

Your Quarterly News & Updates Vol.6 Issue 1/Winter 2021
From The Association of Child and Youth Care Practice



THE CYC ADVOCATE

*SUPPORTING CHILD AND YOUTH CARE
PROFESSIONALS AROUND THE WORLD*

Our Mission: ACYCP's mission is to engage practitioners in building the child and youth care profession. We build collaborative partnerships, promote innovative training and education, shape public policy, and inform developmental practice through research and scholarship.

Our Vision: We envision a society which recognizes, understands, and supports the essential role of child and youth care work in ensuring the well-being and success of children, youth and families. ACYCP aspires to excel as an influential and innovative organization advancing child and youth care practice throughout the profession.

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ACYCP PRESIDENT'S PERSPECTIVE

By Jody Rhodes, CYC-P, MS
President, ACYCP

Welcome to the Winter 2021 edition of the CYC Advocate!

Whew! 2020 is over- and I am sure most of us are glad to see 2021. We hope everything improves for all those impacted by COVID-19 and that our country can return to some sense of normalcy soon. While the work of the ACYCP had to pivot and switch online, the work did not end. We have kept up much of our work and have accomplished a few key items including launching a survey to look at youth worker wages; exploring a partnership with FICE USA and getting all our past 25 volumes of the Journal of Child and Youth Care Work online. We are excited to announce that the old volumes are now all available online, and free for use. There is a wealth of knowledge, experience and case study examples that can be used in our work. Most of the pioneers of our field have written for our Journal, I encourage you to check out the historic volumes.

The link can be found here:

[Archives | Journal of Child and Youth Care Work \(pitt.edu\)](#)

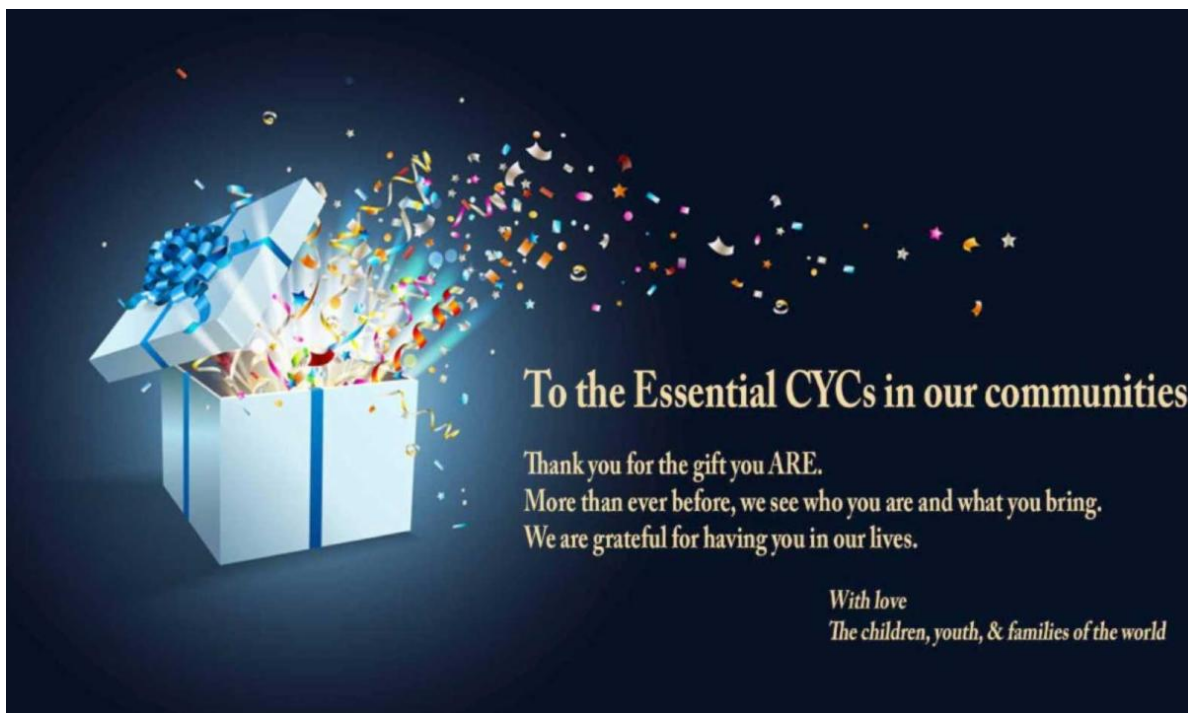


Using the search option, you can look up articles by author or topic. A great resource if you are looking for past articles or looking for words of wisdom from some of the youth care field's finest.

Special Note: In honor of this year's **Martin Luther King Jr. Day observance** I would like to direct you to this link and a speech by **Michelle Alexander** who is "a writer, **civil rights** advocate, and visiting professor at **Union Theological Seminary (New York City)**".^[1] She is best known for her 2010 book *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, and is an opinion columnist for *The New York Times*." Please take a few minutes to watch this very powerful and compelling speech and reflect on how The Rail To Jail impacts especially youth of color.

. https://www.youtube.com/watch?v=FbfRhQsL_24

Happy reading and exploring!



Partnering with practitioners, children, youth, & families for a better world

Black Lives Matter-The ACYCP Position

The Association Child and Youth Care Practice (ACYCP) stands in solidarity with all who seek social justice and equality. We are grateful to be associated with Black Lives Matter and others, who demonstrate their commitment to these ideals and to a vision of a future that recognizes the value and worth of all human beings irrespective of their race, gender identity and expression, sexual orientation, national origin, economic status, or religious beliefs. These are fundamental values upon which the child and youth care field is founded. It is the foundation upon which we humbly stand.

As an association, we strive to uphold these values but know that we, as a board and as a profession, have fallen short of living up to this vision. The recent tragic events connected to the killings of George Floyd, Ahmaud Arbery, Breonna Taylor and others, have brought to light just how big this gap is in our country as well as in our field. We promote diversity and inclusion, but racial disparity and exclusion are still prevalent. We proclaim justice and equality, but injustice and inequality are everywhere we turn.

As child and youth care practitioners, we meet our youth where they are at and accept them for who they are. We are the foundation of society, helping to raise the next generation of leaders. If we don't take this seriously, who will?

We can start making changes to better the world we live and work in – for the youth, children and families we serve, as well as our own. It won't happen overnight, but if we do this together, it will happen. ◇

Now Happening - Help Us Tell YOUR Story

ACYCP ANNOUNCES SURVEY GIFT CARD WINNER



Using random number generating software, the Professional Development Committee of the ACYCP has announced the winner of the drawing for a \$100 PRE-PAID VISA MASTERCARD. Participants in the survey, were encouraged to sign up for the drawing at the end of the survey. The Salary and Issues survey was closed January 1, 2021.

Almost 1,000 respondents took part in this ACYCP historic survey!

ACYCP is undertaking this survey to collect information on current salaries, benefits, and the most important issues that practitioners want to see addressed. This information will be used to inform future public awareness efforts to improve the field and its services to children, youth, families, and communities. Once the results are tabulated it is planned to use the data as part of a pilot study, the results of which will be made available to the entire CYC profession.

The winner is **SAUL JENG**, a direct in-home care supervisor with **Hillside Family of Agencies, in Rochester, NY.**

Saul says that he was motivated to complete the survey by his interest in professional CYC compensation, especially benefits and work environment. He holds an undergrad degree in economics, a graduate degree in business management and is completing his doctorate in education.

According to their website:

"Hillside Family of Agencies "provides comprehensive health, education, and human services for children and families whose challenges threaten their ability to realize their full potential.

We are guided by a deeply held belief that healthy children and strong families with opportunities to succeed are the foundation of a thriving community. For over 180 years, Hillside has put this belief into practice by partnering with people in communities across New York and Maryland to help them address and overcome life's complex challenges.

Hillside is committed to delivering the right care, in the right setting, to ensure success — whether in residential treatment, schools, homes or the workplace. Every year more than 13,000 youth, adults and families benefit from over 100 coordinated programs that provide comprehensive, cradle- to-career services in areas including child welfare, mental

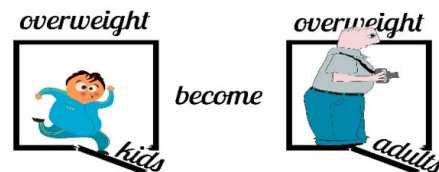
health, youth development, family development, juvenile justice, special education, developmental disabilities and safety net services. Hillside has been and will continue to be a partner and resource to the families and communities we serve, each and every day.”

Again, thanks to all the respondents for helping to make our profession stronger to the benefit of youth and child care workers directly, plus children, youth and families indirectly. ◇

Resources In Review

CHILDREN GAIN WEIGHT WHEN NEW CONVENIENCE STORES OPEN NEARBY

[Editor’s Note: The following is reprinted with permission and thanks to the “Research Spotlight-January 2020” from the National Institute of Health and was first posted on January 11, 2021.]



Determinants of obesity have been examined at many levels, but policies and interventions typically target individual factors in order to improve community health. However, evidence on community level factors such as food environments influence on weight is more limited.

This study funded by NICHD, NHLBI, and the Robert Wood Johnson Foundation, aims to understand the relationship between changes in food store availability and changes in weight status using prospective cohort design by investigating availability of different types of small retail outlets selling food, such as convenience stores and grocery stores, and impact on children’s weight in low income minority communities.

In this study, two low income cohorts of children (n=449, male= 53.2%, non-Hispanic Black= 48.3%) ages three to fifteen years old living in New Jersey cities of Camden, New Brunswick, Newark, and Trenton were studied. The New Jersey Child Health Study was designed using a natural experiment framework to investigate changes in the environment over a two to five-year period. Survey data were collected in the four cities between 2009 and 2017. Demographic data on children’s and other household members’ heights and weights, behaviors, and perceptions of community environment were collected using computer aided telephone interviews in English and Spanish.

A longitudinal home address database was used to identify and track the change in location of the children’s home address during the study, and all addresses were subsequently geocoded. The food environment around a child’s home was calculated for each month between the two timepoints using the home address and the data on community food environment. The predictor variable was constructed using geocoded addresses of all residencies. Origin-destination matrix, numbers of food outlets up to a one mile-buffer in the child’s residence, and number of months between time points were used to conduct the analysis. Differences in average monthly counts between the two timepoints were taken to determine change in food environment over time. Proportional-

odds cumulative logit regression models were used to assess distance and length of food environment exposure variables.

At timepoint one, 25% of children were classified as obese based on zBMI measurements (measure of relative body mass index adjusted for child age and sex), calculated using parent-reported height and weight. Weight change was measured between the two timepoints using three weight change categories. zBMI did not change in 41.2% of children, decreased in 33.6% of children, and increased in 25.2% of children.

In addition, food outlets were categorized based on previous literature as supermarkets, small grocery stores, convenience stores, pharmacies, full-service restaurants, or limited service restaurants. This study found that if a convenience store was added within 24 months after the first time point, the child had 11.7% higher odds of having a higher zBMI ($P=0.007$). This relationship was statistically significant ($P < 0.05$) when convenience stores were examined within a one-mile radius (where confidence intervals are smaller due to a higher prevalence of change) for all time periods of exposure, and the pattern was consistent across models representing other distance/length of exposure combinations. Statistically significant evidence suggest children were less likely to have increases in zBMI scores with exposure to small grocery stores compared to other types of food outlets.

Increased exposure to convenience stores was associated with less healthy weight changes (higher zBMI) in children over time and provides evidence of the link between unhealthy outcomes and closer distance to convenience stores. Children's exposure to nearby small grocery stores, which contained healthier food, over time observed less increase in zBMI change. The findings provide evidence for improving the food environment by increasing access to food outlets like small grocery stores in low income communities which may impact childhood obesity in communities with unhealthy food environments. This may inform food environment policies needed to address childhood obesity in low income communities in other areas of the United States.

Citation:

Ohri-Vachaspati P, Acciai F, Lloyd K, Tulloch D, DeWeese RS, DeLia D, Todd M, Yedidia MJ. Evidence That Changes in Community Food Environments Lead to Changes in Children's Weight: Results from a Longitudinal Prospective Cohort Study. *J Acad Nutr Diet.* doi.org/10.1016/j.jand.2020.10.016 ◇

Illustration: Gerd Altman at Pixabay.com

Reflections from the JJ side

JUSTICE AND THE ART OF COMPASSION



By Felix Brooks Jr., MS-Staff Writer

To say that the year 2020 was an eventful year would be a gross understatement. I cannot remember another year in my lifetime where a combination of social and natural forces intersected in such a meaningful way. The closest

approximation I can think of would be 1968. In that year we lived through protests to the Viet Nam War, marches and sit-ins for Civil Rights, the Women's movement, and a series of prominent assassinations. Like 2020 there was a real fear that society was coming apart. Many believed our experiment with democracy was about to come crashing down. Yet somehow at the end of the day the republic survived. Some would argue we became a more just society.

In 2020 the same fractures we saw in the 60's came out of the shadows once again. The movement for Black lives led to mass protest that spanned the entire country. The video tapped killing of George Floyd by a police officer led to a multiracial outpouring of concern. The seeming lack of compassion shown by the police stood out as a marker for our ailing society. At the same time, the world was battling COVID 19, a virus that has been both silent and deadly. As of this writing 300,000 Americans have fallen victim to the pandemic. Many would argue that a failure to grasp the urgency of the virus has cost many Americans their lives. A seeming lack of compassion from those in leadership and around the country has led many Americans to ask whether our belief in exceptionalism is the stuff of myths.

For those of us in the justice system this time is an opportunity to reimagine how we do our work. The BLM movement and COVID have put pressure on existing systems in ways that have forced institutions to rethink not only the overall structure of the system, but also how to best deliver services. This is particularly true for those working with youth. What would a different juvenile justice system look like? What should be its main focus? The paradigm shift should be toward treatment rooted in compassion, services rooted in helpfulness, relationships supporting the positive development of youth. We have spent far too long thinking punishment would be our savior. That road has led us to soaring budgets and reoffending rates that have served neither the youth nor community.

We have an opportunity to make fundamental changes and we should take it. It is only when we see the humanity in young people that we can begin to address their issues. The benefit is a win-win for both the young person and the care giver. We know that when young people believe we care, they respond differently to our attempts to work with them. Compassionate care should be at the center of all training programs for both leadership and staff. If we truly want better outcomes we should invest in the best evidenced-based modalities, while training our staff to deliver those programs with compassion. This will require intentionality on the part of leaders and staff. At the end of the day the positive effects will accrue to both practitioners and youth.

As we move into 2021, serious thought should be given to how the system approaches youth and what kind of outcomes, both in terms of positive behaviors we would like youth to accomplish as well as negative behaviors we would like them to avoid. Compassion is a gift that costs us nothing. All that is needed is a commitment on the part of all those involved.

For a deeper dive into this issue, [I recommend this podcast link.](#)

Photo: truthseeker08 at Pixabay.com

OH CANADA!



By Susan Hunt, CYC-P / Staff Writer

Breaking Down Barriers To Post-Secondary Education

Following in the footsteps of Mount Saint Vincent University in Nova Scotia, Memorial University in St John's, Newfoundland and Labrador, will now also be offering free tuition to students from the foster care system. Beginning in spring 2021, twenty students who are formerly from foster care will receive free full undergraduate tuition for a maximum of 4 years and up to 8 semesters. Similar to the tuition-waive announced by Mount Saint Vincent University earlier in November, eligible students need to have lived in foster care for at least one year. Both universities report that the programs are intended to break down societal barriers to help make education more accessible to all youth, including those from diverse backgrounds.

The Canadian Press. CTV Atlantic News. 2020November26. (Retrieved from: [Following Mount Saint Vincent, Memorial offers free tuition to former foster kids | CTV News](#))

First Trauma-Informed Daycare Announced in Canada

With money raised by the United Way, the Little Phoenix Daycare Centre in Victoria, BC will be Canada's first trauma-informed daycare; expected to provide a safe space for young children who have experienced trauma.

Partnering with the School of Child and Youth Care at the University of Victoria (UVIC) in the design of the daycare, Alison Gerlach, Professor at UVIC explains that; "(The daycare) is an opportunity for us to, not only support children who for whatever reason are experiencing stress and trauma in their lives, but also to make a valuable contribution toward supporting the design and delivery of other trauma-informed daycares in B.C. and Canada" ([Trauma-informed daycare will be first in Canada | The Kingston Whig Standard \(thewhig.com\)](#)).

The daycare is intended to help young children who have experienced trauma by providing "wraparound services" to address immediate needs and provide support through a collaborative approach of trauma counsellors, art therapists and other childhood experts. Furthermore, several other organizations have joined alongside the United Way to support this initiative and raise money for the completion of this project. Family Services of Greater Victoria and the Victoria Immigrant and Refugee Centre Society (VIRCS) are two of those agencies; with David Lau, VIRCS Executive Director, describing the value that, "innovative social programs (like this one) are often the result of organizations working together" ([Trauma-informed daycare will be first in Canada | The Kingston Whig Standard \(thewhig.com\)](#)).

References

Luymes, Glenda. The Kingston WHIG Standard. 2020October03. (Retrieved from: [Trauma-informed daycare will be first in Canada | The Kingston Whig Standard \(thewhig.com\)](#)). ◇

Now Hear This:

SUPPORT THE CYC COMMUNITY!



CYCCB is the Child & Youth Care Professional Community raising standards and improving practitioner competence.

Over the past 12 years CYCCB has significantly taken this work forward (Read More Below).

To accomplish the next benchmarks, we need your help. Think of us when you make charitable contributions this season.

Our efforts are essential to the future of young people, families, & practitioners.

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CONFESSION OF A CHILD P.O.W.

By Michael Mitchell, MAT

(Continued from the CYC Advocate, Fall 2020)

[Editor's Note: This installment is continued from the Summer and Fall 2020 issues of the CYC Advocate. Past issues of the CYC Advocate can be accessed at acycp.org. Autobiographical case studies, as with journaling, may have therapeutic benefits.]



Much of my family's background was narrated to me as my mother's sole confidant. To this day, my siblings are unaware of much of the events contained in this case study. They also have almost no memory of any of these incidents first-hand, due to their very young age at the time. One sibling, the "lost child," has little to no memory of their first 20 years of life and may suffer from Dissociative Identity Disorder (DID).

The economic stress of trying to stretch a laborer's wages to cover a middle class lifestyle caused my stepfather to take a weekend part-time job to try and meet my mother's income expectations. He did this for several years until the physical demands became unsustainable. He was adamant that my mother remain a stay-at-home homemaker.

The domestic violence reached a zenith on Christmas Day evening, when I was 16. After preparing a holiday dinner for 16 family members and friends, my mother fell asleep on the living room couch exhausted and intoxicated. Unable to rouse her to go to bed, my stepfather went into an apoplectic rage. He ordered me to get my siblings out of bed, declaring that he would "...kill the entire family and throw all the Christmas presents through the living room window." Although terrified almost to the point of panic, I persuaded him to let me get my mother to bed. Fortunately, he relented and I was able to defuse the situation without anyone being injured. Thankfully, there were no firearms accessible in our home, as I know I would have killed my stepfather to save my family.

Seeking some form of shelter from the fear of repeat confrontations, I escaped into hobbies and mental fantasies. This took concentration and time away from my school studies, where I performed well below my potential. Being constantly on guard to rush into rescue mode at a moment's notice, I developed digestive issues and other physiological maladies associated with acute stress. My mind frequently returned to thoughts of suicide, but I never made any attempt, for the same reason I never tried to run away, such was the nature of my incarceration.

The threat of this kind of explosive rage hung over my daily family life until I fled to college. Although accepted to the University of Wisconsin-Milwaukee, within walking distance of our house, I was advised to go away to college in another part of the state. This decision brought its own stressors, both financial and emotional. Although I was physically distant from my family, my daily concern for their welfare was never far from my mind. As with high school, my academic performance here was inconsistent and sub-par as well.

During this period my mother's alcoholism grew worse, leaving my stepfather feeling even more powerless and resentful. It is well established that alcoholism is a trans-generational illness. The roots of my mother's familial struggle were embedded in Prohibition and later state "blue laws", both of which had an opposite impact on the consumption of hard spirits. These restrictions resulted in the proliferation of backwoods distilleries for "moonshine" whiskey. The more forbidden its consumption, the greater became its allure. The economic and personal stresses of the Great Depression and World War II, gave additional incentives to its production and consumption, at all levels of society, not just in the rural areas.

Mental health issues have also come to be associated with substance abuse. During my mother's adolescence, my maternal grandmother had a mental breakdown, resulting in a period of institutional rehabilitation. It is unclear whether this was before, during or after my maternal grandfather's divorce from his wife. The social stigma of divorce at that time alone, might have brought on this crisis. The impact of this double dilemma on my mother's adolescent development is not entirely clear. From other indicators, I suspect it left her feeling abandoned and persistently anxious. This may have later played a role in my mother's attempt to take her own life. This act of desperation came shortly after her mother refused to let her accept a full-board dramatic scholarship to the University of North Carolina. Instead, she was sent to clerical school, after graduating junior (2 year) college. Although this decision was to prove pragmatically wise, it left my mother devastated and deeply angry.

My relationship with my stepfather took a decisive turn when my mother filed for divorce. To help out financially, I withdrew from my last semester of undergrad studies and moved back home. After narrowly being beaten in a confrontation with my stepfather, he asked for a conference with the divorce court commissioner. Finally, safe from his physical threats, I narrated our family history as dispassionately as I could. To his credit, my stepfather dropped his objection to the divorce and moved out. Although I had planned to help provide financial support, my mother's persistent intoxication made collaboration untenable. I moved out, leaving my menopausal mother and newly adolescent siblings to fend for themselves. Having to choose between my own stability and that of my family left me devastated with deep feelings of guilt.

POSTSCRIPT

It has only been in the latest years of my life that I have been able to honestly reflect on the full developmental impact of my personal history. At many times it has felt, as Winston Churchill once said, that my life was "...a riddle wrapped in a mystery inside an enigma." This condition will be explored more in the clinical analysis of this study to follow.

In all honesty, I must acknowledge that there were people around me who kept me from ending up in juvenile corrections. Teachers, friends, extended family members, therapists and others seemed to magically appear in my young life at the most critical moments (and still do). I will be eternally grateful to each and every one of them for their respective contributions, which kept my life from going completely off the rails although the tracks ahead would prove to be badly laid and difficult to traverse in retrospect. No one was more profoundly impactful in helping me recognize and address my childhood demons, than my first life-partner, who passed away in 1992. His affectionate support sustained me throughout my first round of therapy and beyond.

It is very disconcerting to look back on one's life, thinking it to be one thing, only having to discard one delusion after another. Although coming late in life, it is however, a healthy process; mentally, emotionally, and spiritually. Reviewing my life as a case study, has enabled me to put individual events into a larger, more integrated context. It would serve no meaningful purpose to go into an inventory of maladaptive decisions and behaviors, which characterized the course of my life, especially my adolescence. However, the research application overview to follow, may prove beneficial to readers and experiencers.

In addition to what I learned in therapy, I can say that it was a watershed event when, at 32 (the age my mother was at the time of her re-marriage), I realized that I was still reliving my childhood through the perspective of a 10-year-old adoring child. This created in me a profound paradigm shift, which enabled me to progress on my path to recovery.

A second epiphany occurred in my late 40's when I deeply reflected, not on my own maltreatment, but on that experienced by my mother and step-father. As if almost struck speechless with revelation, I was so overwhelming with compassion and empathy, that I was filled beyond description with forgiveness for what they had endured and how they painfully struggled in life.

Both of these realizations helped me to embrace a profound truth, which has made sincere and enduring forgiveness possible: my parent figures could not give me what they could not give themselves.

These self-reflections were also complicated by the knowledge that others have endured far worse. However, I now understand that this can be a false equivalence, as each person is a unique product of genetics, environment and experience. Even within the same birth family, what bruises one child may break another, depending on birth order, gender, stage of maturation, type of abuse and severity to name just a few determinants.

AN INFORMED ANALYSIS

Case studies seem to fall into one of two categories.

The first type is first person, subjective and mainly anecdotal. Regardless of their format, they are often highly descriptive. These are very relatable, compelling, and integrated, sometimes painfully so. One such example is Bruce D. Perry's *The Boy Who Was Raised As A Dog*. However, findings are often not applicable beyond the individual subject.

The second type is third person, objective and clinical in nature. The primary characteristic of this type is its focus on clinically verified phenomenon. This makes them applicable to large populations through a dispassionate narrative. They also can help form a hypothesis for research studies. However, by their very nature they can be somewhat "dry" reading for the average CYC practitioner.

It is hoped that this narrative will fall somewhere in between these two models, as it moves into more clinical aspects of human development in the next installment. This case study will conclude by touching on Complex PTSD (C-PTSD), the role of dopamine in the brain, and the impact of trauma in adolescent behavior. ◇

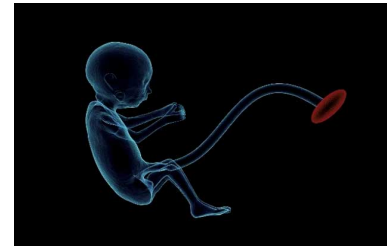
To Be Continued In The Spring 2021 Issue Of The CYC Advocate...

Photo credit: Gerd Altman at Pixabay.com

What About Me?...Self-Care When You're Giving It Your All

VAST MAJORITY OF PREGNANT WOMEN WITH COVID-19 WON'T HAVE COMPLICATIONS, STUDY FINDS

[Editor's Note: The following is reprinted with permission and gratitude to the National Institute of Health-Director's Blog [Dr. Francis Collins, MD] (NIH) and was first posted in December 1, 2020. Stay safe and well by using anti-COVID-19 CDC protocols. Photo by Raman Oza on Pixabay.com]



Expectant parents have enough worries without a pandemic. New research may offer hope. A study looked at 3,300 moms-to-be in Texas. Most were Hispanic and African American – two groups hit hard by COVID-19. From March to August, 252 tested positive for COVID-19 during their pregnancy. Nearly all, 95%, had no symptoms or mild symptoms. All survived. Results also showed no increase in pregnancy complications. There was also no sign of impact on the placenta. Finally, only 3% of infants born to these mothers during the study tested positive for the virus. Still, expectant mothers should take all measures to protect themselves against COVID-19.

[READ MORE](#)





Every Stigma That's Old Is New Again: The Coronavirus, HIV, and Junk Science

[Editor's Note: The following article makes a very informed comparison between the AIDS health pandemic outbreak in the 1980's and today's COVID-19 pandemic. I lived through the AIDS epidemic in Chicago and was affected very directly by it, having lost my first life partner and countless friends to this terrible disease. It is still painful to recall how many people, especially religious leaders and conservative political representatives, said that HIV/AIDS was God's punishment for being homosexual. If this ever had any credibility in anyone's mind, I can only ask now: What is COVID-19 punishment for?]

By Heather Boerner

[Editor's Note: This article is reprinted with thanks to the author and to The Body, where it was first posted on February 6, 2020. To subscribe to The Body, go to <https://www.thebody.com/>]

It's the early, panic-inducing days of a new virus. People who may have been exposed are quarantined. Americans are being asked to keep their distance from others, just in case someone has been exposed to the virus and doesn't show signs of infection yet. There are scary reports of deaths from the virus, and uncertainty about how it spreads—and so, just to be safe, people are buying masks.

Sound familiar? In the early days of the AIDS epidemic, the panic was similar.

It may be hard to remember now, but there was a time between the discovery of the "gay cancer," Kaposi's sarcoma (KS), and the discovery of HIV, which destroys the immune system if left untreated and leads to AIDS-defining illnesses (KS among them).

But it was in those months and years when the most harmful myths about HIV that still persist were born: that you can get HIV from spit (2019, anyone?); that it was carried primarily in the air and saliva, and therefore people wanting to protect themselves from HIV shouldn't share toilets or utensils with people living with the virus; that HIV was man-made; or that HIV itself doesn't cause the virus and that something else does.

These beliefs led to dehumanizing treatment of people living with HIV, such as keeping them in quarantine. Loved ones were required to don gowns, masks, and gloves when they visited—visitors were even prohibited from touching their dying loved one. Medical professionals refused to treat people living with HIV, and sometimes roommates kicked their friends with AIDS out of their apartment, so afraid were Americans of HIV spreading.

It turned out that researchers identified HIV as the cause of AIDS in 1983, years after people had first developed AIDS. They also discovered that HIV was sexually transmitted, and that there was no reason to quarantine or avoid contact with people living with AIDS. But in that lag time, rumors spread that had homophobic and racist tinges to it. Today, in 2020, we are watching a similar event happening again—and this time, the harmful rumors include a link between the novel coronavirus (2019-nCoV), which is causing an outbreak of severe respiratory symptoms in China, to HIV around the world. ◇

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HELP IS HERE!

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If you need immediate help, call the CYC Office (979) 764-7306. They can answer most questions and provide you with necessary forms.

If you need more, attend one of our webinars. The webinars will be focused on whatever issues are brought to the session relating to certification completion. If you need more help than can be offered during the hour session, a resource person will be assigned to you who can stay involved until you get your application filed.

Go to this [link](#) to sign up. You will receive an email confirming you are signed up. The day before and the day of the webinar we will contact you with instructions for how to join the webinar.

You will need a computer with high speed internet access. You can either use headphones at your computer or call-in using a phone. Certification staff will be available during the webinar to answer your questions.

If you have questions, please contact us at (979) 764-7306 or CYCoffice@YouthWorkAcademy.org. There is no charge for attending the webinar. Your phone company may charge for the phone call.

CYC Certified practitioners renew their certificates every two years. Beginning in 2019 a \$50 late fee is due for anyone not renewing before the deadline. The deadline is the month and day the certificate was issued on a two year cycle (if your certification was issued on July 1, 2018, your renewal due date is before July 1, 2020). The renewal process is simple and can be accessed by visiting www.cyccb.org and going to the RENEWAL tab.

Webinars are all scheduled at:

3:30 - 4:30 PM Newfoundland
3:00 - 4:00 PM Atlantic
2:00 - 3:00 PM Eastern
1:00 - 2:00 PM Central
12:00 - 1:00 PM Mountain
11:00 - 12:00 PM Pacific
10:00 - 11:00 PM Alaska

Webinars will be held once-a-month on the following Wednesdays in 2020:

February 10, 2021
March 10, 2021
April 14, 2021
May 12, 2021
June 9, 2021
July 14, 2021
August 11, 2021
September 8, 2021
October 13, 2021
November 10, 2021
December 8, 2021

See you there! ◇

The Other Half of the Job

SBA LAUNCHES ON-LINE RESOURCE FOR WOMEN-OWNED BUSINESSES

[Editor's Note: The following article is reprinted with permission and thanks to the U.S. Department of Labor (DOL) and the Small Business Administration (SBA), in recognition of the many women-owned CYC businesses within the CYC community of care spectrum.]

SBA has announced Ascent, an interactive digital platform packed with resources women business owners need to set, and achieve, their business goals. Ascent is designed for the "missing middle" — growth-oriented women entrepreneurs who are beyond the start-up phase and already generating revenue yet looking to grow and scale. Most learning resources for business owners focus on either start-ups or mature businesses. Ascent is here to change that!

During these challenging times, SBA's Ascent can also help you elevate your business with research-backed tips and strategies. Within Ascent, you can examine both internal (strengths and weaknesses) and external factors (opportunities and threats) that may have arisen because of COVID-19 to help you set up a comprehensive recovery strategy. And Ascent is a resource you can turn to again and again, as your business grows and your needs change.

Join the Ascent today at Ascent.SBA.gov

Ascent was created through a joint initiative between the White House, the U.S. Small Business Administration (SBA), the U.S. Department of Labor's Women's Bureau, and the U.S. Department of the Treasury. Bringing these agencies together provides Ascent users with unique access to a wealth of knowledge and expertise not found anywhere else.



ANNOUNCING
ASCENT

The online learning platform that is packed with resources women need to set and achieve their business goals.

JOIN the  **ASCENT**
elevate your business

The Accidental Practitioner

A TRANSFER OF LEARNING APPROACH TO CHILD AND YOUTH CARE PRACTICE



By Dale Curry Ph.D., Professor Emeritus, Kent State University-Staff Writer

Transfer of learning (TOL) as an academic concept which dates back to the beginning of the 20th century when E.L. Thorndike conducted a series of studies exploring factors affecting TOL (Detterman, 1993; Thorndike, 1903; Thorndike & Woodworth, 1901). TOL refers to whenever existing knowledge, skills, & feelings affect the learning or performance of new tasks (Cormier & Hagman, 1987; Curry et al., 2013; Flieshman, 1987). TOL is so pervasive in everyday living that it is often taken for granted. For example, learning how to open a door in one room typically enables one to open doors in many other rooms (an example of positive TOL).

Yet, sometimes prior learning can interfere with learning in new situations and result in negative TOL. For example, I once took an elevator to the basement floor of a hotel so that I could use the fitness center but the elevator door in front of me that I expected to

open (based on my prior learning experiences) did not open. It took me quite a while to realize that the elevator doors behind me opened on the basement floor.

Because TOL can be so impactful and pervasive, we often assume that it naturally occurs. Yet, research exists suggesting there are numerous factors that can adversely affect transfer of learning (Curry, 1997; Curry et al., 1994; Curry et al., 2005). For example, child and youth care (CYC) trainers sometimes express frustration when co-workers or supervisors fail to support and occasionally suppress new learning from training on the job. CYC practitioners who conduct social skill and/or independent living training groups for young persons sometimes fail to provide sufficient practice for learning to “take hold” prior to potential use. Similarly, parent educators sometimes expect parents to apply new learning such as communication skills without sufficient practice, feedback, and ongoing support. Goldstein, Lopez, & Greenleaf (1979) asserted that the many established treatment approaches are implemented in ways that are contrary to TOL principles and research findings; thus, hindering treatment effectiveness.

Child and youth care (CYC) practitioners can harness the power of TOL with purposeful intervention within the life space. More than a century of research exists to serve as a guide. A number of these principles are summarized for CYC practitioners who train ethics and independent living skills (Curry, 2006; Curry & Munoz, 2010). Four of these are listed below.

Identical Elements-the degree of similarity between the learning and transfer contexts determines the extent of transfer. A couple implications of the principle include:

1. Use examples that are as similar as possible to the ones that the learner will typically encounter.
2. Help learners cognitively store information with retrieval of information in mind.

General Principles-when general rules or principles that underlie the subject matter are taught.

1. Train underlying principles/concepts. For example, the Texas Training Project: Preparation for Adult Living Supervisor Training and Empowerment Program emphasizes four underlying doctrines: (1) positive youth development, (2) collaboration, (3) cultural responsiveness, and (4) permanent connections (Scannapieco, Connell-Carrick, & Steinberg, 2010).
2. Utilize parallel processing. For example, a CYC may compare how their own development toward becoming an independent practitioner yet one connected to colleagues is similar to how a young person’s development of independence and interdependence with others.

Stimulus Variability-the importance of using a variety of stimuli (e.g., examples, situations, cases).

1. Use a variety of examples to strengthen a learner’s understanding. For example, when teaching how to initiate a conversation, provide scenarios that involve a variety of different contexts in which a young person is likely to encounter.
2. Provide examples of when and when not to apply a newly learned principle.

Response Availability and Conditions of Practice-strategies that promote the tendency to use a learned skill at the appropriate time and place.

1. Provide opportunities for practice and feedback during formal instruction as well as within the varied life spaces. This could include coaching in the school or home environment as well as in a youth work setting.

2. Practice key competencies to the level of “automaticity.” Overlearn certain skills to the point where very little conscious memory is needed so that conscious thinking can focus on other important areas such as self-monitoring. For example, it is usually insufficient to just “talk about” skills such as paraphrasing. It is crucial to practice, practice, practice! Overlearning key skills like paraphrasing frees up short-term conscious memory so that one can also focus on other aspects of the context such as the non-verbal responses of young person.

A TOL approach to CYC practice should also include an intentional focus on self-learning and application of learning. A CYC practitioner’s prior learning (existing knowledge, skill, & affect) can influence new learning situations in a variety of ways. For example, one’s knowledge of behavioral guidance techniques can be helpful for coaching parents. However, a learned attitude that views parents as “problems” can interfere with effectiveness. Some life experiences we overlearn (e.g., family rules and expectations; culture) because of repetition and we lose conscious awareness of what we have learned—we take the learning for granted. This “unconscious learning” can sometimes help and sometimes hinder our CYC effectiveness. For example, having learned positive relationship and communication skills from our family life can transfer to positive relationship and communication skills with the young persons with whom we work. Although these communication and relationship skills may be learned by the young persons through observation and modelling, it may be difficult for a CYC practitioner to intentionally teach and verbalize these skills in a formal group session because the CYC may not be aware of the specific skills to include in an instructional plan. Cultural and family biases that remain out of the awareness of the CYC may also unknowingly transfer to the job.

A significant amount of learning also occurs from both the formal and informal culture of the CYC program. Program procedures typically originate from “best practices” but unless there is periodic review, they can sometimes become routinized to an extent that they can have negative consequences.

Highly trained and experienced practitioners usually have the knowledge and skills to appropriately handle most situations that arise. However, even with high quality education, training, and significant CYC experience, a CYC practitioner may still fail to access from memory the appropriate knowledge and apply that knowledge at the appropriate time. Much of our learning can go unused without an intentional approach to our own TOL. Having a daily and long-term TOL plan is one useful strategy. Asking oneself a few TOL questions could be part of a plan.

How can I apply what I learned today? How does this relate to what I already know? In what contexts does this apply/not apply? What general or underlying principles are involved? What kind of support do I need to apply? How would someone else (e.g., my supervisor, colleague) apply this? How and when can I practice this new skill? How do I adapt this to my situation? How do I avoid misusing this new learning (negative transfer)? What do I plan to apply today?

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ACYCP: IT'S NEVER TOO LATE TO DONATE!



Did you know that ACYCP is an all-volunteer 501(c) 6 (U.S. Tax Code) organization?

Every year those associated with ACYCP donate thousands of hours in service to the organization, to benefit the child and youth care professionals which it serves. Many also dig down into their own pockets to cover travel expenses, accommodations and other expenditures needed to complete strategic tasks, like the annual Board meeting, in service to our Vision and Mission Statements.

In addition, there are the scholarships, awards, and grants, which ACYCP bestows annually to deserving recipients within ACYCP and across the profession at large. In trying to return maximum value to our members, we try and keep dues as low as possible, while keeping membership value high.

We also need to contract with commercial services to help us with those technical and specialized skills, which we're unable to cover with our volunteer resources. Database management, website design and hosting, on-line publication distribution, and membership dues to allied organizations, are just a few of these many expenditures. This leaves little left over to cover daily operating costs or special projects.

That's where you can help us carry the financial load.

Please donate to ACYCP today!

You can give today or include ACYCP in your estate planning. You can make a donation on behalf of yourself, in honor of someone else, or on someone else's behalf (gift?)- your choice! Make your donation online (below) or send your check or money order to:

ACYCP
P.O. Box 510423
Milwaukee, WI 53203
OR
<https://www.acycp.org/donate>

Please feel free to share this information with other ACYCP and CYC friends.◇

ACYCP Certification in Review

**HERE'S HOW YOU CAN BECOME AN ACYCP
CERTIFIED CHILD AND YOUTH CARE
PROFESSIONAL...IN FIVE EASY STEPS!**



[Editor's Note: You've come this far and you have great plans for the future, so of course you can do this! Help is available at every step of the way. Go for it!]

The Child & Youth Care Certification Board provides an assessment process and certification to child and youth care practitioners who demonstrate their commitment to high standards of care and commitment to ongoing competence development. The CYC certification program is the most rigorous demonstration of competence in the field. Steps in the Certification Process: CYCCB uses a multi-method approach to competence demonstration. Certification is awarded to candidates who successfully demonstrate their CYC competence through completion of all the steps listed below:

1. STEP ONE – CHOOSE LEVEL

Determine which certification level best describes your experience, training/education and level of competence. Choose the highest level at which you qualify. Practitioners can apply at any of the three CYC certification levels: Entry(CYC), Associate (CYC-A), and Professional (CYC-P). It is not necessary to complete certification at a lower level before applying at a higher level. The Entry and Associate Levels are not available in Canada.

2. STEP TWO – TEST

Schedule and complete testing with a passing score. Practitioners are typically able to pass the situational judgement exam at the highest level for which they qualify.

3. STEP THREE – COMPLETE APPLICATION

Complete an application form for the level chosen and provide supporting documentation. This includes documenting: 1) minimum requirements of education, experience & training; 2) provision of colleague references & supervisor assessment; 3) proof of membership in a professional association; 4) agreement to abide by ethical standards; and 5) confirmation of eligibility to work with children, youth & families.

4. STEP FOUR – COMPLETE PORTFOLIO

Complete a written portfolio (professional level only).

5. STEP FIVE – RENEW CREDENTIAL

Renew certificate on a two-year cycle.

Application Forms: Each certification level has its own set of application forms. Use the forms for the level you choose. Downloading forms from the CYCCB website assures you are using the most up-to-date editions of each form.

Fillable PDF forms can be downloaded into your device. These allow you to easily type your responses in the fillable blanks on the forms using a keyboard. These can be sent to CYCCB either electronically or printed and sent by mail or scan. Please change the file

name so we can identify the form as yours (i.e., e-Associate Level Application Jane Smith.pdf). Be sure to keep a copy of the file for your records.

CYCCB encourages individuals seeking employment to research the education and experience requirements of prospective employers as they vary by region and organization. Many offer increased opportunities and benefits to CYC certified practitioners.

CYC Certification levels are recognized by the Council on Accreditation (COA) as qualification for many positions. Check the standards that apply to your program at the COA website.

If you are interested in learning more about accreditation for academic programs, visit the Child & Youth Care Educational Accreditation Board of Canada. CYCCB is a founding supporter of the CYCEAB.

All of this information and much more is available at the [CYCCB Website](#).

Now Hear This

PUBLIC PERCEPTIONS OF YOUTH WHO COMMIT SEXUAL OFFENSE IS SKEWED RESEARCH SHOWS

By Kristan N. Russell, Ph.D. and Shawn C. Marsh, Ph.D.

[Editor's Note This article is reprinted with permission and thanks to the Juvenile Justice Information Exchange (JJIE) Weekly Newsletter, posted January 14, 2021. To subscribe, go to: <http://jjie.org/>.]

Few crimes stimulate such visceral reactions and deep-seated fears as sexual offenses. Accordingly, societal responses to sexual offending such as registration and notification laws tend to be quite punitive and highly stigmatizing for the offender. Yet these social control practices are widely considered by the public to be essential for community safety.

However, given lessons learned about the linkages between moral panic and legislation in other justice contexts (e.g., juvenile "superpredators" and waiver/transfer laws), we question the degree to which public perceptions about the characteristics of persons who commit sexual offenses are accurate — particularly of juveniles who commit these types of offenses.





Kristan N. Russell



Shawn C. Marsh

Specifically, we ask: If public sentiment drives public policy in a democracy, how accurate is the information they are basing their perceptions/attitudes on that ultimately frame legal responses to these juveniles? We propose here that the larger societal understanding of and reaction to youth who have committed a sexual offense has been disproportionately severe in comparison to the risk posed by these youth and what we understand about youth development and resiliency.

Our findings from a pilot study exploring public perceptions of these youth suggest practice and policy reform efforts should continue to incorporate a substantial public education and prevention component.

Current responses

Over 200,000 individuals on a sexual offense registry are there as a result of sexual offenses they committed as a youth. Many of these registrants have been incarcerated or placed on probation due to their offense and are trying to re-enter and function successfully in society. Registration requirements often include limitations on where one can live, restrictions on computer and internet access, participation in mandatory treatment and following various reporting and notification procedures (e.g., local law enforcement, neighbors).

While these responses are often presented in the spirit of accountability and community safety, they have a substantial stigmatizing effect and potentially disrupt protective factors (e.g., introducing challenges to securing employment). These collateral consequences have been a major focus of research and efforts to reform and better design responses to this category of offense.

Offending trajectories and interventions

Youth tend to follow adolescent-limited sexual offending trajectories, meaning they no longer offend with little or even no intervention as they age and mature into adulthood. Longitudinal research concerning this population demonstrates that around 5% or less commit another sexual offense and juvenile offending is not predictive of adult offending. Further, paraphilia (e.g., highly deviant and persistent sexual attraction to very young children) is rare in juveniles.

Thus, fears that most juveniles who commit sexual offenses are doomed to be dangerous/predatory, persistent and lifelong offenders are unfounded. When intervention is required for sexual offending, research strongly suggests that community-based, education-focused and developmentally informed wraparound programs are preferred strategies for youth.

Our pilot study

We surveyed 159 adults 18 years or older recruited via Amazon MTurk in February 2018 as part of a larger research project exploring how various groups perceive the characteristics of youth who commit sexual offenses. The respondents were primarily male (63.9%), identified their race to be white/Caucasian (65.4%) and had a mean age of 32.63 years (range = 20-61 years). Consistent with our hypothesis and prior work in this area, we did find that on average, public knowledge about juveniles who commit sexual offenses is inaccurate. Based on a series of one-sample t-tests (which compare the means of the groups for statistical difference), respondents significantly overestimated the percentage of juvenile arrests that sexual offenses account for (mean estimate: 26.17%, actual: 1.03%), likelihood of reoffending as a juvenile (mean estimate: 41.91%, actual: 9.9%) and likelihood of reoffending as an adult (mean estimate: 49.56%, actual: 6.5%). [Emphasis added.]

Juvenile sexual offending rates have been consistently declining in recent decades. However, approximately half the respondents (50.95%) in our pilot study believed that juvenile sexual offending rates were on the rise. Only a small portion (13.38%) believed juvenile sexual offending rates were on the decline, while the rest of the sample (35.67%) believed they have remained the same across the last decade. [Emphasis added.]

We also found that respondents differed in their estimates based upon political affiliation. Early evidence suggests that those who self-report as Democrats or independents may have more conservative estimates of juvenile sexual offending and reoffending rates in comparison to those self-reporting as Republicans though these results need to be further explicated using a more robust sample. Though exploratory, this initial data suggests a disconnect between public perception of juvenile sexual offending and reality. If it's harder to successfully reintegrate juveniles who commit sexual offenses due to the public's stigmatized attitudes and behavior, it is imperative that we identify and better understand the factors that contribute to misperceptions.

Future research

Although a small pilot study sample, our findings do hint at the value of future research efforts to better understand the interplay between public perception and policy realities. These efforts should aim to validate the form and function of disconnects between data and practice to allow for evidence-based tailoring of public education and persuasion (i.e., attitude change) campaigns. Factors such as political beliefs and justice orientation may be particularly productive to explore in this context. We are currently developing a more in-depth study to explain the relationships between these and other important variables.

If we assume public policy is indeed "public" in that it is not only designed to benefit our larger society, but is driven by that larger society, then as scientists and evidence-based practitioners we should be eager to ensure the public has correct information on which to base their perceptions. Even though the primary sources for much of juvenile sexual offending are immaturity, lack of understanding around sexual consent and other social

deficits, current responses are often punitive in nature and fail to address the educational and therapeutic needs of these youth. This disconnect arises in part from misperceptions of their openness to treatment and likelihood of recidivism, which can lead to harsher sentencing and discriminatory treatment. We must also focus on destigmatizing youth by avoiding the use of labels (e.g., "sex offender") and diverting youth from public registry requirements when possible and appropriate.

Ultimately, we propose better long-term outcomes can be achieved if we focus on rehabilitative approaches (e.g., therapy, social skills training) and prevention efforts (e.g., comprehensive sex education, early identification) to address sexual offenses in youth in lieu of current retributive practices (e.g., detention, registration). We join myriad others in our call to meaningfully engage society, practitioners and justice professionals in efforts to address the misperceptions around juvenile offending, given their likely contribution to the stigmatization and use of overly punitive justice responses with low-risk youth.

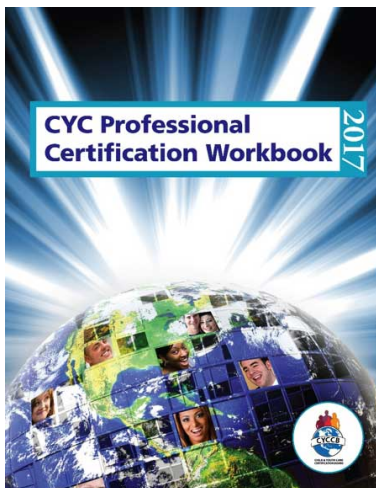
We believe that so far the field has paid too little attention to the negative collateral consequences this population has incurred as a result of these problematic offender registration practices and other related responses.

Kristan N. Russell, Ph.D., is assistant professor of justice studies and research scientist in the Texas Juvenile Crime Prevention Center at Prairie View A&M.

Shawn C. Marsh, Ph.D., is director of judicial studies and associate professor of judicial studies, communication studies and social psychology at the University of Nevada, Reno.

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CYC PROFESSIONAL CERTIFICATION WORKBOOK : GET IT NOW AND COMPLETE THAT CERTIFICATION TODAY!



CYCCB is pleased to announce that the long awaited *CYC Professional Certification Workbook* is now available. The workbook is designed to help child and youth work practitioners prepare and apply for professional certification (CYC-P) offered by the Child & Youth Care Certification Board.

It provides a wealth of information in an easy-to-use format. It includes information on the history of the CYC certification effort, characteristics of certified practitioners, the testing and application process, forms, costs, and sources for a wide variety of articles, publications, and professional development supports useful to CYC practitioners working in any setting. The sections on test preparation and the professional

portfolio offer sample exam questions and portfolio responses. Information about the Entry, Associate, and Professional level certifications is included.

The workbook is in response to the need for a one-stop source of information that addresses applicant questions and needs. Whether you are preparing for testing,

completing an application, or simply exploring how to improve your CYC knowledge and skills, this workbook is designed for you. The workbook is constructed with tabbed sections to make it easy to find answers for whatever certification related questions you might have.

The workbook is available from CYCCB for \$30 (which includes shipping costs).

[Order a manual at this LINK](#)

Resources in Review

HOW SCORE IS HELPING BLACK SMALL BUSINESSES COMBAT COVID-19 OBSTACLES

By Jeffrey McKinney

[Editor's Note: This article is reprinted with thanks to Black Enterprise and was first posted on December 28, 2020. This also recognizes that there are many sole-proprietor Black-owned CYC agencies, which struggle to remain viable businesses, especially during this pandemic. Learn more about SCORE

at: <https://www.score.org/about-score> and subscribe to Black Enterprise Magazine at: <https://www.blackenterprise.com/magazine/>]



Photo: Yiannis Kamatsos at Pixabay.com

COVID-19 keeps producing more turbulence for Black entrepreneurs, arguably the worst hit among small business owners by the pandemic.

Black proprietors are feeling the crisis in multiple ways not disclosed before. Those snares include being greater encumbered by remote work requirements, less likely to gain extended lines of credit or outside funding, and facing more difficulty attracting investors. The discoveries are revealed in "The Megaphone of Main Street: The Impact of COVID-19," a data report done by SCORE, which calls itself the nation's largest network of small business experts. The report includes an examination of Black-owned businesses, using data from a diverse group of roughly 3,500 U.S. small business owners, including Black entrepreneurs.

Simultaneously, SCORE aims to help businesses. It plans to launch a Black Business Owners Hub in February to provide more specialized resources for Black entrepreneurs. The effort will be similar to the Hispanic Business Owners Hub SCORE rolled out recently. Touching on the new findings, SCORE Vice President of External Relations Betsy Dougert provided this email statement to BLACK ENTERPRISE "During the pandemic, Black-owned businesses have been more likely to seek—but less likely to receive—both private and government funding, pointing to alarming systemic inequalities that have been baked into the financial system for years. Black small business owners are more than twice as likely as White small business owners to report they do not have a strong relationship with a community bank, and they are more likely to report lower credit scores, both of which put them at a disadvantage when accessing capital. SCORE is here to provide all entrepreneurs with free guidance and support to overcome these roadblocks and thrive, despite the odds."

Some of the report's top findings include:

COVID-19 and other health concerns disrupt Black owners far more than White business owners. Black business owners are about 91% more likely to have a direct relationship—family, staff, or themselves—with someone diagnosed with the virus.

Racial disparities with federal loans are stunning. The SCORE data showed that around 53% of Black-owned businesses applied for PPP loans, and 20% received the full amount. Conversely, nearly 48% of White-owned businesses applied, and about 64% got what they sought. The U.S. Small Business Administration (SBA) helped run the program for PPP loans. The disparity is telling as SBA data show over \$525 billion of loans were made since PPP started in April and closed in early August.

COVID-19 has walloped the bottom line at Black-owned firms, with only about 9% reporting profitability and growth. That figure was nearly 15% for White businesses.

The pandemic smacked Black businesses harder operationally. Some 45% of those firms found the need to work remotely since mid-March, versus 25% for White-owned firms.

Black businesses suffered other difficulties. They included being two times less likely than White businesses to get extended lines of credit. Black firms were over twice as likely to have staff infected by COVID-19 than White firms. See more findings here.

On the support front, small business owners can also visit SCORE.org to connect with a free, expert mentor who can help with financing, and help make their marketing strategy effective for the new year.

Entrepreneurs can find more free help at the Small Business Resilience Hub. Check out the SCORE on-demand webinar for re-strategizing your business plan to prevail during the pandemic. ◇

Now Happening

**DID YOU MISS THE SHUTTERED VENUE
OPERATORS GRANT WEBINAR?**



Did you miss the Shuttered Venue Operators Grant webinar on January 14, 2021? It's been recorded and currently available on SBA's YouTube channel. Watch this archived webinar for a preliminary overview of the Shuttered Venue Operators Grant program included in the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act signed into law by President Trump on December 27, 2020.

[WATCH HERE](#)

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Check this out today! [◇](#)

Now Happening

WEBINAR: OUR FUTURE IS WITH FAMILIES



Presenter

Tom Woll, MEd.

Wednesday, Jan 27 1:00 – 2:00 PM Central Time

“I thought he was great.”—past webinar participant

For almost seventy years we believed that our most important job was to protect vulnerable children from their families. During those years, vulnerable

children were removed from their homes and many of those children never returned to their families until they were eighteen.

We have since learned that children need the identity and the sense of belonging that comes from being a member of a family. Going forward, vulnerable children won't be removed from their families for long periods of time. The Families First Prevention Services Act ensures that.

Join us to explore how youth work will be changing over the next 5-10 years. This is one of a series of webinars that offers insight into what we know is coming and how to best prepare as the field moves to community-based, family-centered practice. Tom Woll brings a wealth of experience and insight collected over the course of his many years as an organizational leader and consultant. His nationally recognized work with organizations and practitioners can help you make important decisions about your future as the field of practice moves forward.

This webinar will:

1. Consider the ways our field is moving toward working more with families.
2. Help you understand what families want from service providers.
3. Familiarize you with the Seven Stages of Family Engagement.
4. Offer insight into how the Seven Stages might also apply to our work with youths.

Following the webinar, attendees will receive a document that summarizes the key take-aways from the training.

Cost:

ACYCP Members \$5

Non-Members \$20

To Register: <https://www.acycp.org/acycp-webinar-registration>

Presenter:

Tom Woll was a leader in the Human Services field in Northeast Ohio for 38 years. He was responsible for Behavioral Health Services for Catholic Charities for 25 years. Then he undertook the challenge, on behalf of Catholic Charities, to oversee the merger of 21 Catholic Charities organizations and to work with them to form an integrated service delivery system for Northeast Ohio, covering 3,500 square miles.

He left his work with Catholic Charities in 2010 and established the Strategic Change Initiative. Under the framework of this Initiative, Tom has worked to help Human Service organizations to successfully prepare for the future. He has extensively interviewed public and nonprofit leaders, elected public officials, practitioners delivering services for us and youths and families receiving services from us from across the country to determine what we need to be doing to successfully prepare for the future. Tom has assisted 120 organizations in the development of their Strategic Plans.

For the last six years Tom has also served as the facilitator for the various Transformation Projects that have been undertaken under the auspices of the Alliance for Strong Families and Communities. In his work with the various Alliance Transformation Projects, Tom has assisted 65 organizations in their efforts to transform what they do and how they do what they do. Tom is also a Board Member of ACYCP. ◇

Webinar Presenters Welcome!

Yes, that means you! We're looking for neophyte and experienced presenters, in a wide range of subject areas from across the CYC spectrum of care. Could that be you? Let us know by contacting Frank Eckles today at frank.eckles@youthworkacademy.org.

HAPPY NEW YEAR?



By Lorraine E. Fox, Ph.D.-Staff Writer

I have to complete this column before January 1, so I am deprived of the insight that will be provided by the celebration behavior I've been speculating about. In just a couple of days everyone in the world, if they follow tradition, will be wishing others a "Happy New Year". But this year, everyone in the world has been dealing with events that have brought anything but happiness. Sickness and death, separation and isolation, and financial insecurity have been the themes of every day life. If we are to continue our collective struggle to "trust science", there is no reason to believe that January 1 will usher in days of health, wealth, and togetherness.

I've been wondering if this reality will change what people say to each other on New Year's Eve. We'll have to wait and see. I'm interested to watch which of two possibilities we'll witness. One, will everyone continue the tradition of blithely wishing everyone a "Happy New Year" despite our current realities? There's a good chance that it may be so, since the greeting is a ritual and a tradition, and rituals and traditions are calming when we feel anxious. Or, will we witness each other facing our unpleasant reality and coming up with more accurate well wishes for each other as we move into a year, that promises continued health, relational, and financial stresses. We've been told by the experts that the new year will not be new at all; at least not in the beginning. However, whichever behavior we observe, we can use it to help our children, and ourselves at the same time.

If we witness the habitual wishes of "happiness", despite the lack of it for millions of people worldwide, we can talk to kids about rituals and why they are important, and how they help everyone, young and old, to feel a sense of calm and normalcy. Like eating "traditional" foods on holidays, saying grace before meals, using the same phrases to say good-night, using nick-names, etc. I want to suggest that you actually establish some new rituals (habits) that are Covid-related: they could be serious, like sending caring thoughts every day for people who are sick; giving thanks for the people taking care of them, or silly, like counting jars of peanut butter, rolls of paper towels and toilet paper rolls, to assure everyone that we have what we need. Rent the movie *Cider House Rules* and watch the Caregiver say the same thing every night to his collection of orphans. When one of the newest kids asks: "Why does he always say the same thing every night?" one of the long timers responds: "Because we like it." The movie has a dark side (Michael Caine has an addiction), but staff will enjoy it and teenagers would like it because it's about kids in care, and most many of them may be familiar with addiction issues.

We can also use this occasion to teach kids about "happiness". They hear the word a lot. Happy birthday. O Happy Day. Happy Hour. Happy New Year. Of course, for many if not most kids in care, "happiness" has been an elusive concept. All the more reason for us to talk about it with them!

The good news is that happiness is not a "thing", so it's available to everyone, rich or poor. Happiness is a feeling, and everyone has feelings. Everyone has the potential for happiness. No one has to teach a baby to laugh! Happiness is a birthright, but life events can make it harder to experience. Just like some people, given their life experiences, have

to work harder than others to find happiness, some events – such as our current pandemic – make it harder to find than in times of health and prosperity.

While we can't promise our children and young people some forms of happiness coming into their lives soon, since so much depends on their families where they feel no control, we can promise them the ability to find good feelings, even in times and places where unhappiness seems to rule. A worldwide pandemic can only add more hurdles to young lives too accustomed to hardship, so they need help finding it where they constructively can.

You have probably enjoyed, as I have, all of the funny things that have been coming through on the internet, to help us smile though our hearts are breaking. Share them with your kids. Encourage them to make up some funny stuff related to having to go to school without going to school, or visiting their family on Zoom, or any other changes related to the "sheltering in place". Staff can make big deals out of little deals, to produce some moments of silliness and smiles. Dig out a recording of "Keep on the Sunny Side of Life" and play it when they get up. And sing along, of course. "The Virus" is providing the anxiety, fear, and necessity for negative change. It's up to us to provide the antidote for increased stress and challenge, until the next year really becomes a truly New Year. Crank up your phone and play "Don't Worry, Be Happy" and let Bobby McFerrin sing you and your gang into the next year.

Speaking of science, here's some good scientific news: smiling and laughing changes our body chemistry. Nature has provided us with cheap, readily available, totally legal internal "drugs" to help us feel good. Laughing stimulates endorphins, brain chemicals that give us an internal "high". Laughing is also contagious, so it's not only good for us, it's good for those around us. The pandemic is affecting all of us in unhappy ways. It's time for those who have more going for us, than those we care for, to infect the whole environment with some endorphins!

Have a next year! ◇

[Editor's Note: I came up with "Hopeful Holidays" which seems to encapsulate both the memories of better seasons past, with the tenuousness of the present moment. There's also a social movement in India, where people get together outdoors in the morning and laugh together, contagiously, for the sheer fun of it. I also highly recommend the song "Happy" (an Academy Award nominee) by composer Pharrell Williams, from the movie Minions: https://www.youtube.com/watch?v=W1m0zA_-yus]

From the Soapbox... Again!

WIKIPEDIA: INSERT _____ HERE!

By Karen VanderVen, Ph.D., Professor Emerita,
Department of Psychology in Education, University of
Pittsburgh-Staff Writer kvander@pitt.edu



“Hope springs eternal...,” as Alexander Pope said. Over the years I have sought out those concepts that might best inspire our work, suggesting values we might live by, and by which we would try to instill in the youth and children with whom we worked. Given these grievous and challenging times, we might take a further look at the concept of “HOPE”.

I’ve said it for years: In order to attain the recognition, we in Child and Youth Care (CYC) need as a field and emergent profession, we need to focus on the unique work that we do – to promote positive human development through positive caring practices and show why this work is crucial throughout the entire human life span. I’ve also advocated for getting the word “out there” as to what we do, why we do it, and why we are a crucial and fundamental human service field. All of these efforts would increase awareness and opportunity to better serve, not to speak of being able to obtain resources needed to support our efforts.

Now we have a chance to do this: Develop a Wikipedia entry on Child and Youth Care in the United States. We can follow a precedent set by Canada, which already has developed a fine Wikipedia entry describing the field and how it is implemented and serves Canadian children and youth.

Some time ago there was the concept of North American child and youth care, which implied collaboration between the United States and Canada. Perhaps reviving this would be a good idea to strengthen all of our work.

So to this end Andy Schneider-Munoz, Ph.D. and I are planning to prepare an entry to submit to Wikipedia on American Child and Youth Care, following the format and precedent set by the Canadian entry. This seems like a “win-win” all the way around. It can support the individual situations of each country while providing a viable format for the commonalities and current and future cooperative activities between the two.

We would like to call upon ACYCP Advocate readers, and relevant others, to provide input to this effort. When we produce a draft based on these contributions, we will post it for review.

Please help advance the awareness and image of Child and Youth Care by letting us hear from you at:

kvander@pitt.edu

We thank you in advance for your contributions and support! ◇

Illustration: Gerd Altman at Pixabay.com

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Questions?

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SEXUALITY TRAINING INSTITUTE



[This ad is run as a member benefit.]

The Sexuality Training Institute (STI) is the educational branch of the Ohio Center for Relationship & Sexual Health. Drs. Ashley N. Grinonneau-Denton, Ph.D. and R. Brian Denton, Psy.D., Ph.D. developed the institute in 2019 with the goal of expanding the availability of quality training opportunities for professionals who want to specialize in working in the field of sexual health. With a deep commitment and passion for helping professionals develop academic and experiential training, STI's training program focuses on developing competency in the areas outlined by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), and is a provider of AASECT CE units for development of core knowledge in human sexuality and in the practice of Sex Therapy, Sex Counseling, and Sexuality Education.

Here is a complete list with registration links for each course. Each webinar offers 1.5 AASECT CEs.

January 18, 2021

Sexual Rights: To what extent are sexual rights realized in the US and globally?

https://us02web.zoom.us/meeting/register/tZckc-msqTojHNRAU3Np4_XENZnuswzjfjDpP

January 25, 2021

Sexual Rights: How might aspects of intersectionality impact one's experience with sexual rights?

<https://us02web.zoom.us/meeting/register/tZMlcOmtqjIuHdTGPexnuYjzshnNvfIcK0IG>

February 8, 2021

Advocacy: How is advocacy for sexual rights and sexuality education central to social justice?

<https://us02web.zoom.us/meeting/register/tZUrdeuhrDgvHdGoNMbuSxisRSBighh8Dxs5>

February 15, 2021

Advocacy: How can non-violent demonstration be used to advocate for sexual rights and sexuality education?

<https://us02web.zoom.us/meeting/register/tZYsdOmhpz4rGdQ748gE3iaajRB9NdaEmsEf>

February 22, 2021

Advocacy: What are collaborative community-based approaches to advocacy?

<https://us02web.zoom.us/meeting/register/tZUpde6pqz0tGdFISi3FDrfj-t81ZQgpeUZj>

March 8, 2021

Professionalism & Ethics: How can my personal values impact my work?

<https://us02web.zoom.us/meeting/register/tZwsc-quqTwqG9QjxgT9KX0Gf3d75RWvVy4o>

March 15, 2021

Professionalism & Ethics: How can we promote diversity, equality, and inclusion in sexuality education?

[https://us02web.zoom.us/meeting/register/tZwvf-2upzsiHdPJs8Ce2VgSmtXebBBbluBR](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZwvf-2upzsiHdPJs8Ce2VgSmtXebBBbluBR)

March 22, 2021

Professionalism & Ethics: What are ethical guidelines for sexuality educators to consider?

[https://us02web.zoom.us/meeting/register/tZYpcOGtrDMuGtOFnjbOhoJWSte0B1Qy8I-4](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZYpcOGtrDMuGtOFnjbOhoJWSte0B1Qy8I-4)

April 11, 2021

Student Engagement: What is Rights-Based sexuality education?

[https://us02web.zoom.us/meeting/register/tZYlcoCgrDIshTz8HHt2BVssbDBCLdT1vZ9u](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZYlcoCgrDIshTz8HHt2BVssbDBCLdT1vZ9u)

April 19, 2021

Student Engagement: How can educators manage challenges in the sexuality education classroom

[https://us02web.zoom.us/meeting/register/tZAqcuqgrD8iHtW2WM-NyJ3FJbKjoM8plp36](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZAqcuqgrD8iHtW2WM-NyJ3FJbKjoM8plp36)

April 26, 2021

Student Engagement: What are ways to facilitate learning for diverse groups of students?

[https://us02web.zoom.us/meeting/register/tZYudeGrrD8oHtV7khhthRCX2CIrLMD_HY3b](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZYudeGrrD8oHtV7khhthRCX2CIrLMD_HY3b)

May 10, 2021

Program and Lesson Planning: What are 3 models for lesson and program design?

[https://us02web.zoom.us/meeting/register/tZAldeitqj8tHNKD4EgQNKT8Ff3TnhnkvwgL](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZAldeitqj8tHNKD4EgQNKT8Ff3TnhnkvwgL)

May 17, 2021

Program and Lesson Planning: Why is philosophical approach important?

[https://us02web.zoom.us/meeting/register/tZUufu6rrjMoHNLpC4K_o4Cdo8a9B5hvyaHE](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZUufu6rrjMoHNLpC4K_o4Cdo8a9B5hvyaHE)

May 24, 2021

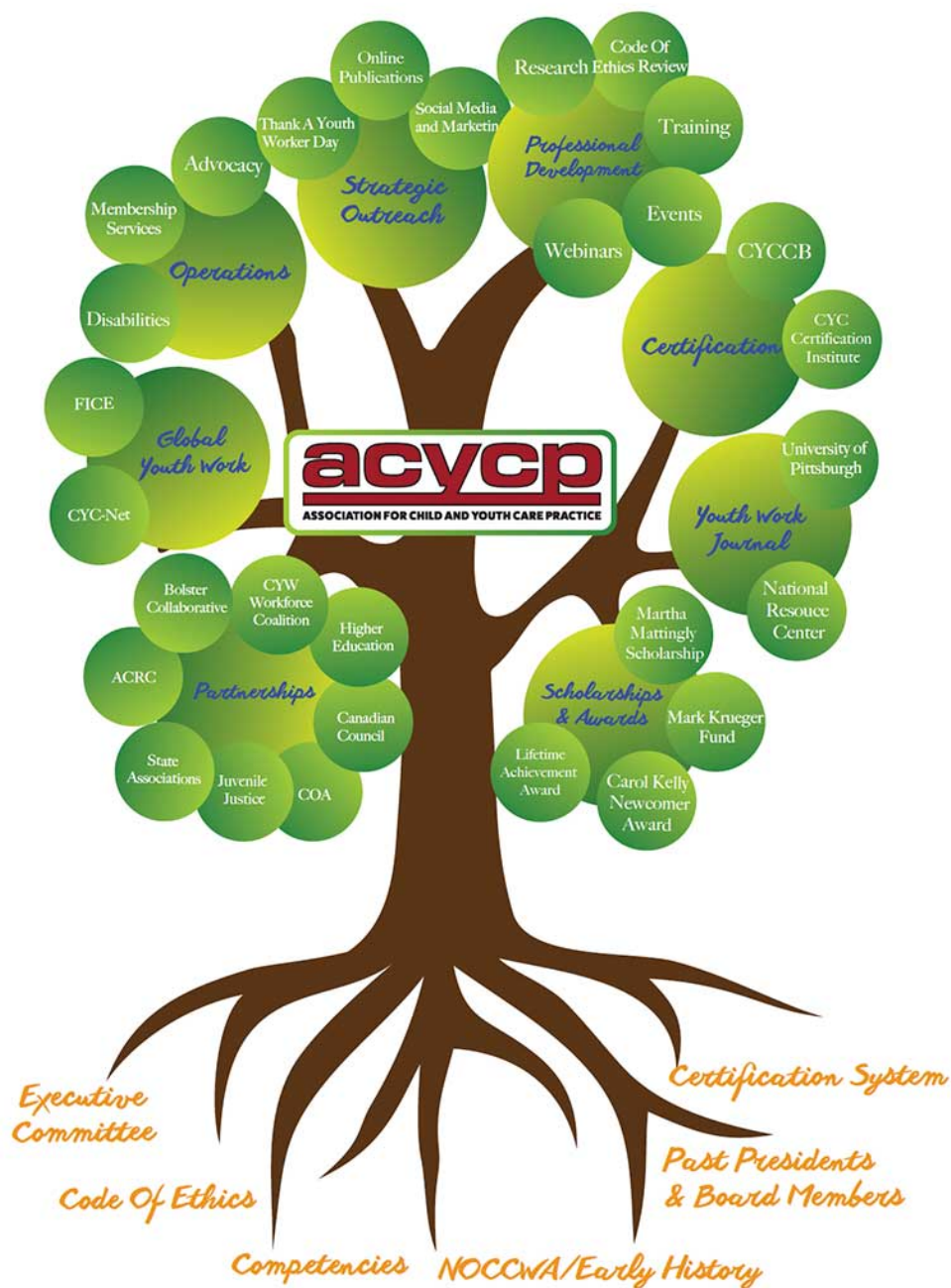
Program and Lesson Planning: How can using an intersectional lens benefit planning and design?

[https://us02web.zoom.us/meeting/register/tZAvd-2sqD4vEtNVCLiVzAsdBvff2tniIjhx](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZAvd-2sqD4vEtNVCLiVzAsdBvff2tniIjhx)

I hope you will consider joining us and share this info with others. STI has generous support for those who struggle to pay full registration. For more info about the STI, go to: <https://www.sexualitytraininginstitute.org/about>

Happy new year!

Kathleen Baldwin, MSW, CSE, CLC, CYCP



ACYCP organization tree update, v6.0
10/3/2019

MOVING? CHANGE OF JOB? GOT A PROMOTION?...

Well, we wish you all the best of success! But don't forget to take us along! Who knows, your ACYCP membership benefits and resources may come in real handy in your new situation. Or does your current email not permit personal or outside messages? Just get us your new email contact and any other membership data updates. So put us on your calendar or to-do list to make sure our contact remains unbroken. Just shoot off a quick easy email to acycp2011@yahoo.com with all your relevant changes, and we'll take care of the rest. We're soooo confident you'll be glad you did!

LINK WITH US!

CYC agencies and organizations may email the general email address at: acycp2011@yahoo.com and send their logo and web link, along with the name and contact information of a designated representative. Please put "Invitation To Link-ACYCP" in the subject line. We look forward to welcoming you to our communications and resource network!

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