessary.

Here is the thing; after a total commitment to smoking cigarettes (a lot of them) for the better part of the past 28 years (I started very young), I am attempting to quit. Cold turkey. Just stop. My attempt started as a New Year’s Resolution, a practice that apparently has a failure rate of 99%, typically within the first day or so. Looking at it strictly from a dichotomous outcomes perspective, I am doing well.

Today, as I am writing this (it’s Valentine’s Day), is Day 45. But it really wouldn’t do justice to the past 45 days to just look at whether or not I am smoking. To be fair, I also have to cite these developments:

• In order to survive each day, I have to go for a minimum of three walks, often in excess of one hour per walk, and I don’t even have a dog!
• My ability to focus on any given task is limited, especially when it comes to writing tasks. Whereas I used to be able to write for 45 minutes, then have a smoke,
then do this all over again for a virtually unlimited amount of time, now I am able to write for 5 minutes, then walk for an hour, take a shower, do some renovations in the basement, go grocery shopping on foot, review homework with my kids, check the soccer scores from Germany (and sometimes also from Holland, Belgium, Spain, Brazil, Columbia, Uruguay and of course, South Africa), build a snowman and then maybe, sit down to write for another five minutes.

• To the extent that I do produce some writing, I have a hard time using the appropriate filters (see my contribution last month; sorry…)

• While I still don’t ever yell, I do argue with just about anyone at any time; it’s always about critical, life altering issues, such as whether it is theoretically possible to brush one’s teeth in less than 10 seconds, why it might be more efficient to just buy a yellow toilet seat than to constantly have to clean the damn thing, and why it is that on those rare occasions that I actually want to use the car I invariably have to first put gas in it.

In other words, I have been a joy to be around. I do try, for the record, to balance this by doing the task-oriented things that might be helpful at home (I cook, do laundry, wash dishes, buy groceries, pontificate about the quality of homework completion, etc.); at work, I focus my energy on being present for my students, offering lots of on-line support, face to face consultation time, research assistance and even participation in School social events. But my mind, clearly and categorically, is on one thing and one thing only: “please make it be tomorrow, so that it will be Day 46”. I have no idea how that is going to be helpful, but I figure when one tries to change a behavior that one has engaged in approximately 200,000 times over the past 28 years, it might take some time. I am desperately hoping for a gradual return to my version of normalcy roughly at Day 100.

So, what does this have to do with child and youth care practice? Or with young people seeking change on their own terms? Well, I have so far been able to maintain course only because of this:

• Most importantly, my wife and kids have said: “do what you gotta do, however you have to do it, and take however long you need to”;

• My non-smoking friends have made no attempt to pretend to understand or relate to my current struggle, but without exception they have said: “good for you”;

• My friends who themselves have quit at some point in their lives have said: “I know this is tough, but it does get better; eventually you won’t think about it at all”;

• My friends who continue to smoke and with whom I have shared many precious moments while smoking have said: “I am proud of you”;

• My friends who are relying on me to pull my weight in joint projects or activities have said: “I can do your part”.

I have always prided myself in being critical but not dismissive, edgy but not
angry, non-compliant but not contrarian for the sake of it. For the past little while, I have at times floated between the extremes of these dichotomies, but I have had the luxury of forgiveness on the part of those affected. Indeed, if I reflect on all of the responses of those listed above, they all have something in common; they reflect an authentic, non-judgmental, encouraging but not directive, kind but not unrealistic, acceptance of where I am at and where I would like to get to. And they express patience.

My quest to change something in my life feels all-consuming and barely possible, but I am so far coping only because of the generosity of my social context. I can only imagine what it might feel like for a young person in care, or faced with mental health challenges, or perhaps living on the streets to take aim at something about her or his life that s/he knows ought to change, but that is going to be hard as hell to do. And I wonder if there are very many young people out there who get the kind of unqualified and totally authentic response from their social context that I have had the privilege of receiving.
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It was 1984. In that year, I had two things ‘forced down my throat’ against my will. The first was a program based primarily on social skills training. The other was a prohibition against restricting children for more than one or two days, regardless of their behavior. In combination, these led to a most successful program.

As the new director of a program for 32 adolescent boys, I had taken months to get the program in shape, reducing staff turnover, calming the milieu, developing a point system, setting up a council of residents to plan activities and even to help hire staff. I had put in many long hours. It was just beginning to pay off. Then, along came Mary. The agency had just created a new staff education department and assigned Mary as the trainer for my program. I had known Mary for years in another agency. I always liked her as a congenial and competent colleague and was looking forward to working with her.

Mary met with me and told me she wanted to put in a curriculum to teach social skills to the boys and then train us to teach the skills. I was ok with that. Then she dropped the bomb. She was going to base the point system entirely on social skills. Boys would get points or lose points only for their use or failure to use these social skills. She was going to change my point system!!!

I was outraged. I argued a bit. Ok, a lot. Then Mary handed me a sheet of paper with the skills and asked me, “John, look at these skills. If the boys are doing all of these skills to these criteria, what problems could you possibly have?”

I looked over the skills and their behavioral definitions, my mind racing to find the flaws in her approach, to find the problems for which these skills could not provide. I couldn’t think of even one. Can you?

I realized that these behaviorally defined skills were what I had been looking for over the years, the competing behaviors that behavioral psychologists talk about, the behaviors that make other undesirable behavior impossible. For
SOCIAL SKILLS FOR OLDER CHILDREN AND ADOLESCENTS

Following Instructions
look at the person
listen to the instruction
ask questions if you don’t understand
say “ok”
do the instruction pleasantly
check back

Accepting Criticism
look at the person
listen to the criticism
ask questions if you don’t understand
state any objections calmly one time
listen to the response
say “ok”
refrain from making excuses
refrain from returning the criticism

Accepting “No”
state objections one time only
say “ok”
use appropriate language
use appropriate voice tone
control your temper
refrain from whining or complaining
refrain from making threats

Adult Relations
maintain eye contact
speak respectfully
use appropriate language
use appropriate voice tones
answer when spoken to
speak clearly and distinctly
refrain from using slang
refrain from touching

Peer Relations
speak respectfully
use appropriate voice tones
use appropriate language
refrain from name calling
refrain from teasing
refrain from horseplay
refrain from inappropriate touching

Respect for Property
ask permission to use something belonging to someone else
return things the way you got them
return or put things away when finished
use things only for the purpose intended
replace anything you lost or damaged

Expressing Anger Appropriately
tell someone calmly why you are angry
listen to what they have to say
express disagreement calmly
refrain from raising your voice
refrain from cursing
refrain from throwing or breaking things
refrain from hitting
refrain from stomping away or slamming doors

Expressing Disagreement
look at the person
use a pleasant voice
say “I understand how you feel”
Tell why you feel differently
Give a reason
Listen to the other person
Don’t argue

NOTE: These skills can be simplified to just three or four steps for younger children or children with developmental disabilities.
example, sitting quietly in one’s seat is a competing behavior for running around the classroom. One can’t run around and sit quietly at the same time. (My kindergarten teacher knew this in 1950. She taught us to take our seats when she gave the signal. She never had to tell us to stop when we became rowdy, only to take our seats. It was a tough school in a poor neighborhood, yet she had few problems with behavior.)

Mary had me. I could find no flaws. (I still haven’t found any, unless it is that they do not cover substance abuse or consensual sex.) We developed a point system around these skills and Mary began training staff. The results were, to say the least, disappointing. The staff never really got on board. Consequently, neither did the boys.

Some months later, I accepted a position as director of another program, a group home for twelve boys. The program had ample resources and paid well enough to require bachelor’s degrees for all child care staff.

It was in this program that I had another thing “forced down my throat” against my will. In a meeting with the Executive Director during my first week, I was expressing some of my ideas. The program was a bit rowdy; changes were needed. I said something about my belief that a few serious misbehaviors such as aggression, substance abuse, and theft, called for restrictions of one or two weeks—not room restrictions, just restrictions from major privileges—playing pool, watching TV, home passes, going out without supervision. The Executive Director said that children could not handle restrictions of more than a day. Shocked, I replied that a one day restriction for hitting staff was ridiculous. He got really red in the face (Oooops!) and said, “Nevertheless, all they can handle is a day or two.” So I got two days, but I knew I would have to reargue my case later.

I revised the point system together with some of the staff, basing it almost exclusively on Mary’s social skills, and trained the staff in teaching the skills and using the point system. The staff accepted the program; the boys embraced it. Most privileges were available regardless of points. Only a few privileges were tied to points—playing pool or pinball or making phone calls beyond 5 minutes to parents (because of limited availability and free time, we had to ration these privileges by some means), going outside without supervision (children who are not doing well need supervision), and extra home passes (everyone got one home pass per month regardless of points, but children who are not doing well need treatment more than they need home passes—they’ll can’t get discharged until they don’t respond to treatment. Besides, weekend activities were pretty exciting, including things such as driving go carts.). With everyone on board, it worked remarkably well. All children earned these privileges most of the time.

After a few months, I began to think about rearguing my case for longer restrictions. Funny. I could find no ammunition—we were having remarkably few serious misbehaviors. It seems that our teaching of social skills coupled with a non-punitive environment was most effective. I thought about it and realized that children cannot feel successful while they
are serving a restriction. One or two weeks is a long time to go without feeling success. So my new boss was right. We want children feeling good and doing good, not serving punishments. Punishments interfere with feeling good. They make children feel bad. Children who are feeling bad about themselves are not very good learners.

**The Rationale For Teaching Social Skills**

How many times had I worked with children and gotten them motivated to do well in school, then sent them off to school only to be sent home before lunch, sometimes within the first hour? One of the problems is that it takes more than motivation to do well. One must have the necessary skills. Then one must have confidence in one’s ability to use those skills, and trust in the world that when one uses those skills, things will work out as expected.

Children and adolescents like to learn. Mastery of a skill can be very satisfying. Children who have spent their whole lives in opposition to authority have often not learned fairly basic skills, so that they do not know how to behave well and cannot do so no matter how much they want to.

Social skills such as following instructions, accepting criticism, respecting others, and many more, can be behaviorally defined and taught. Once children learn these skills, they are empowered with the choice of whether or not to use them. When children use these skills, they cannot misbehave—most misbehaviors are incompatible. Moreover, these social skills are self-reinforcing—they tend to result in social reinforcement whenever children use them.

Consider ‘following instructions.’ Children who have trouble following instructions develop a reputation. Adults know they have problems with instructions and become apprehensive whenever they have to give an instruction to these kids, perhaps even angry, anticipating the problems they are going to have. Meanwhile, the kids, now motivated to do well, including following instructions from the teacher, all of a sudden find an angry teacher in their face. They perceive the anger before they perceive the instruction. They don’t understand why the adult is angry and respond to the anger before they can process the instruction. Adults, meanwhile, have their expectations of problems confirmed. A big scene ensues.

When kids do not have the skills associated with following instructions, it is difficult for them to do so even when they want to. Teaching children the skills and providing ample opportunities to practice the skills empowers children. Without the skills, children have no choice. They cannot follow instructions well, even when they want to. With the skills, children have a choice. They can still decide not to follow an instruction, but now they can also choose to follow an instruction appropriately.

Following instructions requires more than just doing it. It requires acknowledging the instruction, perhaps with an ‘ok,’ to let adults (or supervisors) know you are going to do it. This stops adults from feeling anxious or angry and stops the lectures, the overselling that so often accompanies instructions to these kids.
Then it involves doing the instruction pleasantly rather than stomping away with a scowl while mumbling and grumbling. And finally, checking back to let adults know the instruction has been completed. Children who use these skills reasonably well are likely to receive a pleasant “Thank you,” or the ever-popular “Good job!” (I hate “good job,” it’s demeaning.) Children who stomp away with a scowl to do the instruction are likely to experience nothing but a return scowl, no matter how well they perform the task.

“Accepting criticism” is another example of a skill with which some children (and adults) experience problems. The scenario is similar to that of following instructions. Adults know certain children have trouble with criticism. These kids get extremely defensive and emotional when they are criticized. Children can perceive criticism as extremely threatening, especially when their experiences with criticism often involve angry adults, screaming and yelling, and blows or other harsh punishments. Gary is just one example:

Gary was one of our most motivated boys. A seventh grader, he was on grade level and earning respectable grades. But he had problems with criticism. One morning, he stopped at the drinking fountain between classes and got to talking with some peers. The bell rang. He ran immediately to class and got there just as the teacher was closing the door. The teacher said, “You’re late.” Gary got defensive. The teacher said some more and so did Gary. The teacher sent Gary to the office. Gary continued to be defensive. The principal called us to pick up Gary for the day, to return for a conference the next morning. All because Gary was less than a minute late to class? No. All because Gary could not accept criticism. All he had to do was say, “I’m sorry,” to the teacher’s first very mild criticism. But Gary tended to make a big deal out of everything, even when no one else did. (Gary did eventually learn to accept criticism along with other skills, but it was indeed a challenge for both him and the staff. Years later, he had his own business.)

Accepting criticism can be a problem not only with adults and authority figures but also with peers, leading to arguments and fights. Criticism does not have to be threatening or dangerous. The skill as defined does not even require that children make any changes in response to the criticism. All it requires is that they listen to and understand the criticism and acknowledge that they have heard it without “a song and dance,” as my mother was fond of saying.

Teaching Social Skills

Boys Town offers two strategies for teaching social skills (The Social Skills Model that Mary used was developed at Girls and Boys Town for use in their residential facilities and schools. Mary had been trained at Boys Town).

I. Planned Teaching is used to teach skills in a neutral setting at a time when
children are calm and open to learning.

2. The Teaching Interaction is used as a response when children have a problem with a specific skill. It is a non-punitive consequence for misbehavior, for failure to use a given skill. As a non-punitive consequence, it can be especially effective in changing behavior, especially when it is repeated with relative consistency whenever misbehavior occurs (Dowd & Tierney, 1992).

These strategies, however, are quite similar.

**Planned Teaching**

The steps:

1. Pick a comfortable time and place when the child or children are calm and ready.
2. Introduce the skill and provide some examples.
3. Describe the skill and teach the steps.
4. Provide rationales throughout—for the skill and for the steps.
5. Ask for acknowledgment throughout the process.
6. Have the child practice the skill.
7. Provide positive feedback and correction.

**The Teaching Interaction**

The steps:

1. Start with praise or empathy.
2. Describe or demonstrate the inappropriate behavior.
3. Discuss the consequences—the real consequences, not the ones you would like to impose.
4. Describe the appropriate behavior—review the steps of the skill.
5. Provide rationales throughout—make it relevant to the child.
6. Request acknowledgment throughout.
7. Have the child practice the skill.
8. Provide positive feedback and correction.
9. Return the child to regular activities with encouragement (Dowd & Tierney, 1992).

**A Sample Teaching Interaction**

Staff: Larry, it’s time to take out the trash.

Larry: (Continues talking with another resident.)

Staff: (In a ‘teacher’ voice.) Larry.

Larry: (Continues talking.)

Staff: (Walks over and puts his hand on Larry’s shoulder). Larry.

Larry: (Turns and looks at staff). Yes.

Staff: It’s time to take out the trash.

Larry: Awww, Man!

Staff: Larry, are you having a problem with the instruction I just gave you?

Larry: (Looking at peers.) I’m having a whole lot of problems around here!

Staff: (Calmly.) Let’s go to your room. (Turns and walks to Larry’s room.)

Larry: (Hesitates, then follows.)

Staff: (In the room.) May I sit?

Larry: I guess so.

Staff: (Sits on roommate’s bed.) Thank you. You’ve been having a pretty good week. You’re starting to make friends.
(Positive statements.) Do you remember the steps to following instructions? You learned them last week.

Larry: Yeah. I guess so. (Sits on his bed.)

Staff: Good. What’s the first step?

Larry: Uh, listen, I guess.

Staff: Good. Then what.

Larry: Go and do it.

Staff: Well, of course we want you to do it. But don’t forget that it’s important to look at the person. To make eye contact.

Larry: Oh, yeah.

Staff: And it’s also ok to ask questions if you don’t understand. If something’s not clear.

Larry: (Nods.) Uh-huh.

Staff: And it’s really important to say “ok.” That solves a lot of problems. I bet when your mom asks you to do something it’s always a big deal with a long lecture. (Empathy.)

Larry: (Looks at staff.) Yeah. She’s always hassling me.

Staff: Well. She probably expects a problem. When you say “ok” she knows you’re going to do it. That helps to stop some of the problems you’ve been having with instructions.

Larry: Ok.

Staff: Good. So first, you look at the person. Then, you listen. If you don’t understand, you may ask questions. When you understand, you say “ok.” Then what?

Larry: Go and do it.

Staff: That’s right Good. And remember to do it pleasantly. Then, what’s the last step?

Larry: Uh, check back?

Staff: Great! When you check back, that lets them know that you’ve done the in-

struction and gives you a chance to fix anything that you might have missed. And it may earn you a “Thank you.” I bet you don’t get many “thank you’s.”

Larry: I guess not.

Staff: Ok, now let’s try it. Hand me that piece of paper over there.

Larry: (Looks at the staff.) You mean this one?

Staff: Yes.

Larry: Hands staff the paper.

Staff: Great! But remember to say “ok.” And to check back.

Larry: Ok.

Staff: Let’s try again. Hand me that pencil.

Larry: (Looks at the staff.) Ok. (Hands staff the pencil.) Is that all?

Staff: Yes. Thank you! That’s great! You got all the steps. You looked at me, said ok, did it pleasantly, and checked back. Perfect!

Larry: (Smiles sheepishly.)

Staff: Now, I still need you to take out the trash.

Larry: Ok.

Staff: Thank you. (Goes to the office.)

Larry: (Leaves to take out the trash. and checks in with staff when he’s finished.)

Staff: Thank you. Now go to the kitchen and get us each a glass of juice.

Larry: (Smiling). Ok.

Feelings and Emotions

When children simply don’t know what to do, teaching them the necessary skills may be sufficient. When emotions come into play, more may be necessary. For children who become upset when dealing with instructions or criticism, simply
teaching them the requisite skills and giving them ample opportunities to practice may help to desensitize them to instructions and criticism, to learn that these things do not have to be threatening or dangerous, and to help them build confidence in their ability to master these things. Punishment does not help this process.

Temper can be an entirely different matter. Children’s loss of temper usually involves one or both of:

1. Children’s need to express strong feelings and reduce tension.
2. Children’s desire to retaliate.

There are often serious behavioral problems—yelling, screaming, cursing, hitting, kicking, spitting, biting, smashing things. When children simply don’t know what to do when they are overwhelmed by strong emotions, behavioral interventions that are designed to help them learn to talk about their feelings may be sufficient, provided children feel they have permission to have these feelings and there is someone to listen. Reinforcing successive approximations may help. (Hint: We can’t reinforce successive approximations at the same time we are using punishment strategies.) Screaming and yelling and cursing is a successive approximation to talking calmly for children who have been hitting and kicking and biting and smashing things. We can’t punish them for screaming and cursing and provide reinforcement for their controlling their physical aggression. Punishment and reinforcement are ‘competing behaviors’—you can’t do one at the same time you are doing the other.

When loss of temper is a symptom of serious underlying problems, appropriate behavioral interventions may still be beneficial, but they will not be sufficient. Included among these children are those who are chronically angry. For these children, anger is not a temporary emotion; it is a pervasive mood. These children can be excellent at suppressing their anger and may look perfectly fine when they are engaged in an activity. It is when nothing is going on, when they are sitting quietly by themselves, perhaps in a waiting room, that one sees the sullen, angry expression on their faces. Such children require a thorough assessment and therapy.

**Final Thoughts**

Psychologists have demonstrated convincingly that behavior is controlled by its consequences. Children have demonstrated just as convincingly that their behavior is not controlled by the consequences arranged by adults.

Social behavior is not controlled by rewards and punishments, but rather by social consequences. Helping children to understand those consequences empowers them to control their own behavior.

When adults tell children what the expected behavior is, and then tell them what the punishment will be, they are communicating an expectation that the children will fail. Why else would they threaten children with punishment?

When adults tell children what the expected behavior is without mentioning rewards or punishments, they are communicating their confidence, trust, and expectation that children will succeed.
When adults teach children what the appropriate behavior is, help them understand why it is important, and coach them in developing the necessary skills, they become allies instead of adversaries.

The only discipline that lasts is self-discipline.
— O. A. “Bum” Phillips, American Football Coach

Reference
Dowd, T., & Tierney, J. (1992). Teaching social skills to youth: A curriculum for child-care providers. Boys Town, NB: Boys Town Press. (Presents behaviorally defined social skills and techniques for teaching them to children. 290 pages.)
Greetings from the Emerald Isle! I paid a quick visit to Ireland to participate in a Dublin Institute of Technology Graduation Ceremony only to find myself a few days out from the Irish election which will determine who forms the next Government. There was talk of re-negotiating the mega-billions financial bail-out which the out-going Government negotiated with the International Monetary Fund and the European Union. The Celtic Tiger economy isn’t well!

But my visit to Dublin was un-related to Irish politics and economy. I went to participate in Dublin Institute of Technology graduation ceremonies, and to read out a citation for Dr Gay Graham who was awarded a PhD degree for her thesis on Critical Success Factors for Irish Residential Youth Care. Gay offered a scholarly challenge to Murphy’s Law: “If it can go wrong, it will!”

The Catholic Church Played a Significant Role in Irish Child Care

Dr Graham sought to better understand organisational factors that impact on the direct provision of residential care for young people in Ireland. The Irish Child Care Act (1991) mandates residential youth services to provide developmental care for residents (§18.3). Guided by qualitative methods of enquiry, this study explored how decisions taken by 17 residential care managers and their line managers from eight different residential services impacted on the lived experience of young people in residential care across all four regions of the Health Service Executive (HSE).
Dr Graham’s research traced the history and social administration of residential youth care in Ireland, from early initiatives provided by the Catholic Church, to Health Boards and now Health Service Executives. Five critical success factors were found to shape developmental care for young people in Irish residential care. First, senior managers tasked with responsibilities for the residential youth care workforce require developmental care expertise and assigned authority to manage youth care priorities. Second, developmental care for Ireland’s residential youth care population requires reciprocal relationships that are committed to needs-led care.

Third, accountable leadership with authority and developmental care expertise is essential, bringing leadership around a shared vision about the developmental care provided by residential youth services. Fourth, strategic planning for residential youth care needs to be guided by a shared vision about developmental care and on-going evaluation to determine whether it is being achieved. Finally, duty of care obligations mandated by s18.3 of the Child Care Act (1991) need prioritising so as to ensure that bureaucratic inputs do not undermine the delivery of developmental care for young people.

Survivors!

As I was preparing this Postcard from Dublin, news came through about the deadly earthquake that hit Christchurch, New Zealand at the busiest time of 22 Feb. The death toll is rising steadily and scarily. When I saw this picture of Christchurch young people immediately after the earthquake, it made me think about survivors. Let’s remember survivors, in New Zealand and Ireland.

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May there be four-leaf clovers to find in the midst of every hardship.
It’s not the kind of call you get every day.

One morning last week the phone rang. It was a friend of mine, a woman I’ve known for a long time who is a prominent member of our local Writer’s Guild. We chit-chatted briefly before she got down to the reason for her call.

“I have an odd request ...” she said. Those are my favourite kind.

She went on. “We’re trying to raise money for some of the Guild’s activities, so we thought we’d come up with something a little ... well, different ...”

She told me they’d gotten a very well-known photographer to donate his services, and they were going to do a calendar featuring pictures of local writers in beautiful natural settings. She wondered if I would be willing to be one of those featured writers.

“Absolutely,” I said. I support the Guild’s activities, and who wouldn’t want a portrait of themselves, done by a respected artist?

“Well, there is one other thing,” she said. “We’re hoping that the people who agree to this will see it as sort of ... an adventure. I mean, it will all be done very tastefully, you understand. Nothing offensive, in any way ...”

The penny dropped. Along with my jaw.

“You want me to be ... uh ...”

“... nude. Yes,” she said. “Now, I understand this is an unusual request ...”

“Unusual”? Yes, it was “unusual”. In fact, I might have gone with the word “unique” to describe this particular request.


Let’s be clear: if you were to see me on the street, the first thing you would think about me is not, “There’s a potential Mr. September”. Look, that doesn’t hurt my feelings. I know this about myself. I’m not being falsely modest here. I don’t see myself as a hideous troll, but I don’t think I could ever delude myself to the point where I might think I was pin-up material. They just don’t make enough single malt Scotch in all of the Highlands to fuel that fantasy.


My friend sensed the hesitation and leaped in to reassure me. “Don’t worry,” she said. “Nobody’s really going to see anything. I imagine there will be strategically placed driftwood or flowers or ... well, whatever we need to cover what needs covering.”
“So, driftwood and flowers. But ... no clothes.”

“Well ...”

It’s one of those watershed moments in your life when you have to decide just where “modesty” sits in your spectrum of personal values. Here was an opportunity to do some good for an organization I believed in. All I had to do was agree to have my picture taken.

_Naked_.

There’s that word again.

Looking at it rationally, it’s silly. I mean, people have seen me without my clothes on. Not a lot of people. But some. My wife is one. My doctor. Okay, the list is thinning.

But remember a few months ago, when I told you about the time I was 15 and bellyflopped off the three metre board and winded myself when I was trying to impress a girl and I lost my bathing suit but didn’t know it till the lifeguards had dragged me to the side of the pool and laid me on my back? This would be a LOT more dignified than that. Probably.

But the point is, once more than one person has seen you without your clothes on, it’s not exactly exclusive any more, is it? I’m amused by women who go in and give birth, and have an enormous hospital staff made of (they presume, although they never ask) doctors, nurses, mid-wives, janitorial services and, for all they know, the entire roster of the 1969 New York Mets wander in and out, all with a spectacular view of their most private places ... and a year later are wondering if “...perhaps this dress shows a bit too much cleavage?” Sweetie, I hate to break it to you, but you’re old news.

So in the end, after I had a good laugh, I said “Yes.”

Yes, I am going to pose. Naked. For a calendar. For a very good cause. You can remember that cause after you’ve looked at the picture - which I am told will be very tasteful and discreet - and are busily dousing your eyes in household solvent.

The photo shoot is slated for the weekend. The organizers are hoping it will be warm. For myself, I don’t mind if it’s a little cool.

Frankly, I’ll take any excuse I can get.

This feature: From Nils Ling’s book _Truths and Half Truths_. A collection of some of his most memorable and hilarious columns. Write to him at RR #9, 747 Brackley Point Road, Charlottetown, PE, C1E 1Z3, Canada.
Partners in Child and Youth Care

Kibble is pleased to have been a supporter of cyc-net since its very early days. Back then we had only one internet ready PC in the admin corridor, and the cyc-net newsletter was downloaded (very slowly!) printed and displayed on the general notice board. How times have changed!

A Brighter Future for Young People

Today the Kibble Centre in Paisley is one of Scotland’s leading child and youth care organisations. Young people are referred to us from across Scotland, and we operate at the intersection of child welfare, mental health and youth justice. Our uniquely integrated array of preventative and rehabilitative services encompasses intensive residential and community services, a full educational curriculum, throughcare and aftercare, intensive fostering and a secure unit. KibbleWorks and KibblePLUS comprise a portfolio of social enterprises, offering a range of solutions to meet the training and employment needs of disadvantaged young people (16 to 24).

“I never wanted a career until I started here...”
KibblePLUS participant

Many of our staff are regular readers and contributors to cyc-net. For our type of work, it is the most comprehensive and contemporary web resource we have come across, and we are looking at ways of increasing awareness of the site and its contents through our intranet and monthly staff newsletter. We hope that this new format will encourage more people to access the excellent cyc-net resources.
This Place ...
Has been good for me
It listened, heard, understood
welcomed, comforted, cared
It stimulated and challenged
taught, corrected, built...
And now sends me forward
competent, confident, strong
into a better tomorrow
a hopeful future
This place has been good

“There are two kinds of men who
never amount to much: those who
cannot do what they are told, and
those who can do nothing else.”
— Cyrus H. Curtis

Education is simply the soul of a society as it passes from one generation to another.
— G.K. Chesterton

Punishment may make us obey the orders we are given, but at best it will only teach an obedience to authority, not a self-control which enhances our self-respect.
— Bruno Bettelheim

“We’re playing Mummies and Daddies:
We have reached an arrangement: he has custody of my doll for weekends.

If a doctor, lawyer, or dentist had 40 clients in his office at one time, all of whom had different needs, and some of whom didn’t want to be there and were causing trouble, and the doctor, lawyer, or dentist, without assistance, had to treat them all with professional excellence for nine months, then he might have some conception of the classroom teacher’s job.
— Donald D. Quinn

What the teacher is, is more important than what he teaches.
— Karl Menninger
Teacher to parent: “If you promise not to believe everything your child says happens at school, I’ll promise not to believe everything he says happens at home.”

“This world demands the qualities of youth: not a time of life but a state of mind, a temper of the will, a quality of imagination, a predominance of courage over timidity, of the appetite for adventure over the love of ease.”
— Robert Kennedy.

Remember the tea kettle — it is always up to its neck in hot water, yet it still sings!

Outside of a dog, a book is man’s best friend. Inside of a dog it’s too dark to read.
— Groucho Marx

Child and youth care workers get to feel this way sometimes too ...
**information**

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