JOURNAL OF CHILD AND YOUTH CARE WORK
Volume 22

Proceedings of Beyond Borders: Eighth International Child and Youth Care Conference, Quebec, Canada

COPYRIGHT PERMISSION

Writers must secure written permission from both ACYCP and the author of reproduced material in order to reproduce an article in full or text of more than 500 words.

MANUSCRIPTS

Submit an electronic copy of manuscripts via email to the Editor, at dcurry@kent.edu.

SEE AND FOLLOW INSTRUCTIONS TO AUTHORS on back cover.

The Journal of Child and Youth Care Work publishes articles on the practice of child and youth care in public and private institutions, group homes, community based programs, and daycare/preschool settings, as well as the generic practice of child and youth care in other contexts such as home based, street work, and private practice. Professional issues such as the nature and scope of the field, training and education of personnel, and significant activities to advance the field, are also appropriate. Articles must be of interest particularly to practicing child and youth care workers, but may also appeal to trainers, supervisors, consultants, administrators, advocates and legislators. Standard academic or scholarly articles, descriptions of experience conceptualized into practice principles, quantitative research, first-person accounts from both practitioners and children and youth, and creative work such as poems and short stories are appropriate. Preference is given to writers who have had experience as child and youth care workers although all pieces pertinent to the field of child and youth care are appropriate.

Since the Journal of Child and Youth Care Work particularly encourages submissions from child and youth care workers, editorial assistance is available to those who have not previously published. To encourage editorial assistance, new authors may submit a single copy of their manuscript, along with the identifying information requested below and a brief biographical sketch. A self-addressed envelope with adequate postage must also be included. Manuscripts submitted in this format will not initially be considered for publication, but rather will receive constructive comments and suggestions.

INSTRUCTIONS TO AUTHORS

Please note that the journal is published annually in the fall. The final deadline for submission is March 1 for the upcoming issue.

Standard academic or research articles must conform to the specifications of the Publication Manual of the American Psychological Association (APA); particularly in text citations and the format of all sources used in preparing the paper that are cited in the reference list. APA guidelines must be followed for headings, tables, figures, and other aspects of style and format.

First person accounts, fiction, poetry and other pieces should conform as much as possible to the APA Publication Manual.

To aid the editorial review process, each manuscript must be accompanied by a cover sheet indicating the title of the manuscript, author's name, institutional affiliations, address, telephone (and fax and email if applicable) number, and date of article submission. The first page of the article should have the title and date of submission but with no indication of the author's name to allow a blind review process.

After the article has been reviewed, the author will receive either a letter of acceptance, rejection, or a form indicating suggested revisions so as to meet criteria for publication.

ADVERTISING

Rates and terms are available on request from the Journal of Child and Youth Care Work, The University of Oklahoma Outreach, National Resource Center for Youth Services, 4502 E. 41st Street, Tulsa, OK 74135-2512.

RESPECTING OUR HERITAGE, SALUTING A NEW HOME

The Journal of Child and Youth Care has always been "the youth workers' journal." A space where people who actually work on the line in direct care of children and youth can air their thinking, test ideas, and report innovations from the field.

Along the way as youth work has emerged as a professional field, our leadership has emerged along with it. We now run whole centers and agencies, teach and study youth work, and work directly with children, youth families, and communities in a myriad of different kinds of venues— youth clubs, residential treatment centers, schools and hospitals, on the streets, and in private practices. We are confident in our ability to utilize the relationships of every day life to teach the young the skills and competencies necessary for success as healthy and productive members of their families, neighborhoods, and society.

In the earliest days, literally, this Journal was the product of sweat equity from youth workers who would come after their long shifts with the youth and give their time in writing, critiquing, and then helping other youth workers to write. Not only did it take scholarship, but each new edition of the journal would come over in huge bundles from the printer to the Child and Youth Care Learning Center. Every mailing label had to be affixed by hand in appropriate zip code order.

The workers who carried the hard work of the Journal in those days were mostly from the Wisconsin Association of Child and Youth Care Work, including places like St. Aemilian, Lakeside, where Eva Burmeister started out, St. Charles and others. All were growing centers of the movement to professionalize youth work. More than any other colleague, Mark Krueger loved the Journal into existence as every morning at the coffee shop on the Eastside he spent long hours writing and editing. Most importantly, he encouraged others.

Mark used to travel the country directly asking youth workers to write. If it took one visit or ten, he was there at your agency's doorstep challenging and cajoling you to write by offering to read and encourage every draft. It was on a trip like that when Mark found me on the playground of Edgewood Children's Center-a little busy at the moment. I said, "thank you very much," attempting to organize the activities for the day. He would not take "no" for an answer. He told me, as he had other workers, that my article had already been scheduled for publication sight unseen and I had to get it in. Of course, he failed to mention a little thing called "peer review" and correcting many drafts, but that would come latter.

So after every shift on the line in Diamond Cottage, I wrote the daily log, the individual logs, and then did a little more on my article. It would become a classic, "Strategic Activity Planning for Emotionally Disturbed Children and Youth." It has been used over and over, all over the world. More than two decades latter, it's still in current use. And so I kept going, next with an article in Research and Evaluation in Group Care, which I wrote with Holly Kreider, and then with my dissertation at Harvard, the first on residential treatment since Al Trieschman.

Today as vice president at the Center for Youth Development in Washington, D.C., I am a leader in the continued movement to build youth work as a field. I am

where I am because of the Journal, Mark Krueger, and all of the other youth work-ers who helped, guided, and encouraged me along the way. And with this debt of gratitude, and in the legacy of our youth worker heritage, I am delighted with this issue to hold in trust the collaborative role as editor of the Journal of Child and Youth Care Work.

Together with me on this journey is newly named co-editor, Dr. Dale Curry, who we also welcome aboard. I remember the time Dale and I hit the road with Karen Vander Ven at the wheel for at least a hundred miles or more down "alligator alley," the two lane swamp road that crosses Florida. Of course, we had finished our presentations at the youth work conference and were off on an adventure that had been organized by fellow workers for each other, much like we organize trips with the youth in our care. But, that is a story for another time!

The main point is that we will always remember Dale sitting in the back seat and telling us every in and out of his dissertation on training and how committed he was to understanding the transfer of knowledge in our field. Today, Dale is one of the master trainers respected in our field, who also recently achieved tenure at Kent State University. At Kent State, he and his research team took on the arduous task of conducting the validation study of the new certification exam for youth and youth care practitioners. And so the Journal has published Dale's seminal work over the years and the work of trainers like him for the good of the field as a whole. As an emerging profession we not only needed to found certification, but to keep the professional association and this Journal going strong!

I would be remiss without also appreciating Professor Karen Vander Ven at the University of Pittsburgh and Professor Varda Mann-Feder at Concordia Univer-sity. Our field recognizes their trend-setting contributions to editing the Journal. Mark passed the baton to Karen who immediately took the Journal to Harvard for a special edition on risk and prevention, which broke new ground in contempo-rary developmental approaches to milieu work. Karen passed the baton to Varda, who in many ways brought the Journal to the highest standards of excellence: It has become increasingly respected in colleges and universities as an essential tool for teaching and research. Varda also opened our pages to a world of youth work authors contributing from programs, agencies, centers, and institutions of higher learning around the globe. The next Journal will be read by those committed to youth work in more than 100 countries!

With this edition, the Journal moves from the University of Wisconsin to The University of Oklahoma National Resource Center for Youth Services. With this changing of the guard, we thank the journal teams over the years at the UWM Youth Work Learning Center, especially the leadership of Mark Krueger, Peter Rosenblatt, and Quinn Wilder. To the fold, we welcome Oklahoma with open hearts, a savior of sorts, as the world of publishing journals has become a brutal business. Our shared endeavor here is for knowledge and the love of the children, youth, and youth workers, and not for individual profit or gain. Peter Correia, with more than 25 years leadership in child welfare, and Jean Carpenter-Williams, the president-elect of the Association of Child and Youth Care Practice, have stepped up to take on the role of

encouraging, cajoling, and promoting the very highest standards of excellence for writing, research, and innovation.

Chip Bonsutto from Parmadale in Ohio, the outgoing president of the Association, and Jean Carpenter-Williams have worked hard for more than a year and delivered a new operating agreement that gives life to the Journal into the next generation of the work. The University of Oklahoma is a most appropriate place for this Journal because it is one of the nation's percolating hubs of youth worker training and talent development, known well all over the country for consultation, conferences, capacity building. Peter and Jean, as fellow workers, are recognized for their integrity and commitment. We welcome the chance to become a part of the National Resource Center for Youth Services' community of practice and research.

This edition features work by many of the presenters at the 8th Triennial International Child and Youth Care Conference in Montreal, which had as its theme, "Beyond Borders." As youth work practitioners and scholars we want to take down the barriers-political, cultural, and socioeconomic-that prevent change. Instead we want to promote the development of healthy relationship in our milieu so that children and youth can heal, succeed, thrive, and grow as our hope for the future. Come with Dale, Jean, and me as we set forth the newest adventure in generating and transferring knowledge: the Journal of Child and Youth Care Work. We expect to see your article in the next edition!

Andrew J. Schneider-Muñoz, *Ed.D. CYC-P*
Editor

BUILDING RELATIONSHIPS, BEYOND BORDERS

As youth workers–practitioners and researchers–we are dedicated to developmental practices that organize change over time. We often observe first-hand the worst implications of society in the lives of the young for whom we care.

And promote and witness the evolution of healing and hope!

In this endeavor, youth and youth workers reduce the effects of violence, poverty, depression, and the lack of instrumental supports. Together, against all odds, we make strong attachments and form life saving relationships that teach trust, competencies, and skills for social growth and success. In Developmental Group Care, Henry Maier called this the "wellspring of life" itself.

Articles presented in this edition were delivered as papers at the 8th Triennial International Child and Youth Care Conference, which had more than 1,500 representatives from over 36 countries meeting in Montreal. Our theme was "Beyond Borders: Caring for the Future of Children, Youth, and Families."

Through relationships, we cross the borders of the defenses that youth put up to protect themselves against those who have hurt them. We directly confront contested spaces of violence and replace aggression in the life space. Our approach is to offer opportunities for new perspective-taking and learning in the activities of daily life, in what Al Trieschman called "the other twenty-three hours." This is the time spent outside therapy appointments that becomes just as valuable, if not more critical, to taking healthy risks and putting change into action.

As we discover and understand what needs to be changed in the lives of youth, we reach out to families and work with communities to acknowledge and prevent the root etiology for risk. Our work is at once a multisectoral and multimodal strategy that invites collaborates across borders to bring strength-based systems and relationships together to promote a healthy interdependence. Relying on one another in healthy ways transforms who we are and the neighborhoods we live in.

We hold in trust a deep interpersonal and societal responsibility for the care of children and youth. Their roles in civil society come down to how we treat each other in the intimacy of immediate relationships, the associations we make, the peer networks we encourage, and the alliances we create in the larger scheme of things. These produce a healthy society. Youth work is a common ground in which we meet the youth where they are. We are present together with the youth. We effectively engage and connect relationships around us–family, neighborhood community, and country–to provide the necessary supports for youth to thrive!

In this edition, we open with "practice" first. Following in the tradition of Nicholas Long, there is an article from A. Mark Amendola and Robert Oliver on life space intervention and the efficacy of the strategies we use as youth workers to counter aggression. Life space interview as an evidence-based practice provides instrumental social skills for communication, anger management, and the opportunity to experience moral reasoning. It is followed by an empirical study that confirms for us that we should always pay attention to victimization as an important factor when working with youth who are aggressive and violent. Sybille Artz, Diana Nicholson,

and Jessica Mc Namara give us a window into gender difference in violence and make recommendations for youth work practice. Using this data to tell the story of the youth, these articles serve as powerful evidence-driven exemplars of moving from theory to findings that are tested empirically.

Often youth who struggle with poverty and violence end up affected even more by legal problems. A second pair of articles give voice to the experience of youth in this regard. The authors examine what happens to youth when they are in conflict with the law. Examples are given by Desiree de Kock in South Africa of the ways that prevention and education can be utilized to effect change. Kiaras Gharabaghi in Canada takes an incisive look at what happens when policy turns to a "get tough" approach. He builds the case that it is more effective to respond with "accountability through engagement," than legalizing consequences for acting out behaviors.

Next we delve most intimately into the work of making connections with children and youth by exploring attachment disorder and impacts that result when youth are denied "knowledge of caretaking." N.P. Rygaard, a practicing psychologist in the Danish Psychological Association, uses a hypothetical, typical life-span case to help us understand the societal disruptions that produce a lack of attachment, and proposes possible developmental interventions by age. In the next article, Maas, who is a psychologist at the Batshaw Youth and Family Centers in Canada, like Rygaard uses the story of a youth to illustrate and demonstrate the power of making healthy relationships. He describes how the therapeutic relationship works to "build strength and sense of identity and worth" by integrating self-image, effectively negotiating healthy autonomy, and changing patterns with family and social circles.

Moving from practice to the professional movement growing to advance and sustain youth work, in the second half of this edition we turn to "field building." Emerging around the world as a full-fledged profession, youth work needs journals to transfer the knowledge generated in the profession. Articles cover new efforts to credential youth workers, initiatives that extend access, and opportunities for training, as well as a commitment to the ethics that keep us honest in the work.

To this end, Dale Curry, Frank Eckles, and colleagues update our profession with processes that have been established and data that validates the newest youth worker certification offered by the Association of Child and Youth Care Practice through its recently founded National Certification Board. Andy Schneider-Munoz follows with a comprehensive report from a youth worker summit recently convened in Washington, D.C., to strengthen the learning and coaching that prepare youth care workers for certification and leadership in our field. These proceedings and next steps demonstrate where we stand on developing and delivering high quality training and certification.

The next two articles take into account new directions as the field matures. Nash, Leschied, Rodgers, and Cummings explore the delivery of foster care and focus on the turnover of foster parents as related to satisfaction with training and their relationships with their foster children. Jack Phelan breaks new ground for the coming of age of our field through family work.

Finally, as much as we work to build the institutional structures of a profession, Hans Skott-Myhre and Kathleen Skott-Myhre encourage us to gain perspective by diverging from field building to propose instead a radical ethics of care. They ask youth workers to consider not only what emerges as their identity, but to engage in conversation–a deep give and take–that can produce an interdependent meaning between those engaged.

Joining in this edition are our founding editor, Mark Krueger, and two immediate past editors, Karen Vander Ven and Varda Mann-Feder, who continue to guide us along the way. In the spirit of the international nature of this volume, which has contributions from the comparative work in South Africa, Denmark, Canada, and the United States, our colleague editors offer brief perspective columns on the importance of global youth work.

We wish you good reading!!!!

Andrew J. Schneider-Muñoz, *EdD, CYC-P*
Academy for Educational Development
Editor

Dale Curry, *PhD, CYC-P*
Kent State University
Coeditor

A.M. "Chip" Bonsutto, *MA, CYC-P*
Parmadale, Ohio
President, Association of Child and Youth Care Practice

Jean Carpenter-Williams, *MS, CYC-P*
The University of Oklahoma National Resource Center for Youth Services
President-elect, Association of Child and Youth Care Practice

LSCI AND AGGRESSION REPLACEMENT TRAINING: A MULTIMODAL APPROACH

A. Mark Amendola
Dubious Job Title

Robert W. Oliver
Dubious Job Title

Life Space Crisis Intervention (LSCI) converts a conflict into a meaningful learning experience for the child by discovering what drives his/her behavior and by defining clear outcome goals. LSCI, which has been developed by Nicholas J. Long, Mary M. Wood, and Frank A. Fecser, provides hands-on tools for the educator, clinician, and change agent working with youth whose behavior escalates and is in need of an intervention.

Aggression Replacement Training (ART®)[1] teaches youth alternatives to problematic behavior. Developed by Dr. Arnold P. Goldstein from Syracuse University, this evidence-based practice provides competencies to children in Social Skills Training (Skillstreaming), Anger Management (Anger Control Training), and Moral Reasoning. The collaborative use of ART® and LSCI is an effective strategy, specifically in stage five of LSCI, to present youth with new skills needed for necessary behavioral change.

Keywords: Aggression, Replacement, Training, Life, Space, Crisis, Intervention, Social Skills, Anger Control, Moral Reasoning.

Aggression Replacement Training (ART®), developed by Arnold P. Goldstein of Syracuse University, Barry Glick, and John Gibbs (1998), is a multimodal intervention designed to alter the behavior of chronically aggressive youth. Life Space Crisis Intervention (LSCI), developed by Nicholas J. Long, Mary M. Wood, and Frank A. Fecser, is an effective strategy by which teachers and other professionals working with children and youth can use classroom conflict as a springboard to insight and responsible behavior. The combination of utilizing both ART® and LSCI creates a powerful intervention, whose delivery system has clear and easily understood processes.

When implementing ART® as a primary or secondary prevention, the series stands strong on its own and has a delivery system that needs little support from other psychoeducational theories. However, when utilizing ART® as an intervention strategy, LSCI brings the skills necessary to work with the individuals who are on an out-of-control continuum. The de-escalation, partnering in very effective counseling skills found within the six stages of the six reclaiming interventions, are not found within the ART® model. The LSCI model uses a nonthreatening and

---

1 ART® is a registered trademark owned by Dr. Barry Glick.

extremely respectful approach; ART® teaches the client alternatives to behaviors that trigger the inappropriate or noncompliant situation in the first place. These two theories fit perfectly, from both implementation and facilitation and the client and student perspectives. Both theories are client-centered and assist in exploring possible alternatives and insights into the problematic behaviors. ART® and LSCI attempt to cognitively restructure and challenge belief systems, while providing alternatives and rationales simultaneously. In other words, LSCI provides staff with the de-escalation and interviewing skills, while ART® provides students and clients with very specific prosocial competence.

> Jenna is a 13-year-old girl attending a specialized support classroom. She is of normal intelligence, but has had trouble in the past with low self-esteem and impulsive behavior. Jenna longs to have friends, but overreacts to any negative feedback from peers. When away from adults, she gets teased and has a very difficult time handling this negative behavior. Her misbehaviors can quickly escalate and she may become physically aggressive. Jenna enters a classroom where the teacher is on the opposite side of the room. Another student approaches her and makes a negative remark about the clothes she is wearing. Jenna begins to use abusive language towards the other student who then asks the teacher to intervene. When the teacher intervenes, Jenna begins to throw a temper tantrum.

The foregoing situation occurs often in social settings with children and if children are not equipped with the skills to respond to such teasing and agitation, they may act inappropriately.

LSCI (Long, Wood, & Fecser, 2001) helps us conceptualize behavior and then utilizes one of six reclaiming interventions. The authors help us understand that "Students seldom assume responsibility for changing their own behavior (as opposed to relying on outside authority and control for behavioral change) until they are psychologically empowered to make choices be about their behavioral alternatives and are ready to accept the consequences of these choices" (p. 3). This self-regulation of behavior assumes that a child possesses the motivation for change. LSCI provides the mechanism for using the point of crisis as an opportunity of education for skill building.

LSCI is a therapeutic, verbal strategy for intervention with students in crisis. It is conducted at the time the crisis occurs or as soon after as possible. The process uses students' reactions to stressful events to: (a) change behavior, (b) enhance self-esteem, (c) reduce anxiety, and (d) expand an understanding and insight into their own and other's behaviors and feelings. LSCI has six stages:

Stage 1: Drain off

Stage 2: Timeline   }   DIAGNOSTIC

Stage 3: Central Issue

Stage 4: Insight

Stage 5: New Skills   }   RECLAIMING

Stage 6: Transfer of Learning
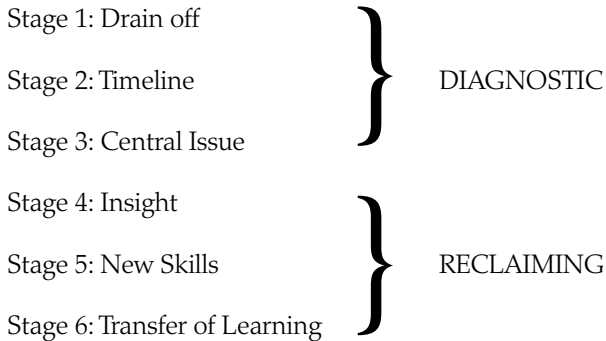
and six reclaiming interventions:
1. Reality Rub
2. Red Flag
3. Symptom Estrangement
4. Massaging Numb Values
5. Manipulation of Body Boundaries
6. New Tools Intervention

In Jenna's situation, one would utilize the stages of LSCI. At the point of stage five, New Skills, once the student had insight that her behavior was self-defeating, the teacher could then utilize Skillstreaming from ART® and possibly teach the skill "responding to teasing" or "using self-control." The assumption is that the student would understand the LSCI due to staff presentation and also would be participating in Skillstreaming groups, so staff may readily identify which new skill would be necessary for competency development.

Aggression Replacement Training (ART®) developed by Goldstein, Glick, and Gibbs (1998) has positive underlying principles, for example, "that every act of adolescent or child aggression – in school, at home, in the community – has multiple causes, both external and internal to the youth" (p. 33). The authors describe three further interlocking and compounding deficiencies:
(1) These youths characteristically are weak in or lack many of the personal, interpersonal, and social-cognitive skills that collectively constitute effective prosocial behavior.
(2) Their frequent impulsiveness and overreliance on aggressive means to meet their daily needs and longer term goals reflect deficiency in anger control.
(3) With respect to values, such adolescents have been shown to respond at a

more egocentric, concrete, and, in a sense, primitive level of moral reasoning (p. 33).

In Aggression Replacement Training, modeling, role-playing, performance, feedback, and generalization training are keys to the program efficacy. Neuroscience is giving added support to these principles. Daniel Goleman (2006) cites research about the importance of neuroplasticity and social intelligence. Studies of neuro-plasticity show the ability of the brain to heal itself after trauma. Recent discoveries also show how one's social interactions play a role in reshaping the brain (Doidge, 2007). Repeated experiences sculpt the size, shape, and number of neurons and their connections. Goldstein's role-playing social skills and reinforcing self-talk fits this brain research.

As a result of this identification of behavioral beliefs, the authors have developed the following three coordinated components:

Skillstreaming is a set of procedures designed to enhance prosocial skill levels (Goldstein 1973, 1981). The approach consists of a series of structured learning groups where youth are:

(1) shown several examples of expert use of the behaviors that constitute the skills in which they are deficient (i.e., modeling);
(2) given several guided opportunities to practice and rehearse these competent behaviors (i.e., role-playing);
(3) provided with praise, reinstruction, and related feedback on how well they perform their role-playing enactments (i.e., performance feedback); and
(4) encouraged to engage in a series of activities designed to increase the chances that skills learned in the training setting will endure and be available when needed in school, home, community, institutional, or other real-world settings (i.e., transfer training).

Anger Control Training, the emotional component, was developed by Fein-dler and her research group (Feindler & Ecton, 1986) at Adelphia University. Anger Control Training teaches trainees what not to do, and youth are trained to respond to provocations through focusing on: (a) triggers, (b) cues, (c) reducers, (d) reminders, (e) use of appropriate Skillstreaming alternatives, and (f) self-evaluation.

Moral Reasoning Training is the values component. This has been derived from Lawrence Kohlberg's work with moral development (Kohlberg, 1984) and further developed by John Gibbs of Ohio State University. Youth are exposed to a series of moral dilemmas in a discussion group content, which teach youth moral reasoning to that of the higher level peers in the group. (pp. 33-35)

Recent Evaluations

Two recent studies have evaluated the effectiveness of ART® and yielded promising findings, both proximal to the ART® procedures (i.e., skill acquisition, anger control, enhanced moral reasoning) and distal to procedures but central to the program's ultimate purposes (i.e., reduced reoffenses, enhanced community

functioning). Perseus House, Inc., a multisite residential and community-based provider in Erie, Pennsylvania, conducted a quasiexperimental evaluation for both residential and community-based programming (L. Neal, Nov. 2006). First, the Collaborative Intensive Community Based Program, a residential diversion program, evaluated the effectiveness of ART®, which lasted for 12 weeks, 7 days a week, and was presented to both youths and their parents. Participating youth, all referred by the juvenile court, were assigned to the program on either a deferred placement basis (diversion to the program instead of residential placement) or on a community reintegration basis (following a period of residential placement). Youth ART® sessions were conducted three times per week (I hour Skillstreaming, 1 hour Anger Control Training, 1 hour Moral Reasoning). Parent sessions were held on Sundays. Compared to pre-ART® status, gain scores revealed significant increases in participant Skillstreaming skills scores, achievement and staff ratings of youth's overall psychological and social functioning (American Psychiatric Association, 1997). Also noted were significant decreases in aggression scores as measured by the Aggression Questionnaire (Aggression Questionnaire, Buss & Perry, 1992).

Secondly, residential programming, which included 76 residential beds, including male and female programming, with average length of stay from 4-16 months, evaluated the effectiveness of ART®, which lasted the entire length of the program. Youth ART® sessions were conducted three times per week (one hour Skillstreaming, one hour Anger Control Training, one hour Moral Reasoning). Compared to pre-ART® status, gain scores revealed significant increases in participant Skillstreaming skills scores, achievement, and staff ratings of youth's overall psychological and social functioning (American Psychiatric Association, 1997). Also noted were significant decreases in aggression scores as measured by the Aggression Questionnaire (Aggression Questionnaire, Buss & Perry, 1992),

Table 1 shows the behavioral gains for the Collaborative Intensive Community Treatment Program. Recidivism rates for 599 individuals, over an 11-year span, tracked one year following the discharge from the program was 18.6 %. Youth were contacted by aftercare workers and also included communication with referral sources. The number missing from the total cohort group includes those individuals that could not be located.

Table 2 shows the behavioral gains for the Residential Program. Recidivism rates for 390 individuals, tracked for one year following discharge from the program, was 19.6%. Youth were contacted by aftercare workers and also included communication with referral sources. The number missing from the total cohort group includes those individuals that could not be located.

Table 1: *Behavioral Gains for the Collaborative Intensive Community Treatment Program*

Collaborative Intensive Community Treatment Program	Number of Participants 599	
	Prescores	Postscores
Global Assessment of Functioning	56.5	61.9
Skillstreaming Youth	169.2	182.2
Trainer	143.0	161.3
Parents	156.9	171.6
Aggression Questionnaire	56.0	52.8
Grade Point Average	2.4	2.8

Table 2: *Behavioral Gains for the Residential Program*

Perseus House, Inc. Residential Programming	Number of Participants 390	
	Prescores	Postscores
Global Assessment of Functioning	46.4	52.0
Skillstreaming Youth	169.7	187.8
Trainer	136.6	166.8
Parents	145.6	172.5
Aggression Questionnaire	54.1	51.2
Grade Point Average	2.0	2.8

Training

We have found that ART® and LSCI have complemented each other. As the LSCI process consists of six stages, the Skillstreaming component of the ART® model is the ideal resource to be tapped for using the fifth stage of LSCI (New Skills). The primary focus of this stage is to teach new skills that lead to more responsible behavior. It becomes increasingly more important to use evidence-based programs. Skillstreaming is the curriculum of prosocial skills for youth and becomes an effective strategy for teaching competencies to youths who are deficient. Therefore, skills from the Skillstreaming curriculum can be integrated easily into the process of LSCI.

Training staff to become effective in utilizing the two theories is not difficult. Theories should be trained separately. The ART® curriculum is designed to allow facilitators to be more flexible and creative and yet focused on a predetermined path and ultimately concerned with program integrity. The theory provides structure and a map for facilitators to follow very specific operational procedures, which makes the program very efficient. The interweaving of New Skills, Anger Control,

and Moral Issues engage clients to acknowledge their feelings and develop empathy skills. Staff develop a foundation and support system to challenge youth's faulty and irrational beliefs. Training staff in LSCI assists with their understanding of why children act the way they do and the effective impact they have when using LSCI.

Once staff are taught Skillstreaming and learn how to use prosocial skills to provide clients with new tools to deal with difficult situations, they are able to readily identify the needs of youth. The role modeling structure of ART® can also be adapted to working with individuals, which is usually the case within LSCI. During LSCI, role-playing can be utilized most effectively in preparing the youth to use a newly learned skill. The youth receives help to plan for resolving the current problem and avoiding defeating repeat behavior in the future.

Staff also receive training in the emotion-oriented component of ART®. While facilitators in the anger control component teach about triggers and cues to anger, anger reducers, and the "angry behavior cycle," LSCI complements this model as it utilizes the "Conflict Cycle." During the first stage of LSCI, the staff, through their understanding of the dynamics of the Conflict Cycle, must avoid engaging in counteraggressive behavior. Knowledge of the Conflict Cycle can next be utilized in stage two to gather information on the Timeline of the event in order to ascertain the central issue in stage three. The staff can then assist the youth to make a connection between their behaviors and feelings in the original stressful event during stage four of the LSCI. Subsequently, in stage five, staff assists youth to anticipate stress, develop and/or reinforce newly learned skills, and prepare for consequences resulting from the incident. As a result, the client or student can respond appropriately in stressful situations. Role-play allows the individual to rehearse the plan that is devised. Rehearsal helps the youth "put the solution into action, to respond to the events and people with new behaviors and new understanding" (p. 9).

Training for ART® is typically a three-day training, which describes its three components. LSCI is a five-day, experiential, hands-on training, which teaches the Timeline and reclaiming interventions. We suggest ongoing training through booster sessions and case staffing. Staff utilization of the models should be reviewed in individual case supervision. (See Supervision Form)

Application

The integration of the two models fit because of their focus on competency development. The following is a suggested application of both models:

1. Aggression Replacement Training Groups: Skillstreaming, Anger Control, and Moral Reasoning are provided at all sites on a weekly basis. Generalization and maintenance are the keys to any successful intervention. Goldstein (1998) suggests the use of a transfer coach (p. 325). This is any person involved in the youth's world, a parent, friend, peer, teacher, staff person, and employer who is in a position to understand and reinforce behavior that the youth is attempting to modify. We encourage any one in the lives of youth to be notified and understand the use of Skillstreaming.

2. LSCI Debriefings: Staff review any LSCI that occurred during the previous

week at weekly staff meetings. This gives the team an opportunity to discuss successful alternatives that might be used with a particular child based on his or her needs. This also reinforces the utilization of all reclaiming interventions and allows staff to remain focused on the LSCI theories. If a youth has a specific individualized behavior-treatment plan, this may be modified as a result of the debriefings.

3. The Conflict Cycle: Initially, the client learns about the Conflict Cycle in the weekly Anger Control Group. This Conflict Cycle is utilized with the youth during the LSCI to help illustrate the connections between beliefs, stressful incidents, feelings, behaviors, and adult or peer reactions. Staff may utilize the Conflict Cycle with the youth to explore the Timeline of the event that just occurred. After the Timeline has been confirmed and the conflict identified, the staff determines insight to be promoted by assisting the youth in developing a solution to his or her conflict. The Conflict Cycle is effective in focusing on coping skills around stress. The staff help the youth to look at alternatives to determine which behavioral changes to rehearse and then put into action. Staff may teach new skills and/or reinforce skills learned in the Anger Control Groups to enhance self-control and reduction or management of anger and aggression, which is often found in a Life Space Crisis Intervention. We also utilize Progressive Relaxation, which is helpful as an anger reducer strategy, and encourage self-talk in these sessions that focuses on the ability of youth to deal with provocation.

4. LSCI and ART® Supervision: Staff completes a LSCI and ART® supervision form. He or she discusses implementation of each of the six stages, including which ART® component to use in the New Skill stage. This tool is utilized in individual supervision with the staff supervisor. These may be conducted on a weekly or biweekly basis, but are specifically scheduled and address the training need of each individual staff member.

SUMMARY

It has become evident that the integration of Life Space Crisis Intervention and Aggression Replacement Training is a powerful multimodal approach to addressing aggressive behavior in youth. Guiding principles when treating youth are focusing on competency development, along with respect and dignity, while holding the young people accountable for their behaviors. We suggest and encourage the continued development of both Life Space Crisis Intervention and Aggression Replacement Training and feel that it is applicable across domain areas to include school, community, and home. If we are to have an impact on the youth of our society, it has become ever so apparent we need to focus on the basic values that LSCI and ART® encompass.

References

Buss. A.H. & Perry, M. (1992). The Aggression Questionnaire. *Journal of Personality and Social Psychology, 63*, 452-459.

Doidge, Norman, M.D. (2007). *The Brain That Changes Itself*. New York: Viking, a member of Penguin Group (USA) Inc.

Feindler, E.L., & Ecton, R.B. (1986). *Adolescent Anger Control: Cognitive-Behavioral Techniques*. New York: Pergamon Press.

Goldstein, A.P., Glick B., & Gibbs, J. (1998). *Aggression Replacement Training-Revised Edition: A Comprehensive Intervention for Aggressive Youth*. Champaign, IL: Research Press.

Goldstein, A.P. (1981). *Psychological Skill Training*. New York: Pergamon Press.

Goldstein, A.P. (1973). *Structured Learning Therapy: Toward a Psychotherapy for the Poor*. New York: Academic Press.

Goleman, D. (2006). *Social Intelligence: The New Science of Social Relationships*. New York: Bantam Books.

Kohlberg, L. (1984). *Essays on Moral Development: The Psychology of Moral Development*. San Francisco: Harper and Row.

Long, N.J., Wood, M. M., & Fecser, F.A. (2001). *Life Space Crisis Intervention: Talking with Children and Youth to Improve Relationships and Change Behaviors*. Austin, TX: PRO-ED, Inc.

L.S.C.I & A.R.T. Supervision Form

Staff Name:_____

Site:_____

Date:_____

What worked very well for you during this intervention?

_____

_____

What area was the most problematic and most difficult to implement?

_____

_____

Please rate this intervention by circling your choice:

• Was this successful: Yes   No

• Is the Relationship: Damaged   Maintained   Improved

• Your own skills: Need Work   Adequate   Excellent

Did the Client comprehend and learn
from this intervention: Not a lot   Somewhat   Very much

Please Circle the words that describe the students demeanor upon entering
your office:

Angry   Defiant   Scared   Aggressive   Remorseful   Oppositional

Sarcastic   Happy   Nervous   Challenging   _____   _____

<u>Drain Off:</u> What did you implement to accomplish this stage?

_____

_____

<u>Time Line:</u> Describe how the process of the timeline was facilitated & the content found?

_____

_____

<u>Central Issue</u>: What is the Central Issue in this situation?

_____

_____

Please Circle the type of LSCI Reclaiming Intervention Utilized:

Red Flag   Reality Rub   Massaging Numb Values

New Tools Symptom   Estrangement   Manipulation of Body Boundaries

<u>Insight</u>: How did you utilize the reclaiming intervention to help the student see their pattern of self-defeating behavior?

_____

_____

<u>New Skill</u>: What A.R.T. component will help the situation & how did you teach the skill?

_____

_____

<u>Transfer of Training</u>: How have you prepared the student to reenter the setting?

_____

_____

VIOLENCE IN THE SCHOOLYARD: USING SELF-REPORT SURVEYS TO UNDERSTAND SCHOOL-BASED AGGRESSION AND VIOLENCE

Sibylle Artz, Diana Nicholson, and Jessica McNamara

ABSTRACT: This article examines sex differences in the relationship between factors known to contribute to the use of aggression and violence using students' self-reports regarding these behaviors. Preliminary data analysis shows higher levels of aggression and violence, including relational and sexual aggression/harassment, and higher levels of victimization among males than among females. For both males and females in the sample, the use of physical aggression was significantly correlated with masculinity, the use of relational violence, endorsement of moral attitudes that supports violence, and victimization. Also significant, but only for boys and girls in coeducational public schools, was an association between the use of sexual aggression and harassment, and the use of physical violence. Finally, for girls only, we found a significant negative association with the endorsement of values and reciprocity. Implications for child and youth care practice are discussed.

Key words, sex differences, correlations, aggression, violence, intervention, school-based

BACKGROUND

As members of a Canadian Institutes of Health Research (CIHR) funded New Emerging Team working on a five year longitudinal research project entitled Aggressive and Violent Girls: Contributing Factors, Developmental Course, and Intervention Strategies,[1] we are focusing our research on the use of aggression and violence among adolescent females in suburban schools. Other research teams participating in the project are focusing on urban schools, custody and treatment centers, and in some cases, on younger girls. Our choice of focus was strongly influenced by the opportunity made possible by the CIHR grant to continue research on girls and school-based violence in which the first author has been involved since 1993 (Artz, 1998; Artz & Riecken, 1994a, 1994b, 1995a, 1995b; Artz, Riecken, MacIntyre, & Lam, 1997; Artz, Riecken, MacIntyre, Lam, & Maczewski, 1998, 1999a, 1999b, 2000; Riecken, Artz, MacIntyre, Lam, & Maczewski, 1998).

That research, like this study, focused on tracking and investigating the nature and incidence of violence and victimization among females in the participating schools, examining cultural and social factors correlated to the involvement in these

---

1 The principal investigator on the team is Dr. Marlene Moretti; the co-investigators are Dr. Marc Le Blanc, Dr. Candice Odgers, Dr. Nadine Lanctôt, Dr. Bonnie Leadbeater, Dr. Sibylle Artz,

aggressive and violent behaviors, and developing, implementing, monitoring, and evaluating school- and community-based violence prevention programs that addressed the correlates of aggression and violence. For comparative purposes, this research also included tracking and investigating violence and victimization among male students. This study, like the previous work, employed quantitative and qualitative methods, and many of the tools and strategies from the previous research were adopted and adapted here. This study was located in the same school district that participated in the previous work. This added to our ability to study gender- and school-based aggression and violence the ability to compare present findings with past findings. In this article we report on our first quantitative data collection. Future articles will describe our qualitative work and comparison between past and present findings.

THE STUDY

Research Questions

In this study (2002-2007) followed cohorts of school girls and boys to track their experiences with, and their use of, aggressive and violent behavior in schools. We examined the personal, social, and cultural correlates of such behavior and made gender comparisons in order to inform the design, implementation, and evaluation of effective, gender sensitive, school-based violence prevention programming. We then established the nature and current incidence levels of violence and victimization among female and male students in the participating schools, at the same time we examined current cultural and social factors correlated to the involvement in these aggressive and violent behaviors.

Method

Instrumentation

Given the support in the literature for self-reports as a basis for establishing incidence rates (see for example, Alder & Worall, 2004; Doob & Cesaroni, 2004; Hindelang, Hirschi, & Weis, 1981; Sprott & Doob, 2004), we used self-reports to gather our quantitative data, and for reasons stated above, adapted previously used instruments.

To that end, we constructed two self-report surveys: the revised Survey of Student Life (SSL) and the Survey of Student Relationships.[2]

The Survey of Student Life was adapted from Artz and Riecken (1994a&b), and is now an eight-page scannable survey consisting of 181 questions and space for comments. The Survey of Student Relationships (Artz, Nicholson & McNamara 2001) is a four-page scannable survey consisting of six demographic items and 89 questions. Within these two surveys a number of questions were compiled to form subscales on topics of interest related to understanding youth's use of aggression and violence. Cronbach's alpha was computed for each subscale on the surveys using data obtained from each school in which the surveys were administered. For both surveys the subscales proved to be highly related to the use of aggression, with Cronbach's alpha above the .75 cutoffs on every comparison.

---

2 Electronic copies of these surveys can be obtained from Sibylle Artz at sartz@uvic.ca

Subscales within the "Survey of Student Life" (SSL)

The subscales in this survey focused on factors that had previously been shown to be implicated in the use of aggression and violence and included questions about values, participants views on reciprocity, and their need for peer acceptance (Artz, 1998; Artz & Riecken, 1994a&b); empathy derived from the Interpersonal Reactivity Index (Davis, 1983); problematic moral attitudes (Artz, 1998; Artz & Van Domselaar, 1996); self-esteem (Moretti, Holland, and McKay, 2001); number of fears, and victimization; use of physical violence (Artz, 1998); participants use of relational violence (Geiger, Zimmer-Gembec, & Crick, 2005; Vaillancourt & Hymel, 2004) use of sexual aggression/harassment (Artz, 1998; Katz, 2004); and school connectedness (Macklem, 2003; Sustainable Calgary, 2002; UK Home Office, 2003).

Subscales within the "Survey of Student Relationships"

The subscales within this survey had also previously been shown to be implicated in the use of violence and aggression and were focused on various aspects of self-in-relationship: masculinity and femininity (Bem, 1974; stereotypical gender attitudes (Artz, Riecken, MacIntyre, & Lam (1997; Dahlberg, Toal, & Behrens, 1998); rejection sensitivity (Downey & Feldman 1996; Downey, Irwin, Ramsey, & Ayduk, 2004); and emotional intelligence (Shutte & Malouff, 1999, pp. 40-41).

Research Sites

Our funding provided us with the resources necessary to involve in our study a high school and a middle school that had participated in the previous research with Sibylle Artz, the first author of this study. Both schools were willing to commit for the duration of the study (2004-2007), and the school district allowed us access to the students. This meant that we were able to set up a longitudinal study as well as compare the current cohort with the cohorts that had participated in the previous research. For the first time, we were also able to include in our research sites a girls-only private school, thus allowing us to draw comparisons between coeducational public school settings and a single-sex private school setting. The private school also committed to participating from 2004 to 2007, which would allow us to examine longitudinally self-reported differences between public and private school students.

Survey Administration

Prior to administering the surveys in participating schools, we distributed consent forms to parents of students who were under 13 years of age and general information about the project to all other parents of students who were being asked to participate in the surveys. At the time the surveys were administered in each school, students were provided with an oral introduction to the project that stressed their voluntary participation and the efforts being taken to ensure confidentiality and anonymity.

Dates for administering the surveys were set in advance by the schools. Surveys were administered in the three schools between January 21 and April 6, 2004. Each school arranged their students' participation in slightly different ways in order to fit with their timetables and teaching priorities, but the three-person university research team administered the surveys in every school. Participating students were

assigned a five digit alphanumeric code that was pre-entered on their individual copies of the surveys at the time of administration. A removable name label was placed over the code to facilitate distribution, and students were instructed to peel off the label before beginning the surveys. Thus, when completed surveys were returned, only the code appeared on the surveys.

Sample

The demographic data for the participating students are given in Table 1 and discussed in the Results section. Table 1 shows that the students who participated in the study were between 12 and 15 years of age, and that public schools tended to be more homogeneous in ethnicity, the majority of students being Caucasian with English as their first language. The private school, a residential and day school, that drew international students, had more ethnic diversity in the students.

Insert Table 1 about here

Our sample comprised a sufficient proportion of each grade level in the school such that our results were representative of the grade population in each school.

School #1 (Community High School).

In this school, our sample of 131 grade 9 students represented 69% of the total grade 9 population (N=192). Nine students did not consent to participating in the study; other nonparticipation was due to spoiled surveys and student absences.

School #2: (Middle School).

In this school, our sample came from students in grades 7 and 8. Our sample of 43 grade 7 students was only 27% of the total grade 7 population (N=157). Many students did not return a signed parental consent form, and one entire grade 7 class was lost because its teacher neglected to send the parental consent forms home with students. Our participation within the grade 8 population was 88 students, or 88% of that grade's total population (N=100).

School # 3 (Private Girls' School).

In this school, our participants were drawn from grades 8 and 9. Our sample of 35 grade 8 students was 90% of the total grade 8 population (N=39). Two students lacked parental consent and two students were absent. In the grade 9 group, our sample of 37 students was 100% of the total grade 9 population.

ANALYSIS

Creating the Data Base

The questionnaires were scanned by Conway Information Systems and the data output to SPSS data files, with separate files for each survey and school. The data were then transferred to the SAS statistical package (version 8 and 9.1) for cleaning and data analysis. Any inconsistencies noted during the data entry scanning procedure were checked. For data missing in variables such as grade, age, or gender, the correct values were obtained and entered into the database. The skip patterns in the questionnaire were checked for consistency, and only valid responses were used. Finally, subscale scores were calculated. Both SPSS and SAS databases were created with the final, corrected data as analyses were carried out in both of these statistical

packages. In the data reported here we used SPSS.

Dependent Variable

Physical aggression subscale was our dependent variable. Students, in respond-
ing to the three questions in this variable, could select as their answer one of four
options. For the questions about pushing and shoving in the last month the options
were: never, 1-3 times, 4-9 times, 10+ times. For the question about beating up
another student in the past year the options were never, once or twice, sometimes,
very often. We opted to provide different response categories for the "beating up"
question because this question had been used in 1993 and 1998 in the earlier ver-
sion of the Survey of Student Life and had also been used in research by Jessor and
Jessor (1977) and Barnes (1991) in that format. We thus retained the older version
of that question in the redesigned newer version of the survey. To assist us with se-
lecting students who fit into the category of reporting positively on our dependent
variable, we grouped the responses into any physical aggressive and no physical
aggression. For purposes of comparison, we then created four groups of interest:
girls who use physical violence, boys who use physical violence, girls who do not
use physical violence, and boys who do not use physical violence.

Correlation Analysis

In order to allow us to see how subscales were able to detect overall gender
differences, we first analyzed the public school students' mean responses by inde-
pendent samples t tests for gender differences. We included only the public school
students in this analysis because we did not want setting to confound our findings.
Secondly, to examine how our subscales correlated with self-reported use of physi-
cal aggression, we performed a bivariate correlational analysis based on gender and
school in which we included both public and private school students.

RESULTS

Descriptive Results

With respect to respondents' use of violence and experiences of victimization,
male students most frequently reported the highest levels of the use of physical,
relational, and sexual aggression or harassment, while female respondents in the
public and private schools reported lower rates. Private school girls reported the
lowest rates of using physical, relational, and sexual aggression or harassment (see
Table 2).

Insert Table 2 about here

Where global victimization is concerned, however, over 63% of the students
from the private school reported having been victimized[3], a number much closer

---

3 Several of the private school girls we interviewed qualitatively told us that they had moved to the private school as
   a result of having been victimized in a public school. This may in part, help to explain the high victimization rates
   reported by these girls.

to the victimization rates reported by public school boys (58%) and far higher than the victimization rate of 35% reported by female students in the public schools. But when it came to school-based experiences with aggression and violence, male public school students reported the highest rates of being physically attacked at school (43.2%), in contrast to the 19% rate reported by private school girls and the 7% rate reported by public school girls. The self-reported rates for victimization at home were almost the same for public school males (9.6%) and private school girls (9.2%), with public school girls reporting a 6.8% rate. The percentage of public school girls reporting being sexually assaulted (16.4%), was in sharp contrast to public school boys (1.4%) and private school girls (1.9%).

Self-Reported Subscale Gender Differences

As Table 3 shows, there were numerous significant gender differences in the public school sample. For males, we found higher masculinity scores, higher endorsement of stereotypes, higher levels of peer acceptance, higher endorsement of moral attitudes that support aggression and violence, higher levels of victimization by males, higher levels of overall aggression, and higher levels of relational and sexual aggression or harassment. For females, our results showed higher femininity scores, higher levels of rejection sensitivity, higher emotional intelligence, a stronger endorsement of values and reciprocity, higher empathy levels, higher levels of fear, and higher levels of social interdependence. At the same time, males and females reported experiencing similar amounts of victimization by females and had approximately the same degree of self-esteem and the same level of involvement in romantic relationships. Finally, there were no significant differences between the two genders with respect to school connectedness.

Insert Table 3 about here

Correlations with the use of Physical Violence

The pattern of association between subscale scores and the use of physical violence showed that masculine self-descriptions, the use of relational violence, endorsement of moral attitudes that support the use of aggression and violence (problematic moral attitudes) and victimization by males. Victimization by females was significantly related to the use of physical violence for both males and females (see Table 4).

Insert Table 4 about here

Two patterns of association were significant only for female students in the public and private schools: a negative association with both the reciprocity subscale and the values subscale. One pattern of association applied only to pubic school male and female students: a strong significant relationship between using sexual aggression or harassment and using physical violence.

DISCUSSION

Our finding that the male students who participated in our study used more physical violence confirms the findings in earlier research on gender differences discussed in our introduction. Our finding that males students also reported higher levels of relational aggression than females confirms previous research that males use this kind of aggression at least as much and sometimes more than girls (Craig 1998; David & Kistner, 2000; Hennington, Hughes, Cavell & Thompson, 1998; Roecker, Caprini, Dickerson, Parks & Barton, 1999). Both findings indicate the need to engage males in deconstructing their use of violence especially in view of the strong correlation between our masculinity subscale and self-reported use of physical aggression for males and females.

If masculinity is as implicated in the use of aggression and violence as our findings suggest, we may well need to revisit the debate in criminology regarding masculinization theories as explanatory for female delinquency and crime, and with it female use of aggression and violence. However, we suggest caution in doing so. As Reitsma-Street, Artz ,and Nicholson (2005) state, it is "when…theories about female delinquency are constructed out of already existing theories premised upon male experience, it appears that 'masculinity, of one sort or another, is at the core of [female] delinquency' (Chesney-Lind & Shelden, 1998)…(p. 70). In other words, as long as the behavior associated with the use of aggression and violence is described as "male" behavior, we will indeed find that aggressive girls appear more like boys. What needs to be discussed and evaluated is whether descriptors such as tough, powerful, assertive, dominant, hard, and so forth are necessarily male or simply gender neutral. We have, of course, landed ourselves in the middle of this debate by designating such descriptors as "male" and by creating masculinity and femininity subscales in the first place. This will need to be examined further.

Still, we should pay attention to self-descriptions that underpin the use of aggression and violence in our attempts to mitigate such behavior. We take seriously the calls by a number of researchers, (Garbarino, 1999; Pollack, 1998; Totten, 2000; Plummer, 1999) for interventions and programs that examine culturally bound, entrenched notions of male dominance. This is integral to reducing the use of aggression and violence in males and females.

Our finding that the use of relational aggression is significantly associated with the use of physical aggression for both girls and boys in all settings is as expected and confirms previous research (Moretti & Odgers, 2002). Also sexual aggression or harassment by both male and female students in the public schools is significantly correlated with use of physical aggression (Artz, Blais, & Nicholson, 2000). The absence of this finding in the girls' private school has yet to be explained and may be connected to the protective effect of a single sex setting.

Our finding that public school girls have higher self-reported levels of physical and relational violence than private school girls still needs to be explored but may be explained by their much smaller classes (10-12 students per class vs. 20-30 students per class) and by their being educated in single sex classes (AAUW Educational Foundation, 1998; Hamilton, 1985; Riordan, 1990). This suggests that manageable group size and single sex intervention and prevention programs would be success-

ful for girls and boys.

Our finding that boys who participated in the study had higher victimization rates than girls is consistent with previous research (see, for example, Katz, 2004). However, the finding that private school girls reported higher victimization levels than those reported by public school girls seems almost anomalous, given the private school girls' lower levels of participation in physical and relational aggression. This needs further exploration. Our finding that 16.9% of the public school girls reported having been sexually assaulted confirms earlier research in the school district (Artz, 1998). Our finding that victimization by males and victimization by females is significantly correlated with the use of physical aggression as expected and confirms earlier research in the district and many years of previous research on the relationship between victimization and the use of violence (see, for example, Katz, 2004 for an in-depth discussion).

Our findings about victimization suggest it is important to consider when working with young people who use aggression and violence. Interventions that seek to prevent or reduce aggression and violence must deal with the victimization of those involved. For girls, sexual victimization is an ever-present risk that must be addressed preventatively as well as in its aftermath. All victimization, especially sexual victimization, marks those who have experienced it with post-traumatic stress that must be dealt with.

Our findings with regard to the significant gender differences in the means of our subscale responses for public school males and females were largely expected and reflect findings similar to those reported by previous cohorts in these schools in 1993 and 1998 for all the items that were repeated in our survey: values, reciprocity, peer acceptance, problematic moral attitudes, number of fears (Artz & Riecken, 1994a&b; Artz, 1998, Artz, Riecken, MacIntyre, Lam and Maczewski, 1999b). Girls seem to have experienced a more positive socialization. In designing aggression prevention programs for girls', even aggressive girls', positive social orientation can support our efforts to build relationships with them. We note, however, that despite overall positive social orientation of girls, such an orientation does preclude girls' engaging in aggression and violence. Girls who reported using physical violence also reported a negative association for reciprocity and values. This finding is of particular interest because it is inconsistent with previous findings in which only boys had a negative association of this kind (Artz, 1998, Artz & Van Domselaar, 1996). Something has changed since 1993 and 1998 when we first gathered data about values. The latest data suggests that negative social values now play a role for girls and that the development of positive values must play a role in violence prevention programs for girls.

Despite the overall significant differences in moral attitudes between boys and girls, with girls reporting higher positive scores, we found that an endorsement of moral attitudes that support the use of aggression and violence is significantly associated with both girls' and boys' self-reported use of physical aggression. This finding was as expected and confirms earlier research conducted in the district (Artz, 1998). Thus, for both girls and boys, moral attitudes play a significant role and need

to be examined and challenged as part of any violence prevention approach.

The finding that girls have higher levels of emotional intelligence confirms previous research by Petrides and Furnham (2000), and the finding that girls have higher levels of empathy confirms research by Davis (1983). However, while we expected a gender difference in emotional intelligence and empathy, we also expected that lower scores on emotional intelligence and empathy would be related to the use of physical aggression (Hastings, Zahn-Waxler, Robinson, Usher, & Bridges, 2000; Schonert-Reichl, under review). Our data did not support this expectation. The lack of relationship between emotional intelligence and empathy and the use of physical aggression in our data could be due to the age differences between participants in our study and participants in other studies (i.e., both the Hastings et al., and the Schonert-Reichl studies involved younger children). The impact of age differences should be further explored. It is also possible that males' self-reports overestimated their emotional intelligence (Petrides, Frederickson, & Furnham, 2004) and thereby artificially reduced the possibility of a relationship emerging between low emotional intelligence and physical violence. Our findings do suggest that beginning with emotional intelligence and empathy training with males may not yield the expected violence prevention result despite the current endorsement of this approach.

Our finding that females had higher levels of rejection sensitivity confirms previous research by Downey, Irwin, Ramsey and Ayduk (2004). It also points to girls' greater social sensitivity, but as with emotional intelligence and empathy, the expected correlation between rejection sensitivity and the use of physical aggression was not supported. The non-support for the findings of Downey et al. could be explained by the age difference between participants in our study and those who took part in studies on adults conducted by Downey et al. (2004). The lack of relationship in our study theirs suggests that working on rejection sensitivity in the context of violence prevention may not be the best use of available resources.

Social interdependence, as described in our subscale, has not been previously explored by gender. It may be important to further research gender differences, however, given that the social interdependence subscale was not significantly correlated to self-reported use of physical aggression (see Table 4), this subscale may not be relevant to learning more about girls (or boys) and their use of aggression and violence.

Therefore our data point to key issues that require attention in violence prevention: victimization, the use of other forms of aggression such as relational and sexual aggression, stereotypical masculine self-descriptions that depict one as tough, powerful, assertive, dominant, hard, and so forth, and moral attitudes that support aggressive and violent behavior. While these factors play a significant role in the use of violence for both male and female students, they need to be understood in terms of their gender scripts. We believe that single sex programs stand a better chance of having an impact than co-educational approaches given our finding regarding the significantly higher involvement of males in the use of violence, the role of masculinity for boys and masculinization for girls, the differential role of social values for girls, and the high number of overall gender differences with respect to the corre-

lates for the use of aggression and violence. Given the absence of any connection between emotional intelligence, empathy and rejection sensitivity, and the use of violence, our findings suggest that much time, trouble, and expense can be saved by focusing on the relatively few and dare we say, straightforward contributing factors that underpin young people's use of aggression and violence.

Table 1: Demographic Percentages for Male and Female Students

	Public Schools		Private School
	Males	Females	Females
	N=146	N=118	N=70
	%(N)	%(N)	%(N)
Age			
12 years old	13 (19)	16.1 (19)	1.4 (1)
13 years old	29.5(43)	26.3(31)	31.4(22)
14 years old	47.9(70)	52.5(62)	42.9(30)
15 years old	9.6(14)	5.1(6)	21.4(15)
16 years old	0	0	2.9(2)
Grade			
7	15(23)	16.9(20)	0
8	37(54)	28.8(34)	50(35)
9	47.3(69)	54.2(64)	50(35)
Ethnicity			
African/Caribbean	0.7(1)	0.8(1)	1.4(1)
Asian	2.1(3)	0.8(1)	28.6(20)
Caucasian	83.6(122)	86.3(101)	64.3(45)
Aboriginal	6.2(9)	6.0(7)	1.4(1)
South Asian	0.7(1)	0.8(1)	4.3(3)
Other	6.7(9)	5.1(7)	1.4(1)
First Language English	95.9(140)	99.1(116)	68.6(48)

Table 2: Violence Percentages for Male and Female Students

	Public Schools		Private School
	Males	Females	Females
	N=146	N=118	N=70
Use Physical Violence	77.9	52.2	31.2
Use Relational Violence	83.6	76.2	61.9
Use Sexual Aggression/Harassment	56.8	31.3	14.3
Global Victimization	58	35	63.1
Victimized Physically at			
School	43.2	6.8	19
Home	9.6	6.8	9.2
In a Romantic Couple	16.4	19.8	23.5
Sexually Assaulted	1.4	16.9	1.9

Table 3: Means of Subscale Responses for Male and Female Public School Students

	Males		Females	
	Number	Mean Response	Number	Mean Response
Subscales				
Masculinity	146	2.67	117	2.50(**)
Femininity	146	2.58	117	2.87(***)
Stereotype	145	2.02	118	1.54(***)
Rejection Sensitivity	143	1.71	118	2.00(***)
Romantic Partner	23	2.17	23	2.27
Emotional Intelligence	145	2.71	117	2.83(**)
Values	145	3.02	118	3.23(***)
Reciprocity	145	3.16	117	3.54(***)
Peer Acceptance	145	2.57	118	2.40(*)
Empathy	144	2.48	117	2.73(***)
Problematic Moral Attitudes	136	2.36	117	1.89(***)
Self-Esteem	137	3.04	117	2.90
Number of Fears	138	.940	117	1.44(*)
Victimization by Males	141	.939	117	.531(***)
Victimization by Females	140	.465	116	.476
Overall Aggression	140	.701	115	.412(***)
Relational Violence	140	.436	115	.241(***)
Sexual Aggression/Harassment	139	.317	115	.116(***)
School Connectedness	34	2.45	115	2.58

*p<.05, **p<.01, *** p<.001

Table 4: Correlations for Subscale Responses for Male and Female Users of Physical Aggression

Subscales	Public Schools Males N=146	Public Schools Females N=118	Private School Females N=70
Masculinity	.204*	.217**	.248**
Femininity	.007	-.111	-.156
Stereotype	.055	-.037	-.184
Rejection Sensitivity	.141	.109	.119
Emotional Intelligence	.113	.114	-.014
Relational Violence	.593**	.714**	.543**
Sexual Aggression/Harassment	.514**	.491**	.208
Reciprocity	-.023	-.210**	-.308**
Peer Acceptance	.063	-.038	-.122
Values	.089	-.186**	-.328**
Empathy	-.025	-.071	-.060
Moral Attitude	.284**	.342**	489**
Self-Esteem	.022	-.028	-.098
Number of Fears	.133	.075	-.097
Victimization by Males	.483**	.506**	.441**
Victimization by Female	.424**	.560**	.600**
School Connectedness	-.004	-.151	-.043

*p<.05, **p<.001 (two tailed)

References

AAUW Educational Foundation (1998). Separated by sex: A critical look at single-sex education for girls. www.aauw.org/takeaction/policyissues/single_sex.cfm

Alder, C., & Worall, A. (Eds.). (2004). Girls' violence: Myths and realities. New York, NY: Suny Press.

Artz, S. (1998). Where have all the school girls gone?: Violent girls in the school yard. Child and Youth Care Forum, 27(2), 77-109.

Artz, S., Blais, M., & Nicholson D. (2000). Developing Girls' Custody Units: Phase I Report to Justice Canada. Ottawa, Ontario, Canada: Justice Canada.

Artz, S., Nicholson, D., & McNamara, J. (2003). The Survey of Student Relationships. Unpublished survey instrument. Available from sartz@uvic.ca

Artz, S., & Riecken, T. (1994a). A study of violence among adolescent female students in a suburban school district. Ministry of Education, Research & Evaluation Branch, and Gender Equity Programs.

Artz, S., & Riecken, T. (1994b). Final report: A study of violence among adolescent female students in a suburban school district, for Gender Equity Programs, Ministry of Education and Ministry Responsible for Multiculturalism and Human Rights.

Artz, S., & Riecken, T. (1995a). Final report: A study of violence among adolescent female students in a suburban school district, for the Vancouver Foundation.

Artz, S., & Riecken, T. (1995b). A community-based violence project, first quarter report, B.C. Health Research Foundation.

Artz, S., & Riecken, T. (1997). What, so what, then what?: The gender gap in school-based violence and its implications for child and youth care practice. Child and Youth Care Forum 26(4):291-303.

Artz, S., Riecken, T., MacIntyre, B., & Lam, E. (1997). A community-based violence prevention project, fourth quarter report. Submitted to the BC Health Research Foundation.

Artz, S., Riecken, T., MacIntyre, B., Lam, E., & Maczewski, M. (1998). A community-based   violence prevention project, sixth quarter report. Submitted to the BC Health Research Foundation.

Artz, S., Riecken, T., MacIntyre, B., Lam, E., & Maczewski, M. (1999a). A community-based   violence prevention project, seventh quarter report. Submitted to the BC Health Research Foundation.

Artz, S., Riecken, T., MacIntyre, B., Lam, E., & Maczewski, M. (1999b). A community-based violence prevention project, final report. Submitted to the BC Health Research Foundation.

Artz, S., Riecken. T., MacIntyre, B., Lam, E., & Maczewski, M. (2000). Theorizing gender Differences in receptivity to violence prevention programs in schools. BC Counselor 22(1): 7-36.

Artz, S., & Van Domselaar, T. (1996). Behavioral and attitudinal predictors of youth violence: Focus on gender differences. Unpublished manuscript, School of Child and Youth Care University of Victoria, Victoria, British Columbia, Canada.

Barnes, G. (1991). Northern family life survey. University of Victoria (School of Child and Youth Care), Victoria, British Columbia, Canada.

Bem, S.L. (1974). The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology 42: 155-62.

Chesney-Lind, M., & Shelden, R. (1998). Girls, delinquency and juvenile justice (2nd ed.). Belmont, CA: West/Wadsworth.

Craig, W.M. (1998). The relationship among bullying, victimization, depression, anxiety, and aggression in elementary school children. Personality and Individual Differences 1: 123-130.

Dahlberg, L., Toal, S., & Behrens, C. (1998). Measuring violence related attitudes, beliefs, and behaviors among youths: A compendium of assessment tools. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

David, C.F., & Kistner, J.A. (2000). Do positive self-perceptions have a "dark side?" Examination of the link between perceptual bias and aggression. Journal of Abnormal Child Psychology 28: 327-337.

Davis, M.H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality and Social Psychology 44: 113-126.

Doob, A., & Cesaroni, C. (2004). Responding to Youth Crime in Canada. Toronto, Ontario, Canada: University of Toronto Press.

Downey, G., & Feldman, S. (1996). Implications of rejection sensitivity for intimate relationships. J ournal of Personality and Social Psychology 70: 1327-1343.

Downey, G., Irwin, L., Ramsey, M., & Ayduk, O. (2004). Rejection sensitivity and girls' aggression. In M. Moretti, C. Odgers, & M. Jackson (Eds.), Girls and aggression: Contributing factors and intervention principles (pp. 7-25). New York, NY: Kluwer Academic/Plenum.

Geiger, T., Zimmer-Gembec, M., & Crick, N. (2005). The science of relational aggression: Can we guide intervention? In M. Moretti, C. Odgers, & M. Jackson, (Eds.), Girls and aggression: Contributing factors and intervention principles (pp. 57-73). New York, NY: Kluwer Academic/Plenum.

Hamilton, M. (1985). Performance levels in science and other subjects for Jamaican adolescents attending single-sex and coeducational high schools. International Science Education 69(4): 535-547.

Hastings, P., Zahn-Waxler, C., Robinson, J., Usher, B., & Bridges, D. (2000). The development of concern for others in children with behavior problems. Developmental Psychology 36(5): 531-546.

Hennington, C., Hughes, J., Cavell, T., & Thompson, B. (1998). The role of relational aggression in identifying aggressive boys and girls. Journal of School Psychology 36: 457-477.

Hindelang, M.J., Hirschi, T., & Weis, J.G. (1981). Measuring delinquency. Beverly Hills, CA: Sage.

Jessor, R., & Jessor, S.L. (1977). Problem behaviors and psychosocial development: A longitudinal study of youth. New York, NY: Academic Press.

Johnson, D.W., & Johnson, R.T. (1996). Meaningful and manageable assessment through cooperative learning. Edina, MN: Interaction Book Company.

Katz, R. (2004). Explaining girls' and women's crime and desistance in the context of their victimization experiences: A developmental test of revised strain theory and the life course perspective. In M. Chesney-Lind, & L. Pasko (Eds.), Girls, women and crime: Selected readings (pp. 24-41). Thousand Oaks, CA: Sage.

Macklem, G. (2003). Bullying and teasing: Social power in children's groups. New York, NY: Kluwer Academic/Plenum.

Magnuson, D. (2002). Qualities of moral experience under cooperative, competitive and individualistic conditions. Unpublished manuscript, University of Northern Iowa, School of Health, Physical Education and Leisure Services.

Moretti, M., Holland, R., & McKay, S. (2001). Self-other representations and relational and overt aggression in adolescent girls and boys. Behavioral Sciences and the Law 19: 109-126.

Moretti, M., & Odgers, C. (2002). Aggressive and violent girls: Prevalence, profiles and contributing factors. In R. Corrado, R. Roesch, S.Hart, & J. Gierowski, (Eds.), Multi-Problem and violent youth: A foundation for comparative research (pp. 116-129). Amsterdam: IOS Press.

Petrides, K., Frederickson, N., & Furnham, A. (2004). The role of trait emotional intelligence in academic performance and deviant behavior at school. Personality and Individual Differences, 36, 377-293.

Petrides, K., & Furnham, A. (2000). Gender differences in measured and self-estimated trait emotional intelligence. Sex Roles, 42(5-6), 449-461.

Reitsma-Street, M., Artz, S., & Nicholson, D. (2005). Canadian girls and crime in the 21st Century. In J.A. Winterdyk, Issues and perspectives on young of-

fenders in Canada (3rd ed., pp. 57-82). Toronto, Ontario, Canada: Nelson.

Riecken, T., Artz, S., MacIntyre, B., Lam, E., & Maczewski, M. (1998). A commu-
nity-based violence prevention project, fifth quarter report. Manuscript
submitted for publication.

Riordan, C. (1990). Girls and boys in school: Together or separate? New York, NY:
Teachers College Press.

Roecker, C.E., Caprini, J., Dickerson, J., Parks, E., & Barton, A. (1999, March). Chil-
dren's responses to overt and relational aggression. Paper presented at the
Biennial Meeting of the Society for Research in Child Development, Albu-
querque, NM.

Schonert-Reichl, K., Smith, V., & Zaidman-Zait, A. (under review). Effects of the
"Roots of Empathy" program on children's emotional and social competence
(Available from K. Schonert-Riechl, University of British Columbia Depart-
ment of Educational and Counselling Psychology, and Special Education,
2125 Main Mall, Vancouver, B.C., V6T 1Z4).

Schutte, N., & Malouff, M. (1999). Measuring emotional intelligence and related
constructs.

Lewiston, NY: Edwin Mellen Press. Scale derived from Schutte, N.S., Malouff, J.M.,
Hall, L.E., Haggerty, D., Cooper, J.T., Golden, C., & Dornheim, L. (1998). De-
velopment and validation of a measure of emotional intelligence. Personality
and Individual Differences, 25: 167-177.

Sprott, J., & Doob, A. (2004). Trends in youth crime in Canada. In K. Campbell
(Ed.) Youth justice in Canada (pp. 114-134). Toronto, Ontario, Canada: Pear-
son Education.

Sustainable Calgary (2002, Spring). Sense of community Calgary. Retrieved Octo-
ber 3, 2003 from http://www.sustainablecalgary.ca/related/soc.may2.pdf

UK Home Office (2003). Building a picture of community cohesion: A guide for
local authorities and their partners. Retrieved October, 3, 2003 from http://
www.homeoffice.gov.uk/docs2/buildpicturecomcohesion.html

Vaillancourt, T., & Hymel, S. (2004). The social context of children's aggression.
In M. Moretti, C. Odgers, & M. Jackson (Eds.). Girls and aggression: Con-
tributing factors and intervention principles (pp. 57-73). New York, NY:
Kluwer Academic/Plenum

SERVICE DELIVERY BEYOND BORDERS – WORKING WITH CHILDREN AND YOUTH IN CONFLICT WITH THE LAW

Prof. Desirée de Kock
Associate Professor, Child and Youth Care
Department of Social Work, UNISA, South Africa

ABSTRACT: At the end of August 2005 there were 1160 unsentenced young persons under the age of 18 in the care of the South African National Department Correctional Services and at the end of March 2006 1203 unsentenced young persons. In Gauteng, the smallest province in South Africa, 1.3% of the children and youth population are in conflict with the law. Research done in 2003/4 has shown that poverty is the main reason for children and youth coming into conflict with the law, followed by peer pressure and gangsterism.

This phenomenon is of great concern for social workers, child and youth care workers, teachers, psychologists, prosecutors, judges, and politicians. The Gauteng Provincial Department of Social Development aims at reducing the number of children and youths awaiting trial in Gauteng in 2014 by 50%. This objective poses a challenge to a number of professionals to reach beyond their professional borders to work together to ensure a better future for our children and youths. Although this is a service delivery strategy for the Gauteng Provincial Department of Social Development, services to address this matter need to be rendered beyond the Gauteng border because children and youths enter Gauteng from other provinces searching for a better future and get trapped in a snowballing of poverty and crime in their struggle for survival.

Based on recent research done in South Africa, this article focuses on the ways different professionals address the phenomenon of children and youths in conflict with the law, by considering the needs of these children and youths and by changing their environment through education and prevention services.

KEYWORDS: Child and youth care; awaiting trial youth; professional services

INTRODUCTION

Despite the development and implementation of a social welfare policy which has a strong developmental approach, through the publication if the White Paper for Social Welfare in Government Gazette No. 18166, 8 August 1997, the implementation of the recommendations of the Inter-Ministerial Committee on Children and Youth at Risk, and a restorative justice approach in dealing with children and youth in conflict with the law (Maepa, 2005), violent behaviour and crime committed by young people under the age of 18 years are on the increase in South Africa

and are a serious concern for social workers, child and youth care workers, teach-ers, psychologists, prosecutors, judges, and politicians. This increase is evident from six newspaper articles published in a time period of 11 days (Beeld, 2006a; 2006b; 2006c; 2006d; 2006e; News 24, 2006).

Increasing numbers of South African newspaper articles (e.g. Beeld, 2002c:6; 2002d:4, 7) about young people coming into conflict with the law as well as a spate of South African televised documentary programmes about the ever-earlier age at which youngsters commit crime led to a qualitative research project conducted in Johannes-burg and the West Rand in Gauteng, South Africa by De Kock (2005a; 2005b) during 2003 and 2004. Newspaper articles (Beeld, 2002a:1; 2002b:1) about youths of 12 to 13 years raping an eight-year-old in the classroom during school hours, and a 12-year-old who had her grandmother murdered, led the researcher to question whether we as child and youth care practitioners as well as other social service professionals are really addressing the factors causing our youth to come into conflict with the law. This also led the researcher to ask the question: What has happened in a young person's life that he or she ends up committing violent crimes such as these?

The purpose of this research was to gather information from the young peo-ple themselves to determine which factors contributed to their coming into conflict with the law by taking into account their own stories and personal interviews. These young people were all between 13 and 18 years old. De Kock (2005) interviewed 28 young people and received life stories from 39 young people who were awaiting trial between March 2003 and May 2004 in five different facilities (Child Care Centres and Places of Safety) in Gauteng. Of these 67 participants 63 were black (including participants form the Black and Coloured population groups) and four were white.

After the data was analysed, the following research findings were reported:

1. Family circumstances:
- 47 (74.6%) of the 63 black children did not experience circumstances at home that contributed to their coming in conflict with the law.
- All 10 of the youths who stayed with other relatives reported ill treatment such as being abused, not having enough to eat, being chased away, or not being able to go to school.
- Only six (6) of the youths who stayed with their own parent(s) reported the same ill treatment as those who stayed with other relatives.
- In contrast with the responses from the black youths, 60%, three of the four white youths (60%) reported abuse by their parents or step-parents and two were removed and placed in children's homes in terms of the Child Care Act, no. 74 of 1983.

2. Factors contributing to criminal behaviour:
- Eleven of the youths denied committing any crimes and therefore did not indicate any factors which could contribute to coming in conflict with the law.
- Although, in most of the cases, peers/friends and drugs and gangsters adults and drugs went together as factors contributing to the young people

coming in conflict with the law the majority (21 of the 56 or 37,5%) of the young people viewed the influence of peers and friends as the major factor contributing to their coming in conflict with the law; the second major factor was poverty (16 of the 56 or 28,6%); then followed the use of drugs (11 of the 56 or 19,4%); only 9 of the 56 (16%) were influenced by gangsters or adults to commit crime and lastly 7 of the 56 (12,5%) gave other factors such as self-defence, being set-up and not viewing the act as a criminal offence as reasons for their detention.

These findings brought a new dimension to working with these young people as they differed from the traditional literature which indicated disrupted or dysfunctional families as the main contributing factor for young people to come into conflict with the law. Included in the category of dysfunctional families were divorce, child abuse, child neglect, and alcohol and substance abuse, but these were not manifest as the main factors in this study (Cronjé et al., 1987; Kratcoski & Kratcoski, 1990; Shoemaker, 1990; Hollin, 1992; Regoli & Hewitt, 1997; Hoffman & Summers, 2001). The fact that elder siblings experienced co-responsibility for their younger siblings and then came into conflict with the law while assisting parents in making ends meet has also not been identified as a contributing factor in this study. The research findings that friends and peer group relationships, drug abuse, and gangsters are contributing factors for young people coming into conflict with the law were supported by the literature cited above. In this study the youths identified poverty as the second major factor contributing to their coming into conflict with the law. Recent research done by Bezuidenhout (2004) and Bezuidenhout & Joubert (2003) confirmed poverty related issues play a significant role as a causal factor for youth coming in conflict with the law.

In this study, the concept youth refers to a child between the ages of 12 and 18 years old. Current statistics show that there are 1203 unsentenced young persons (43 more than in 2005) in the care of the National Department of Correctional Services, excluding those who were in the care of institutions registered with the National Department of Social Development. Of these young people 341 committed economic crimes (theft and shoplifting), and 657 committed aggressive crimes such as armed robbery and robbery (South Africa, 2005; South Africa, 2006). Likewise, the research done by Bezuidenhout (2004) and Bezuidenhout & Joubert (2003) also indicated that the motivation for violent and aggressive crimes lies in poverty related factors and not because of anger or the urge to hurt someone. The gains from armed robbery and robbery are much more than petty theft and can provide more resources to the family.

The findings from the qualitative study could not be generalised to the greater population of young people coming into conflict with the law. To attempt such a generalization, the researcher conducted a quantitative study during 2005.

The rest of this article focuses on the research methodology used in obtaining the data, the instrument used in this research, the data collection process, and the analysis of the data. Following that is a discussion about the service delivery of different professional, and then conclusions regarding the research results.

RESEARCH PROJECT

The research project was conducted during June and July 2005 at all the Secure Care Centres and two of the four Places of Safety in the Gauteng province in South Africa. The aim of this research project was to test if the circumstances and experiences the youths in the qualitative study identified as contributing to their decision to commit a crime could be regarded as true for youth in the general population coming into conflict with the law.

Methodology and method of enquiry

Quantitative research methodology was the most suitable to test if the findings from the qualitative study could be generalised to the greater population of young people coming into conflict with the law. A survey was used as the method of enquiry (Terre Blanche, Durrheim & Painter, 2006; Alreck & Settle, 1995; De Vos, Strydom, Fouché & Delport, 2005).

Target population and sampling method

Due to time and budget constraints, a countrywide study was not possible. The target population of this study, therefore, included all young people awaiting trial or sentencing in Child Care Centres and Places of Safety in the Gauteng Province (South Africa), during June and July 2005. This included two of the four Places of Safety and five Child Care Centres in Gauteng. The two Places of Safety not included in this study did not make provision to accommodate young people in conflict with the law.

The distribution of the target population in those facilities accommodating young people during the research period was as follows:

Table 1: *Target Population*

Institution	Number of Young People	Number of Young People to Court	Number of Young People Available
Child Care Centre L	174	14	160
Child Care Centre M	203	20	183
Child Care Centre W	70	12	58
Child Care Centre P	54	7	47
Child Care Centre J	40	10	30
Place of Safety N	3	0	3
Place of Safety T	3	0	3
Total Population	**547**	**63**	**484**

The lower the target population, the higher the sample is needed for the results to be representative of the target population. Therefore, due to the relative low target population (total of 484 young persons) and to ensure a representative response, the researcher did not use any sampling method (Terre Blanche et al., 2006).

The target population (484 individuals) consisted of male and female youths who were awaiting trial or sentencing in Secure Care Centres and Places of Safety in Gauteng, South Africa. These youths were between 12 and 18 years old. However, there was also one male who was only 9 years old. These youths also represented all the population groups in South Africa namely, Black, Coloured, Indian, and White.

Data collection instrument

Findings of the qualitative studies were used to compile the questionnaire. The questions were formulated pertaining to the living conditions before their arrest. The alleged crimes as well as the statements in sections 2 and 3 of the questionnaire were taken from the findings of the qualitative study. The questionnaire consisted of three sections and 44 questions. The first section covered biographical data of the respondents: gender, population group, age, family composition, family circumstances, and alleged crime(s). Multiple-choice items included single and multiresponses (Alreck & Settle, 1995). To ensure that respondents understood the questions, it was stated clearly that they should indicate where they stayed before their arrest. In other cases it was stipulated when they should indicate one only item or more than one item. In sections 2 and 3 statements were used to determine the degree of influence of certain variables on the respondent's behaviour. These statements were based on their life experiences and motivational factors that contributed to their coming into conflict with the law as identified in the qualitative study. In the questionnaire the respondents had to indicate the degree in which these played a role in their lives: Always, Most of the time, Sometimes, and Never (De Vos, et al. 2005). The variables addressed in the statements are the influence of poverty, peers and friends, and drugs and gangsters or adults. Table 2 shows the structure of the questionnaires:

Table 2: *Structure of the Questionnaires*

Focus area	Response Type	Relevance to the Qualitative Research
Section 1:		
Gender	Indicate the correct answer	
Population group	Multiple-choice - single item	Diversity of youth in conflict with the law
Age	Multiple-choice - single item	Age variation of participants in the qualitative study
Sibling information	Multiple-choice - single item	
Family composition (siblings)	Multiple-choice – multi-responses	

Table 2: *Structure of the Questionnaires*

Focus area	Response Type	Relevance to the Qualitative Research
Family circumstances (living conditions before arrest)	Multiple-choice – single item	Family circumstances
Alleged crime	Multiple-choice – multi-responses	Alleged crimes of young people interviewed
Section 2:		
Personal views on what contributed to young person coming into conflict with the law	Always/Most of the time/ Sometimes/Never	Questions formulated from circumstances given by participants in the qualitative study.
Section 3:		
Personal views on crime	Always/Most of the time/ Sometimes/Never	Questions formulated from views given by participants in the qualitative study.

Because English is a second or third language for most of the young people in the target population and the reality that most of them dropped out of school, linear numeric scales were not used in the questionnaire. The "Always/Most of the time/Sometimes/Never" self-anchored rating scale was used. Ambiguous, leading, and loaded questions were avoided to make sure the questions were stated clearly and could be understood easily. Pilot testing was done to ensure that the questions were clear, the instructions were understandable, the language was comprehensible, and the questions could be completed. The pilot tests also gauged whether the responses were usable and would provide the information needed. Two boys aged 12 and 13 were used to pilot test the questionnaire, although they were not in conflict with the law, they were requested to pretend that they were accused of burglary and answer the questions reflecting that background. Minor changes were made before the duplication and distribution of the questionnaires.

Ethical considerations

The Gauteng Provincial Department of Social and Population Development granted the permission to conduct this research with young people in conflict with the law in all Child Care Centres and Places of Safety in Gauteng. During 2005 the Provincial Department confirmed the approval of the research project with the different institutions. Permission was requested to conduct the quantitative research project at the various institutions via the directors or heads of the centre. After permission was granted, arrangements were made with the relevant staff at the institutions.

None of the young people were forced to complete a questionnaire. The information gathered was treated with confidentiality, and the questionnaires were completed anonymously. Some of the young people requested to include their names on the questionnaires. They were allowed to do so, but for research purposes, that information was ignored.

Data collection method

Liaisons were established with the heads of the facilities, social workers, and child and youth care workers. Appointments were made to visit the different facilities during the school holidays to ensure that the normal school programme was not disrupted. Questionnaires were personally distributed and collected as soon as the young people completed them. The social worker(s) and child and youth care worker(s) assisted in gathering the young people in the dining room or recreation hall of the facility. The purpose of the research was explained to the young people. Because of communication barriers due to the use of English in the questionnaire and the differentiation of the education levels of the young people, a flip chart was used to explain how to complete the questionnaire, especially sections 2 and 3. The respondents had to indicate for each statement Always, Most of the time, Sometimes, or Never true in their circumstances. The social worker(s) and child and youth care worker(s) also assisted the young people in their African language when they were uncertain what to do. The questionnaires were distributed and collected the at the seven facilities over a period of four days. The following table reflects the participation of the respondents:

Table 3: *Participation of Respondents*

Institution	Number of young people available (a)	Number of questionnaires completed (b)	% Of young people who participated (A v B)	Number of spoiled questionnaires	Number of questionnaires used (c)	% of questionnaires analysed (C v A)
Child Care Centre L	160	120	75	10	110	68.8
Child Care Centre M	183	143	78.1	14	129	70.5
Child Care Centre W	58	58	100	8	50	86.2
Child Care Centre P	47	47	100	7	44	93.6
Child Care Centre J	30	30	100	1	29	96.7
Place of Safety N	3	3	100	0	3	100
Place of Safety T	3	3	100	0	3	100
Total Population	**484**	**404**	**83.5**	**40**	**368**	**76**

The response rate (completed questionnaires) from the young people was 83.5%, which was very good. Despite the fact that 40 of the questionnaires could not be analysed, the response rate with the usable questionnaires was still 76.03%, which indicates that the data collected from the respondents could be generalised to the greater population of young people in conflict with the law (Terre Blanche et al, 2006).

Data analysis

The questionnaires were coded as they were received and then computerised using the Moonstats 2 program. Univariate and bivariate statistical analyses were done. The data coding and levels of measurement used in this study are explained in the following table:

Table 4: *Data Coding and Levels of Measurement*

Variable	Labels	Measurement Level
Refnum	(A reference number for each questionnaire)	None
Section 1:		
Gender	1 = Male; 2 = Female	Nominal
Population group	1 = Black; 2 = Coloured 3 = Indian; 4 = White	Nominal
Age	Age in years	Ratio
Sibling information	All options listed varied from 1 – 4 and coded as such	Nominal
Family composition (siblings)	All options listed varied from 1 – 8 and coded as such, adding 9 = Brothers and sisters younger and older than me 10 = Brothers and sisters older than me 11 = Brothers and sisters younger than me 12 = I am the only child	Nominal
Family circumstances (living conditions before arrest)	All options listed varied from 1 – 15 and coded as such, adding 16 = with a friend 17 = both parents and other family members 18 = both grandparents	Nominal
Alleged crime	All options listed varied from 1 – 22 and coded as such	Nominal
Section 2:		
Personal views on what contributed to young person coming into conflict with the law (Statements 8 – 30)	1 = Always; 2 = Most of the time 3 = Sometimes; 4 = Never	Ordinal
Section 3:		
Personal views on crime and behaviour (Statements 31 – 44)	1 = Always; 2 = Most of the time 3 = Sometimes; 4 = Never	Ordinal

Validity and reliability

Content validity was ensured by including all the themes reported in the qualitative study and which were the focus of this study, namely the childhood experiences of the young people, which in their opinion contributed to their coming into conflict with the law and their moral interpretation of crime (De Vos et al., 2005).

The Spearman Rank Order Correlation Test was used to determine statistical significant correlations between statements related to the same factor. This correlation test was used because it could not be assumed that the variables (Always, Most

of the time, Sometimes and Never) were approximately normally distributed. The statements related to poverty as well as the statements related to the use of drugs tested with a statistical significant correlation at the 1% level. Four of the statements referring to the influence of peers and friends tested with a statistical significant correlation at the 1% level and the other one at the 5% level. Two of the three statements referring to the influence of gangsters or adults on the youth coming into conflict with the law tested with a statistical significant correlation at the 5% level and the other one at the 1% level. The same test was also used to determine statistical significant correlations between the statements relating to political factors which may influence an individual's personal views pertaining to crime. These statements all tested with a statistical significant correlation of 1%. The statistical significant correlation between these statements indicates the validity of the questionnaire (See annexure A for the questionnaire).

The pilot testing of the questionnaire assisted in enhancing the reliability of the questionnaire. Furthermore, the questions were formulated in an unambiguous way, and the constructs in this study were clearly formulated. Different levels of measurement were used, and multiple indicators of a variable in the questionnaire were used (De Vos et al, 2005).

RESEARCH RESULTS

Biographical information
Gender and population group
The majority of the respondents were male (345 or 93.8%), and the majority of the respondents (84.9%) were from the Black population group. The distribution of the population groups are as follows:
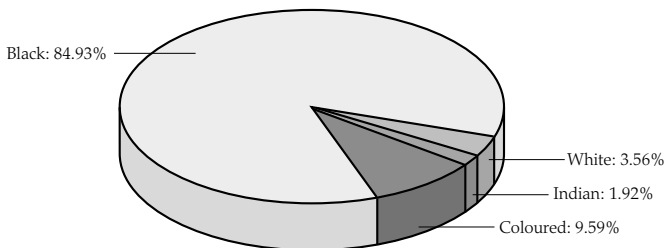
Figure 1: Distribution of Population Groups

Age and family composition
The majority of the respondents were 17 years old (36.9%), one respondent indicated his age as 9 years, and two of the respondents did not indicate their age. Children of this age should generally not be kept in custody. However, the crime

the child was accused of robbery. The following bar chart shows the age distribution of the respondents:
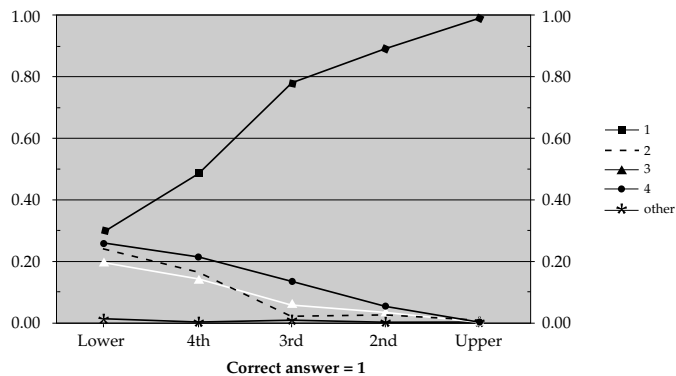
Figure 2: *Age Distribution of Respondents*

In South Africa, it is compulsory to attend school up to the age of 15 years. It is a serious concern that a total of 343 of the respondents (66.4%) were 16 and 17 years old. This might be an indication that many of those leaving school were not able to find employment and then turned to crime for survival.

Pertaining to the siblings in the family, only 28 respondents (7.7%) did not have any brothers or sisters, and five did not give an indication if they had brothers or sisters. The majority of them (51%) had brothers and sisters.

The following table gives an overview of the family composition with reference to the siblings:

Table 4: *Family Compositions – Representation of Siblings*

Sibling Statement	Number of respondents	%
My brother is older than me.	38	10.70
My brother is younger than me.	29	8.17
I have an elder and younger brother.	16	4.51
My sister is older than me.	26	7.32
My sister is younger than me.	28	7.89
I have an elder and younger sister.	12	3.38
I have an elder brother and younger sister.	42	11.83
My brother is older than me.	38	10.70
My brother is younger than me.	29	8.17
I have an elder and younger brother.	16	4.51
My sister is older than me.	26	7.32

Table 4: *Family Compositions – Representation of Siblings*

Sibling Statement	Number of respondents	%
My sister is younger than me.	28	7.89
I have an elder and younger sister.	12	3.38
I have an elder brother and younger sister.	42	11.83
I have an elder sister and younger brother.	24	6.76
My brothers and sisters are younger and older than me.	63	17.75
My brother(s) and sister(s) are older than me.	26	7.32
My brother(s) and sister(s) are younger than me.	23	6.48
I am the only child.	28	7.89
Total	**355**	**100**

Residence prior to arrest

The majority of the respondents (20.1%) indicated that they stayed with their parents. Another 6.15% stayed with both parents and other family members prior to their arrest. Another 18.4% stayed with their mothers, and 14.5% stayed with their mothers and other family members. In the past (20+ years ago) the disintegration and maladjustment of the family were the major factors that contributed to young people coming into conflict with the law. The fact that the majority of the respondents stayed with both parents is an indication that, in South Africa, the factors for young people coming into conflict with the law are changing. It is not the disintegration and dysfunctioning of the family that contribute to young persons coming into conflict with the law, especially those coming from previous disadvantaged backgrounds. It is the cohesion and quality of life, specifically the financial quality of life that contributes to this phenomenon (Bezuidenhout, 2004; Bezuidenhout & Joubert, 2003) Special risk factors mentioned by Bezuidenhout and Joubert (2003: 75, 76) are "poverty, poor environment," and "an economically stressed family." Even under community factors contributing to the crime risk in South Africa, poverty is the first factor to be listed. The following table shows the residence of the respondents before their arrest.

Table 5: *Residences of Respondents Before Arrest*

Residence Before Arrest	Number of respondents	%
Both my parents	72	20.11
My Mother	66	18.44
My Father	12	3.35
My mother and other family members	52	14.53
My father and other family members	12	3.35
My aunt and her family	8	2.23
My uncle and his family	14	3.91

Table 5: *Residences of Respondents Before Arrest*

Residence Before Arrest	Number of respondents	%
My brothers and sisters	24	6.70
My Grandmother	35	9.78
My Grandfather	4	1.12
Other family members	4	1.12
At a shelter	10	2.79
On the street	15	4.19
In a children's home	4	1.12
At a special school	1	0.28
With a friend	2	0.56
Both my parents and family	22	6.15
Both my Grandparents	1	0.28
Total	**358**	**100**

Alleged crimes

In comparison with the findings of the qualitative study, the alleged crimes committed by the respondents were as follows:

Table 6: *Alleged Crimes of the Respondents*

Alleged Crime	Number of respondents	%
Burglary (home)	85	23.1
Armed robbery	71	19.29
Robbery	69	18.75
Rape	42	11.41
Shoplifting	34	9.24
Assault	28	7.61
Other (Not specified (5) Theft – not specified (9) Indecent assault (1) Possession of a stolen fire arm (1) Possession of an unlicensed fire arm (1) Possession of stolen property (3) Malicious damage to property (4) Assault with aggravating circumstances (1)	25	6.79
Murder	20	5.43
Attempted murder	14	3.80
Possession of drugs	13	3.53
Car theft	12	3.26
Theft of a cell phone	12	3.26

Table 6: *Alleged Crimes of the Respondents*

Alleged Crime	Number of respondents	%
Theft out of a car	11	2.99
Burglary (shop)	11	2.99
Drug dealing	11	2.99
Theft of a handbag	8	2.17
Attempted rape	7	1.90
Hijacking	6	1.63
Attempted robbery	6	1.63
Fraud	6	1.63
Child abuse	3	0.82
Sodomy	3	0.82

Because 55 respondents (15%) were awaiting trial or sentencing on more than one criminal offence, no totals were given. Burglary (at a home), armed robbery, and robbery are the charges most of the respondents had against them. These are all serious charges, and armed robbery is generally heard in the High Court because of its jurisdiction on sentencing. It is also a serious concern that the number of respondents accused of rape is the fourth highest of all the crimes listed. Due to the seriousness of the crime, rape cases are only heard in the High Court because the minimum sentencing for rape is imprisonment for 15 years.

Circumstances that contributed to crime

The calculation of frequencies, means, standard deviations, and the Spearman Rank Order Correlation Test were used to determine statistical significant correlations between related factors.

Questions 8 – 30 focussed on circumstances which could contribute to young people coming into conflict with the law. The following table indicates how the questions could be grouped according to the circumstances which emerged from the qualitative study as well as the rating (1 = Always and 4 = Never) of the respondents:

Table 7: *Mean of Respondents' Ratings of Circumstances Contributing to Their Coming Into Conflict With the Law*

Factor Rating	Question Number	Mean
Poverty related circumstances:		
I committed the alleged crime to get food.	9	3.33
I committed the alleged crime to get money to pay my rent.	11	3.55
I committed the alleged crime to get money for food.	12	3.21

Table 7: *Mean of Respondents' Ratings of Circumstances Contributing to Their Coming Into Conflict With the Law*

Factor Rating	Question Number	Mean
I committed the alleged crime to get money for clothes.	14	2.82
I committed the alleged crime to help my parents with money.	15	3.25
I committed the alleged crime because I had no food.	17	3.31
I committed the alleged crime to sell the goods to get money.	18	2.81
I committed the alleged crime because I get money for/from it.	27	2.83
Circumstances related to the use of drugs:		
I committed the alleged crime to get money for drugs.	10	3.27
I used drugs before I committed the alleged crime.	19	3.20
I have more power when I use drugs.	20	3.18
Circumstances related to the influence of peers and friends:		
I committed the alleged crime to impress my friends.	8	3.42
I committed the alleged crime because my friends told me to do so.	13	3.60
I committed the alleged crime to get money for smart clothes.	21	2.73
I committed the alleged crime to get money to give to my friends.	22	3.74
I committed the alleged crime to get sweets to share with my friends.	23	3.68
Circumstances related to the influence of gangsters or adults:		
I committed the alleged crime because I am part of a gang.	16	3.38
I committed the alleged crime because I was the only one who could get through the window.	24	3.61
I committed the alleged crime because an adult told me to do it.	25	3.64
Other circumstances:		
I committed the alleged crime because I was very angry.	26	3.26
I committed the alleged crime because it was a challenge.	28	3.34
I did not view the alleged crime as a crime because we were playing.	29	3.48
I committed the alleged crime because I like doing crime.	30	3.66

Standard deviations varied from .78 to 1.26. In all instances approximately 68% of cases lay between one standard deviation below and one standard deviation above the mean. Code 1 was Always, code 2 was Most of the time, code 3 was Sometimes, and code 4 was Never. There was a mean of 3.66 with a standard deviation of .78, which indicated that most of the respondents selected "Sometimes" and "Never" to this factor contributing to their coming into conflict with the law. A mean of 2.81, with a standard deviation of 1.22, indicated that the majority of the respondents selected "Always," "Most of the time," and "Sometimes" contributing to their coming into

conflict with the law. Based on the means, the circumstances contributing to young people coming into conflict with the law are in order of importance as follows:

- Poverty related circumstances (mean: 3.14)
- Circumstances related to the use of drugs (mean: 3.22)
- Circumstances related to the influence of peers and friends (mean: 3.43)
- Other circumstances (mean: 3.44)
- Circumstances related to the influence of gangsters or adults (mean: 3.54)

The responses of the respondents confirmed the strong influence of poverty as a contributing factor to young people coming into conflict with the law in South Africa. The interrelatedness between factors such as poverty, peer pressure, gangsters, and the use of drugs was also confirmed (McWhirter, McWhirter, McWhirter & McWhirter, 2004; Bezuidenhout, 2004; Bezuidenhout & Joubert, 2003).

Personal views pertaining to crime

Young people's perceptions of crime were tested against the perceptions identified in the qualitative study, such as viewing the commitment of crime as being acceptable if you did it to meet your basic needs, if you were instructed by an adult to do so, if you did it with friends and for revenge. The background of being disadvantaged could also be regarded as a political issue in South Africa. The latter did not play any role in the qualitative study. From the qualitative study some of the young people did not regard their actions as a crime because they took food because they were hungry (shoplifting) or because they were playing (rape). Others were of the opinion that it was acceptable to harm others if they were harmed (assault), or they rationalised about their actions because they wanted to replace something they lost (theft). Table 9 shows the mean of the ratings of the respondents' views pertaining to crime:

Table 9: *Mean of the Ratings of Respondents' Views Pertaining to Crime*

Factor rating	Question Number	Mean	Mode
Political factors (being disadvantaged):			
It is okay to take a pencil from a classmate if he has two and I have none.	31	3.17	4
It is okay to take money from others who have more money than I do.	33	3.30	4
It is okay to do crime and take from the rich because I have nothing.	37	3.14	4
It is okay to do crime because I am disadvantaged.	43	3.42	4
Average:		3.26	
Other:			
It is okay to steal stuff to sell to get money for clothes.	32	3.40	4
If I lost something (such as a cell phone) it is okay to steal a TV to get money to replace my cell phone.	34	3.53	4

Table 9: *Mean of the Ratings of Respondents' Views Pertaining to Crime*

Factor rating	Question Number	Mean	Mode
It is okay to steal food if I am very hungry.	36	3.28	4
It is okay to do crime if I need money for food, but not to get money for drugs.	41	2.87	3
It is okay to do crime if an adult tells you to do so.	35	3.76	4
It is okay to do crime.	38	3.62	4
It is okay to do crime to hurt someone if they did hurt me.	39	3.51	4
I may have sex if I want to because it is not a crime to have sex.	40	2.98	3
It is okay to do crime together with your friends.	42	3.41	4

The mode is higher as the mean, which indicates that the majority of the respondents indicated a "Never" coded as 4 in responding to these statements. This shows that the respondents knew that there is no justification for the crimes they committed. It was only with reference to having sex and doing crime to get money for food and not drugs that the majority of the respondents indicated "Sometimes" coded as 3. This shows that they are of the opinion that when compared to each other, one could rather justify committing crime to meet hunger needs that to meet addiction needs. The fact that the mode is 3 still shows that they know that morally crime is wrong and not justifiable.

SERVICE DELIVERY BEYOND BORDERS

In South Africa the service delivery to our young people in conflict with the law is not only the responsibility of different government departments, such as the Department of Social Development and the Department of Justice, but it also goes beyond professional and institutional borders.

Within the Justice system and the care for these young people in Child Care Centres and Places of Safety, different professionals come in contact with these young people. These professionals include social workers, probation officers, psychologists, child and youth care workers, psychiatrists, educationists, nurses, magistrates, prosecutors, and medical doctors. To render an effective service to our young people in conflict with the law, it is important to acknowledge that none of these professions can address these problems on their own. It is important to acknowledge that only by reaching beyond individual professional borders and joining efforts through a multidisciplinary team they can make a difference in the lives of these young people.

The research results indicated that the majority of the youth in conflict with the law reside with their parents and extended families. Furthermore, the moral development of these young people is at a level where they know that their behaviour is wrong and unacceptable. However, the results also showed that poverty related circumstances are the main reason for these youths to be in conflict with the law. Peer pressure and the influence of friends were rated third regarding factors that

played a role in their criminal behaviour. Although these factors are interrelated, it is necessary to consider the different results of the qualitative and quantitative study.

In practice this mean that crime prevention and treatment programmes should focus on the development of personal skills to address poverty issues as well as factors such as the use of drugs and peer pressure. Within our child care facilities, social workers, child and youth care workers, psychologists, and teachers should all be involved in the development plans for these youths to optimise the service delivery while they are in these facilities. It is necessary for these professionals to reach beyond their own professional borders and recognise that together they can render a much more effective and efficient service to the young people in conflict with the law. When the young person is sentenced and moved away from the child care facility, measures should be in place to ensure the continuation of service delivery to the young person and his or her family.

Currently, child care facilities are seen and utilised as residential facilities only. In communities where residential facilities are expensive and resources in terms of structures and professionals are limited, it is necessary to move beyond this "residential facility only" border and utilise our child care facilities as resources too. Child and youth care work is a newly recognised profession in South Africa, and these are limited numbers of professional child and youth care workers. Social work is a scarce profession with limited human resources in South Africa too. By reaching beyond borders and using the life skills and other programmes offered in the child care facilities as resources for the community, the use of limited resources can be optimised and can be increased for service delivery to these young people. Although research had shown that aggressive offences are often committed to achieve economic gains, programmes should be developed to equip young people with skills to address the poverty related factors rather than to turn to crime to meet their basic needs. Being part of the community, child and youth care workers, social workers, and educators within the child care facilities should be able to move beyond the borders of the facility and present programmes in the community to enable communities to address crime and build a better future for them through a restorative approach in the reintegration into the community of young people in conflict with the law.

CONCLUSION

It is no longer dysfunctional factors such as divorce, alcohol abuse, and the maltreatment of our children and youth that contribute to their coming into conflict with the law. From their own experience they voiced to us that, apart from other factors, it is the plaque of poverty and unemployment that cause them to come into conflict with the law. One of the respondents, while answering the questions, wrote next to all the statements from question 8 – 30: "I need money!"

It is time for the professionals who deal with our young people in conflict with the law to reach beyond their professional borders to work together and to rethink and reformulate their service delivery to address the real needs of the youth and to enhance the capacity of communities to effectively address these factors.

Lastly, it is necessary to review our thinking about child care facilities and reach across the border of being a residential institution only and to use programmes these facilities offer as community resources too.

References

Alreck, P.L. & Settle, R.B. (1995). The survey research handbook. 2nd Edition. Chicago: Irwin.

Beeld. (2006a). 16-jarige van moord aangekla ná vuisdood van skoolmaat. (Translated: 16 year old accused of murder after school mate died.) Jul 19 2006. http://www.news24.com/Beeld/Suid-Afrika/0,,3-975_1970111,00.html (Accessed 1 August 2006).

Beeld. (2006b). Die jongste slagoffer van geweld by skole. (Translated: The youngest victim of violence at schools.) http://www.news24.com/Beeld/Suid-Afrika/0,,3-975_1976257,00.html. (Accessed 1 August 2006).

Beeld. (2006c). Leerling kry borg ná toilet-aanranding. (Translated: Pupil given bail after assault in toilet). Jul 20 2006. http://www.news24.com/Beeld/Suid-Afrika/0,,3-975_1971178,00.html . (Accessed 1 August 2006).

Beeld. (2006d). Rassegeweld woed op die skoolgrond. (Translated: Violence about racism at school ground). Jul 27 2006. http://www.news24.com/Beeld/Suid-Afrika/0,,3-975_1974632,00.html. (Accessed 1 August 2006).

Beeld. (2006e). 12yr-old 'dealing drugs. 11/08/2006. http://www.news24.com/News24v2/Components/Generic/News24v2_Print_PopUp_. (Accessed 12 August 2006).

Beeld. (2002a). Verkrag voor hele klas: Ses laerskoolseuns in hof oor agtjarige. (Translated: Raped in front of class: Six primary school boys in court about eight-year-old)[1] Beeld, 29 October 2002.

Beeld. (2002b). 12-jarige laat ouma vermoor. (Translated: 12-year-old arranges for grandmother to be murdered.) Beeld, 19 September 2002.

Beeld. (2002c). Meisie vas nadat sy stiefpa glo doodsteek. (Translated: Girl arrested after she allegedly stabbed and killed stepfather..) Beeld, 10 September 2002.

Beeld. (2002d). Gr. 8's meer gewelddadig as ander – studie. (Translated: Grade 8's more violent than others – study.) Beeld, 13 September 2002.

---

1 Titles of references in Afrikaans were translated to enable all readers to understand the context.

Beeld. (2002d). Vier skoliere gevang wat selfoon glo roof. (Translated: Four pupils caught who allegedly robbed cell phone.) Beeld, 13 September 2002.

Bezuidenhout, C. & Joubert, S. (Eds.) (2003). Child and youth misbehaviour in South Africa: A holistic view. Pretoria: Van Schaik.

Bezuidenhout, F.J. (Ed.) (2004). A Reader on selected social issues. 3rd Edition. Pretoria: Van Schaik.

Creswell, J.W. (1994). Research design: Qualitative & quantitative approaches. London: Sage Publications.

Cronjé, G., Van der Walt, P.J., Retief, G.M. & Naudé, C.M.B. (1987). Die Jeugoor-treder in die Gemeenskap. (Translated: The young offender in the community.) Pretoria: HAUM.

De Kock, D. (2005). A Qualitative study of the relationship between childhood socio-economic circumstances and youth in conflict with the law. The Social Work Practitioner-Researcher/Die Maatskaplikewerk-navorser-praktisyn, 17 (3), October.

De Kock, D. (2005). Youth in conflict with the law and socio-economic experiences in their childhood: A relationship? Journal of Child and Youth Care Work, 20, 56-71.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (2005). Research at grass roots for the social sciences and human service professions. 3rd Edition. Pretoria: Van Schaik.

Hoffman, A.M. & Summers, R.W. (Eds.) (2001). Teen violence: A global view. London: Greenwood Press.

Hollin, C.R. (1992). Criminal behaviour: A psychological approach to explanation and prevention. London: The Farmer Press.

Kratcoski, P.C. & Kratcoski, L.D. (1990). Juvenile delinquency. 3rd edition. New Jersey: Prentice Hall.

Maepa, T. (ed.) (2005). Beyound retribution: Prospects for restorative justice in South Africa. Pretoria: ISS Monograph Series, No 111, Feb.

McWhirter, J.J., McWhirter, B.T., McWhirter, E.H., & McWhirter, R.J. (2004). At risk youth: A comprehensive response for counselors, teachers, psychologists and human service professionals. 3rd Edition. Australia: Thomson/Brooks/Cole.

News 24. (2006). Teen charged for raping 3 girls. 27/07/2006. http://www.news24.com/News24v2/Components/Generic/News24v2_Print_PopUp_. (Accessed 27 July 2006).

Regoli, R.M. & Hewitt, J.D. (1997). Delinquency in Society. 3rd edition. New York: McGraw-Hill.

Shoemaker, D.J. (1990). The theories of delinquency: An examination of explanations of delinquent behavior. 2nd edition. New York: Oxford University Press.

South Africa. (2005). Department of Correctional Services. Web Statistics. http://www.dcs.gov.za/WebStatistics/children.aspx. Accessed on 29 November 2005.

South Africa. (2006). Department of Correctional Services. Web Statistics. http://www.dcs.gov.za/WebStatistics/children.aspx. Accessed on 12 October 2006.

Terre Blanche, M., Durrheim, K. & Painter, D. (2006). Research in practice: Applied methods for the social sciences. 2nd Edition. Cape Town: UCT Press.

ACCOUNTABILITY THROUGH ENGAGEMENT: A CHILD AND YOUTH WORKER APPROACH TO PROMOTING ACCOUNTABILITY FOR YOUTH IN CARE[1]

Kiaras Gharabaghi, PhD
Manager of Residential Resources
Family and Children's Services of Waterloo Region
&
Instructor
School of Child and Youth Care Practice, Ryerson University

Abstract: Accountability for youth living in residential care facilities should be based on core child and youth care principles. A review of legislative measures dealing with young offenders in Canada indicates that for youth in care, court imposed sanctions for myriad offenses have little accountability content. Instead, such sanctions are experienced by youth as routine placement interruptions that even have benefits. One child welfare agency in Ontario has moved from a "law enforcement" approach to accountability for youth living in its residential care facilities to an approach based on core child and youth care principles, especially on the concept of engagement. Substantive accountability for youth in care should sideline the concepts of "punishment" and "consequences" and focus on restorative elements of managing the impact of quasi-criminal behaviours and developing and nurturing the collective memory of all those sharing the life spaces of the youth.

Key Words: Youth in Care – Accountability – Engagement – Police Involvement – Collective Memory

INTRODUCTION

There has been much public debate in recent years about the concept of accountability in general and accountability measures for youth in particular (Greenwood, 2006; Waller, 2006). After years of critical responses to the Young Offenders Act (YOA), which had been in place as Canada's national response to youth crime for nearly 20 years, the Government of Canada proclaimed the Youth Criminal Justice Act (YCJA) in 2003. Contrary to the expectations of many, this Act did not toughen punitive measures in response to youth crime, except perhaps in cases where murder or severe assault are involved (Doob & Cesaroni, 2003, 22). The YCJA was based on a moderate level of punitive measures and a significant emphasis on developing accountability measures reflecting the circumstances of the youth in-

---

volved, including their living situations, their communities, and their willingness to participate in some kind of alternative to custody program (Doob & Cesaroni, 2003; Department of Justice, 2001).

One of the consequences of this legislative change has been that youth in care are experiencing much greater uncertainty when entering the court process. On any given day, they may face a significant penalty for their actions, or they may receive virtually no consequence at all. Clearly, custody is rarely used in response to first offences, and only very short custody time is assigned to repeat offences.

For care providers, the implications have been significant. Youth living in group care situations and causing havoc through acting out or simply through non-compliance in terms of program participation, are immune to the reaches of youth criminal justice initiatives. Youth are no longer removed from group care programs through custody time. No longer are they engaged in behaviour management through the collaboration with the police and other law enforcement agents, including probation officers.

Until the proclamation of the YCJA, Canada had the highest incarceration rates for youth in the Western World (Doob et al., 1998; Department of Justice, 1998). The approach to youth accountability had become so entrenched in criminal justice language and process that even youth with severe developmental or mental health challenges were subjected to this system, sometimes entirely as a way of enforcing program rules and standards. When youth started to seemingly care less about the consequences for their actions rather than reexamining the approach to accountability itself, the response was to reevaluate custody programs. A concerted effort was made to reduce the "fun component" of such programs by eliminating programming, recreational trips, and the appearance of comfort and nurturance. This led to the establishment of Boot Camps that operated with a quasi-military approach to discipline and social control.

During the final few years of the YOA and throughout the early period of the YCJA, there has been an increasing realization that the concept of punishment through youth criminal justice interventions may not work and sometimes may produce the opposite effect from what is intended (Finlay, 2005). Particularly for youth in care, who quite often have had significant exposure to crime and violence, the experience of custody seemed to have little positive effect and instead a great deal of negative impact that perpetuated further involvement in criminal activity. Certainly one conclusion drawn from the extensive use of youth criminal justice measures has been the realization that if accountability is one of the hoped-for outcomes, it has not been achieved (Ungar, 2002). If anything, there has been a significant trend toward an increase in criminal and quasi-criminal activities on the part of youth who have had repeated exposure to custody settings. Moreover, even noncustodial dispositions seem to not work all that well, as so many "hard core" youth appear to have very little regard for the authority of probation workers (Gharabaghi, 2006).

Given these outcomes of the "get tough approach" to accountability, and the realization that almost all youth living in its group homes were involved with the youth criminal justice system, Family and Children's Services of Waterloo Region

undertook to reexamine its fundamental assumptions with respect to holding youth in care accountable for their actions. Within the broader context of the opportunities presented by YCJA, particularly in its philosophical underpinnings, FACS Waterloo set out to develop a new approach to accountability that reflected the values and approaches of those most closely involved with the youth–the child and youth workers employed in the residential programs of the agency. This study explores the thinking and development of a new approach to accountability in our group homes. We at FACS Waterloo feel what we have achieved so far is noteworthy because we have affirmed the centrality of living spaces and human relationships, of engagement, and of community in our explicitly child and youth worker approach to accountability for youth in care (Garfat, 2003; Fewster, 2001; Barter, 1999 & 2003).

Defining the Problem

FACS Waterloo has been operating group care programs for youth in care for approximately 15 years. From the early beginnings of a single group home for the purpose of assessing youth coming into care before moving to a family-based placement to the establishment of eight group homes providing short term and long term living situations for youth in care, the number of youth in care living in group homes in Waterloo Region had been steadily increasing, reaching nearly 100 by the end of 2003. Given the explosive growth of the group home population, FACS Waterloo staff have struggled significantly with developing group programs in a planned manner, with attention to physical design, programming, resourcing, and building community connections. They have sacrificed somewhat in favour of creating placement opportunities for the huge influx of adolescents coming into care after legislative changes to the CFSA in 1997 had substantially expanded the criteria for protection.

The staffing of these group homes involved a minimalist approach to ensuring professional standards and some level of uniformity in terms of preservice qualifications for program staff. As Waterloo Region does not have a college or university program in child and youth work, most of the staff hired during the rapid expansion of the residential system were trained in other disciplines than child and youth work. By the end of 2003, of the approximately 150 program staff associated with the residential system, only about 25% actually had a degree in child and youth work. Most staff were graduates of the Social Services Certificate program offered by the local college or had various unfinished or finished undergraduate degrees in what were considered related disciplines.

The residential program's staff's diversity in training, preparation, values, and approaches was reflected in the client population in the programs. The idea of "matching clients" in order to provide the basis for functional or at least workable group dynamics was not viable at a time when the pressure to provide beds for adolescents coming into care was huge. Repeatedly, group homes designed for up to eight residents were temporarily expanded to house nine, ten, and even more residents.

These dynamics caused many challenges for program staff, program supervisors, and FACS Waterloo as a whole. Notwithstanding numerous close calls and

on-going conditions of high risk, and largely due to the efforts of frontline staff, this period of time was free from major disasters. There were no deaths and no serious injuries, and somehow the programs managed to operate on a day-by-day basis.

On the other hand, disturbing trends became obviously entrenched and seemingly irreversible: Youth were either not attending or failing at school, and more and more youth simply ran away from the programs and lived on the streets or in self-discovered family situations that were unapproved and un-approvable by FACS Waterloo. Nearly the entire youth population of our residential system became involved with the youth criminal justice system. By the end of 2003, of these youth living in our group homes, 95% had incurred criminal charges while living there. In most cases, the charges stemmed from the actions inside group homes. Once charged and convicted, the initial consequence of a probationary term quickly increased to custody time as a result of rapidly accruing charges, almost always breaches of existing probation terms.

Given the chaos and instability of the work environment, calling police to deal with behaviourial problems became deeply entrenched amongst frontline workers. Police officers complained frequently about having to engage in behaviour management and crowd control activities in spite of the presence of paid staff in the group homes. Nevertheless, program staff and FACS Waterloo workers had become comfortable and complacent with extensive involvement of police and the youth criminal justice system in the programs and lives of the youth. They began to construct a language and a set of values that provided a defensible rationale for that involvement. The youth criminal justice system itself did very little to question these emerging patterns, and police and probation officers dutifully implemented what seemed their legal imperatives in the name of generating accountability on the part of youth in care.

By the end of 2003 and perhaps even into 2004, the service community in Waterloo Region had concluded that accountability for youth required the involvement of the youth criminal justice system. The rationales were substantial and well articulated.

1. Children who break the law should be held responsible for their actions, and legal consequences that apply to other members of the community should therefore also apply to the children we serve.
2. We sometimes struggle with containing the behaviours of some clients, and having the police provide assistance is helpful, even if this results in an escalation of the child's behaviour followed by charges.
3. Particular types of behaviours present us with safety concerns that we are ill-equipped to handle; police officers can more effectively manage safety concerns.
4. By calling the police, we are able to send clients the message that some types of behaviours will simply not be tolerated. Police officers can speak to the client in ways that we cannot, and therefore, they can provide the client with "a dose of reality."

5. By involving clients with the court system, we gain valuable resources in terms of ensuring the clients have their needs met; some resources, including various types of assessments, are more easily accessed by the criminal justice system than by us.

These rationales proved quite effective in perpetuating the myth of accountability through the youth criminal justice system for adults and professionals, but they completely bypassed the realities of youth in care and their version of experiencing these accountability measures. As it turned out, those youth who had experienced repeated exposure to custody and less intrusive measures did not interpret these experiences as adding to their understanding of accountability, much less responsibility. The professionals were affirming the virtue of their position, but the youth were changing how they were experiencing these interventions.

In the past, custody was seen as a place of exclusion, a place where one gets sent away from one's community and social involvements as punishment for one's actions. Youth in care, however, began to understand that custody was not outside of their social sphere. It was a place where one goes to reconnect with old friends, including the friendly staff, and where one can take a break from the fast pace and often chaotic and unsafe living environments in the cities. Custody was a place of comfort and security, where social involvements unfolded in relative safety and in the comfort of well-equipped facilities. In Waterloo Region, some of the facilities even had gymnasiums, well-equipped workshops, and attractive grounds. Most custody dispositions were relatively short, ranging from 20 to 60 days inside, and did not present much of an inconvenience in terms of the youth's social priorities and on-going connections.

The court process itself also was no longer seen as an intimidating or undesirable process to take part in. For most youth in care who were bored, the courthouse was a great place to meet up with friends. The court worker assigned to work in the courthouse on behalf of FACS Waterloo would frequently return with stories of youth loitering at the court in support of a friend facing charges or just because it was a familiar place. Judges and crown attorneys were neither here nor there, and most of the youth facing charges proudly told of their fierce and awesome lawyers, comparing notes on who had the best one, would one would get them off most easily, and which one took them out for the most coffees.

Almost never did the youth speak of the crime they committed. Neither did the professionals. Once the youth criminal justice system was involved, the requirements of process and the bureaucratic imperatives of administration became the focal point for the adults and professionals. By the time it was over, very few youth knew exactly what had happened and what landed them there in the first place. All they really knew was that once again they failed to meet the expectations of the adults and care givers in their lives, which meant that they had to go away for a while to give those adults a break.

Given the casual attitude of the youth toward their involvement with the youth criminal justice system, frontline staff were beginning to question whether

there was anything at all that could prevent the youth from doing as they pleased. "What's the point, they'll do what they want anyway" and "there's is nothing we can do" became common refrains. Child and youth workers throughout the residential system were overwhelmed by the level of disengagement and alienation demonstrated by the residents. Before long, disengagement became a two way street. The "we versus them" mentality became common in residential care had firmly taken root.

From a child and youth work perspective, little was happening in terms of ensuring accountability for children or staff members. Residents who did engage in challenging behaviours were left to their own devices, sometimes given consequences that everyone knew would be ignored. Child and youth workers took on the role of monitoring and documenting resident activities, until either enough noncompliance had been documented or a severe incident happened that justified the involvement of police. Whenever this led to charges, the resident would simply be taken away, the courts would impose a consequence (typically either probation or a short time in custody). When the resident returned to the program, no more mention was made of the incident. All concerned complacently accepted the assumption that this somehow constituted a form of accountability.

This process perpetuated a continuous cycle of group home to custody and back to group home placements, with no learning on the part of the resident and almost no input on the part of the child and youth worker. This was a time of near-total disengagement and very low morale among the staff. From their perspective, they were feeling disempowered and generally not very useful in their roles as care givers to the residents.

Within this context of low morale, disempowerment, and futility, residential system staff members began reflecting on their approach to accountability and to reevaluate the fundamental principles and values upon which this approach was based. This led to the establishment of the Beyond the Obvious Group, consisting of ten frontline child and youth workers, a residential supervisor, and the manager of Residential Resources. This group set out to change the way the FACS Waterloo system dealt with accountability. By the time the group had finished its work, it had developed an entirely new approach to accountability and contributed substantially to putting child and youth work back into the child and youth worker. Below is a description of the group itself, including the challenges of coming together in the context of low morale and a pervasive mistrust between management and frontline staff.

The Beyond the Obvious Group

The Beyond the Obvious Group (BTO) came into being after the team of residential supervisors at FACS Waterloo released a document entitled "New Strategic Directions for the Residential Programs," in which they outlined guidelines and expectations regarding four elements in residential care: food, education, police involvement, and diversity. For the most part, frontline child and youth workers received these strategic directions positively, with the notable exception of the section

on police involvement. The idea of reducing police involvement was seen as a major safety concern and as an abdication of staff responsibility in terms of holding youth accountable for their actions.

Frontline child and youth workers protested the release of this document including filing a policy grievance through their union. In response, the supervisors clarified that this document represented an initial effort to engage frontline workers in a dialogue about the problems in the group homes. They emphasized that the input of all frontline workers would be sought before proceeding with implementing any changes in terms of operating policies and procedures.

Input was not forthcoming. Repeated calls for child and youth workers to contribute to the process of changing the way of using police in the programs and of rethinking conceptualizations of accountability, solicited only minimal responses. As a result, the manager of Residential Resources sent out a special invitation to a selected group of child and youth workers representing each of the residential programs to participate in a special "thinking group." This group was asked to look at operations in such a way that would transcend the obvious issues and seek to dig deeper into possible ways of intervening in otherwise quite destructive dynamics. The criteria for selecting the frontline child and youth workers for this group included a demonstrated ability to think critically, and a solid, respected position and role on their teams. If frontline staff felt they were represented by someone they respected, they would more likely accept the process as credible and would provide input from the others.

In October 2004, the BTO Group started meeting weekly in order to discuss the dynamics in the group homes in considerable detail and with a critical lens. The commitment of each member was to be honest and straightforward about concerns, whether these related to specific youth, staff, or supervisors. After meeting six times and having progressively more intensive debates about specific issues, the group decided to commit to meeting for an additional six months with the aim of rewriting the Strategic Directions document.

Throughout the winter and spring of 2005, the BTO group worked diligently on rewriting all of the major points in the Strategic Document. The section on police involvement was particularly challenging. However, a closeness had developed within the group, with a much greater trust between frontline workers and the manager of Residential Resources. They gained a better understanding of each others' perspectives. Thus, the group was able to rewrite this section in such a way that it mirrored the supervisor's approach. The group then advocated less police involvement and therefore criminal charges in the homes. Together, the group developed a fifth theme entitled "Accountability," and they provided a range of approaches designed to ensure that youth would experience accountability in a real sense but not necessarily through punitive measures.

By June 2005, the group presented its work to all of the child and youth workers at FACS Waterloo, and to a group of senior managers who had been invited to attend the release of the rewritten document. The document was retitled to reflect its purpose: Beyond the Obvious: a Vision for Our Residential Programs. Unlike with the initial release of the previous document, the staff were overwhelming recep-

tive to this new document. They recognized the value of the collaboration between frontline workers and management. As a result, FACS Waterloo was able to introduce a profoundly new approach to the issue of accountability, reflecting child and youth work principles into our residential programs.

Rethinking Police Involvement and Accountability

One of the outcomes of the deliberations of the BTO group is a new approach to police involvement with our clients. Because calling the police has traditionally led to an increase in charges being laid against the residents, an explicit goal of the new approach was to reduce the calls to police. This could be done by focusing on differentiating calls into those related to the safety of residents and staff and those made out of frustration and a perception that police would entail some measure of accountability on the part of the youth. The BTO group sought to reduce the latter kinds of calls, if not eliminate them altogether.

In order to accomplish this goal, the BTO group felt it important to provide some context for the kinds of activities our residents might engage in. In so doing, the group was committed to maintaining a perspective on where our residents came from and what the world and its social expectations might look like through their eyes. As a result, the group articulated the following.

It is extremely important to maintain a clear perspective on the types of problems facing our clients and what types of behaviours might be reasonable responses from their perspective. Even children who live at home in a nurturing and supportive family environment and who have not experienced significant hardship engage in difficult and sometimes antisocial behaviours, such as stealing, lying, manipulating, being verbally disrespectful, violating curfews, etc. Such children may get into physical fights with peers, throw things at peers and other community members, etc. For the most part, these types of behaviours, while not desirable, are not abnormal either, and in no way are indicative of a criminal mind set. The children we work with in our group homes are subject to all the normal experiences of adolescents and therefore engage in most of these types of behaviours as well. In addition, they have experienced a great deal of loss and trauma, which can range from sexual abuse to emotional abuse, neglect, abandonment, loss of family, witness to violence, substance use, etc. Moreover, many are struggling with a wide variety of mental health concerns over which they have no control, including depression, bipolar disorders, conduct disorders, etc.

At a time when these children are most in need of support and nurture, of consistency and stability, they are asked to live with a group of peers they don't know and a group of staff with considerable power and authority over their lives in an institutional environment that provides at best only for their minimum needs.

Based on this reality, we should fully expect that our clients will not only continue to present the symptoms which may have landed them in care in the first place, but in fact that these symptoms will intensify. Being aggressive, being disrespectful, not following the rules, and running away are reasonable responses to the reality these children face while living with us.

Our job is to ensure that our clients get help for their problems; this means that we have to look beyond symptoms and focus on the core issues that may give rise to challenging behaviours. The legal system, including the police, the courts, and custody, are mandated to address the symptoms. Their job is to enforce specific consequences in relation to specific actions that clients take. Regardless of the language we use to describe the latest approaches to youth criminal justice, the consequences imposed by the courts are always punitive.

It is our belief that the children and youth we serve in our group homes are in need of assistance from a supportive and nurturing perspective rather than punitive interventions. We do recognize that the idea of charging kids for inappropriate and illegal activity is not without merit. We believe, however, that police involvement is not the most effective way of nurturing a change and growth process in our clients.

Having contextualized the whole issue of police involvement, and by extrapolation, of accountability, the group then set out to develop some general guidelines with respect to calling the police:

We continue to encourage the involvement of police with clients in our residential programs in instances where there is an immediate and significant threat to the well being of the client, a staff member, or anyone else within the residence or in the community.

Wherever possible, we will avoid contacting the police in circumstances such as these:

a. A client is acting out behaviourially and destroying property.
b. A client steals items from the group home.
c. A client appears under the influence of alcohol or drugs.
d. Two or more clients engage in a physical conflict with one another.

We will contact the police in circumstances such as these:

a. A client becomes violent and significantly injures another person in the residence or in the community.
b. A client is found to have a gun, explosives, or other illegal weapons in his/ her possession.
c. A client sexually assaults another person (in this situation, intake would have to be notified prior to any police involvement).

The group was aware that there would be many objections to this approach, in part because calling the police to deal with major behaviourial challenges had become so deeply entrenched in the culture of our child and youth workers. In addition to citing myriad safety concerns, our child and youth workers became quite adept at rationalizing calling the police (almost always in the hope of charges being laid and custody being imposed) as being in the interest of the youth. After all,

was it not the role of the child and youth workers to ensure that residents were held accountable for their actions and suffered the consequences?

To avert the predictable criticisms and also in order to ensure that no matter the course of action chosen, it would always be a planned course of action, the group developed a contingency approach for situations that were progressively escalating over time.

Planned Involvement with the Criminal Justice System

Where clients present us with challenges or behaviours that would not normally result in police involvement as per the criteria outlined above, but where it is felt that police involvement would be in the interest of the client, an individualized plan can be formulated for that client in which criteria for police involvement deviate from the above.

There are situations where particular clients might benefit from an organized and coordinated approach to police involvement and other interaction with the youth criminal justice system. Furthermore, the safety of clients, staff, and community can often be enhanced by working collaboratively with police, probation, bail officers, and the Crown. Where we feel a client's actions are of significant concern, therefore, we will call all relevant individuals together in order to meet and discuss the possible roles of the criminal justice system in relation to that particular client. This may result in concrete plans as to when or under what kinds of circumstances police might be called (this could deviate from the circumstances listed above). However, it could also entail developing recommendations for probation or for the Crown to be considered at court.

One of the most common charges against our residents is, as mentioned previously, a charge related to the breaching of existing terms. For many years, child and youth workers felt that their role as care givers was simply to report the movements and activities of the residents to probation and police, and then "let the chips fall where they may." One of the many benefits of the introduction of the YCJA has been much greater flexibility especially on the part of institutional care givers in terms of imposing consequences and rules related to terms of probation or undertakings than was possible under the YOA. Taking advantage of this part of the YCJA, the BTO group consulted with the Region's Crown attorney in order to be able to provide child and youth workers with a new opportunity in terms of managing and responding to activities on the part of residents that appear in contravention of existing terms.

Clients With Probation Terms, Recognizance Orders, or Undertakings

The vast majority of charges laid against our clients are "breach of term" charges. These charges are frequently based on our reporting of behaviours or events that

we believe to be in breach of a particular term or order. We have considerable discretion in the interpretation of what constitutes a breach of term that must be reported. In virtually all instances, we do not have to report such "breaches" to the police unless a new crime has been committed. Where clients appear to violate terms imposed by the courts, we can, as care givers, resolve the situation through in-house consequences.

*There should never be an **automatic** process by which staff report apparent breaches of terms to the police without first consulting with a supervisor.*

The group felt it was very important to ensure that all staff felt supported in their quest to maintain a safe and predictable work environment, and one major component of this was to empower staff to make decisions about what constitutes safety *in the moment* without having to consult with supervisors. Residential work, particularly in a child welfare environment, is, after all, crisis driven, and during crises, child and youth workers need to be relied on to make reasonable, child-centered, but also safety-oriented decisions in order to alleviate the acuteness of the crisis. To this end, the group provided the following guidelines.

Use of Police During Crises

The decision to call the police is often taken under circumstances where immediate assistance is required in order to ensure the safety of clients and staff. Where staff feel that a situation is unsafe and requires the immediate assistance of police, they are encouraged to dial 911 and request such assistance.

When requesting police assistance to deal with a crisis, we may, post crisis, act as advocates for our clients if charges are not in the best interest of the client. Other options may also be considered and proposed at this time.

A Return to Engagement through the Concept of Collective Memory

Child and youth work is fundamentally about joining children and youth in their exploration of relationships—relationships with other people, with places, with activities, and with themes and issues (Garfat, 2003&1999; Maier, 2003; Fewster, 2004: Durrant, 1993). All of these relationships are lived and experienced by the child or youth everyday and in every setting. The job of child and youth workers is to engage the child or youth in exploring these experiences and to provide a menu of meanings the child or youth might reflect on.

The idea that accountability is a process that starts with an incident and ends with the resolution to that incident does not correspond to the conceptual framework of relationships. In fact, this view of accountability forces us to understand such incidents outside of the child's identity and daily experiences. It is as if the incident is to be erased from the child's memory and from ours so as to not corrupt the relationships that might exist. An alternative way of conceptualizing account-

ability is to assume that an incident does not just impact other individuals, but that it also impacts our memory. Memory is a permanent concept and once an incident has been committed to our memory it cannot be erased. In this sense, any incident becomes a part of an individual's identity, permanently lodged in that individual's memory of herself or himself as well as impacting the memory of those sharing the living space where the incident took place in any capacity, be that by living there, working there, or regularly visiting there (Ungar, 2006).

Accountability is not simply a matter of saying "I am sorry," nor is it achieved through punitive measures. Instead, accountability is lived, every day, sometimes through negative emotions such as sadness, anger, or regret, and sometimes through positive emotions associated with humility, acquired wisdom, and fond memories. What matters is that we do not try to erase what cannot be erased. Our actions have consequences for ourselves and for those around us, and even when the individuals move on, the place can carry forth those consequences. This is the major theme of Dosteovsky's *Crime and Punishment*, to this day an invaluable source of insight into the concept of accountability. It has happened frequently, for example, that a residential program has a particularly challenging client who commits various acts of aggression, and thus is discharged from the program. The memory of violence will remain in the program, kept alive either consciously through new rules and consequences for future acts of violence committed by others, or through its impact on the staff who might have been present during the incidents or who feel the incidents as silent ghosts in the program and adjust their posture accordingly (Kostouros, 2006; Fewster, 2004). This dynamic has given rise to an ever-increasing literature on "vicarious trauma."

When youth engage in activities that require an accountability measure, the question for child and youth workers is twofold:

1. What accountability measure will adequately address the specific impact of the incident?
2. What actions can be taken to ensure that our collective memory of the incident highlights both the specific impacts of the incident itself as well as provides some framework in which to understand and experience the incident on an on-going basis?

The first question is addressed through the concept of consequences. As is well-established in the literature and in child and youth work practice, consequences are most effective when they are natural consequences (i.e., consequences that arise from the incident without anyone taking any specific action) wherever possible, or at least logical (i.e., the consequence directly relates to the nature of the incident) when natural consequences cannot be identified or present safety or antitherapeutic concerns.

With respect to this first question, then, accountability measures might include specific program restrictions, loss of privileges, limitations on community time, and so on. Such consequences might have restorative features such as restitution work, repairing or cleaning up whatever physical damage has been caused, and where

applicable, facing those who have been adversely impacted by one's actions and listening to their concerns.

Where an incident includes behaviour that could potentially be labelled as "criminal," such as physical assault, theft, or vandalism, the restorative element of any accountability measure is particularly important. For child and youth workers, it is critical to recognize that youth should not be accountable to them, but rather to themselves and to those directly or indirectly impacted by their actions. When a youth sprays paint on the neighbour's new car, doing household chores really make no sense, nor does apologizing to the staff. The youth will have to be accountable to the neighbour and perhaps to other neighbours whose anxieties about potential property damage may have been raised.

Many residential programs are quite good at dealing with the issues arising from significant incidents in accordance with some of the principles laid out in response to question 1. Accountability does not stop here, however. Question 2 provides a framework for thinking about how to manage the identity and memory effects of such incidents. What can we do that will ensure that our memory of any incident is guided by the principles of child and youth work?

If we accept the idea that we join youth in their exploration of relationships to issues, themes, identities, places and other individuals, we should ensure that any incident is somehow captured in all of these relationships in an on-going and everpresent manner. There is no sense pretending that an incident is all over and accountability has been achieved. As long as we have memory of the incident, it is not over, and no single accountability measure will suffice to undo what has been done. One way of ensuring that accountability maintains momentum without becoming a burden or overshadowing the learning and growth that may have been achieved through the initially imposed consequences is through the process of engagement (Stuart, 2005).

Within a child and youth work context, engagement is the art of creating collective memories of a living space for all those living (or working or visiting) there. We at FACS Waterloo engage our youth by joining them in their activities, their thoughts, their emotions, their fears, their experiences, and their process of identity formation. Within the context of a residential program, memories are collective entities, individualized only by the differing interpretations and ways of creating meaning of past events. Therein lies the challenge: Frequently our youth remember things quite differently than the way we do. Acts of aggression or property damage are remembered as momentary events, significant only with respect to the specific circumstances of the moment. Child and youth workers, in contrast, remember such events as potential clues as to what might happen in the future. We have learned what the youth is capable of, and we take preventative action and adjust our approach to the youth accordingly. This profound difference in creating meaning is unfolding silently; the youth has moved on and stops talking about the incident altogether, while the staff change their approaches either subconsciously or through discussion away from the youth. In this sense, this process of remembering is characterized by disengagement, and the memories of the in-

cident are discreet and not at all collective. Accountability is thus not even on the agenda, as we have already moved to a phase of realignment of approach and are embarking on a new way of seeing and experiencing the youth.

As an alternative, and more consistent with the fundamental principles of child and youth work, we can start with the goal of creating a collective memory of the incident by engaging the youth wherever the opportunity emerges. When we are reminded of what happened, we might make a comment to the youth. When we experience a similar incident at the hands of another youth, we might praise the youth responsible for the original incident for not having taken part in the newest incident. When we watch a show on TV that features similar behaviour and are again reminded of what our youth had done, we might tell him or her that this is what we are reminded of— not to judge, not to nag, but simply to speak a truth and to reengage the youth in reflecting on the original incident.

There is no limit to the practical applications of collective memory. Not all such applications have to be verbal. A visual application might include taking a picture of a damaged area and taking another picture of the area once the youth has fixed it. Frame the pictures, hang them up, and ensure that from time to time, the staff, and perhaps well-prepared visitors, comment on the transition from broken to fixed.

Where an incident may have caused damage or problems in the neighbourhood, involve the neighbours (where possible and without breaching confidentiality) in participating in collective memory engagement by commenting on the restitution the youth may have completed, or by lamenting the lack of restitution from the youth without inviting an argument. During plan-of-care meetings or case conferences, rather than reviewing the incident itself (which is invariably a negative experience for the youth) review the ways in which the impact of the incident has been mitigated and speak to the impacts still present, including the silent ghosts and lingering anxieties of any affected persons (peers, staff, neighbours, etc.). The goal is not to be demanding of the youth, not to be punitive, and not to be judgmental, but rather to articulate what already is happening–a new dimension to the youth's relationship with people, places, and issues has been introduced. The incident lives as part of the youth's identity, and all of his or her relationships to everything will be impacted every day and everywhere.

Over time, any steps taken by the youth or jointly by the child and youth workers and the youth will mitigate the negative impacts of any particular incident, and the balance of meaning about the incident will shift to positive things: Time characterized by active engagement is healing in and of itself, and accountability therefore is furthered even if the youth is uncooperative. Nothing perpetuates a lack of accountability more so that the false pretence that an incident has ceased to have any impact whatsoever as if it never happened. Everyone knows that what exists, exists forever. Collectively we will remember, but without a conscious engagement with the youth. What we remember will not be a collective memory.

Including Community

It is important to recognize that within a child and youth work conceptualization of accountability, the idea of community is not a spatial concept per se. Instead, like child and youth work relationships with children and youth unfold in their life spaces and through the many connections of the child to these spaces, accountability is conceptualized as a process that unfolds through the life spaces of the perpetrator. As we engage our collective memory of any given incident, we have to acknowledge the manifestations of the incident's impact beyond the walls of the residential program. As one place within the community, any stress, hard feelings, and lingering memories of an incident add to the stress and identity of the community as well.

In this way, collective memory extends beyond youth and child and youth worker and includes neighbours, visitors to the residential program, the maintenance crew from head office, the probation worker where applicable, and all the other workers, volunteers, and programs and organizations involved, even marginally, with the youth. The point is not to ensure that there is on-going nagging of the youth in all of these settings or from all of the individuals, but rather that the impact of one's actions are acknowledged to have touched any and all life spaces of the youth. If we agree that one's actions contribute to one's identity, then any incident will impact on the youth's identity, which in turn impacts on every life space of the youth.

Community, therefore, is a forum for feedback, rooted in unprepared, unrehearsed responses on the part of known or relatively unknown individuals. For example, a youth who has been aggressive in the residential program might be accompanied by a staff member to the weekend soccer game in order to ensure that there will not be further incidents in a less controlled environment. The youth is aware why the staff is present. However, her or his peers, the coach, other parents, etc. will not be. Their responses, if detectable, to the presence of the staff serve to remind the youth of the need to be accountable everywhere.

A "Really Imagined" Example of Engagement Through Collective Memory

Making the concept of engagement through collective memory operational is complex and requires a conscious and strategic response on the part of the entire team involved with the youth and a multitude of other stakeholders. In the traditional approach to accountability, the staff on shift made various attempts at finding natural or logical consequences to a "fit the crime," but in this approach we abandon the concepts of resolution in the shortest possible time frame and consequences as the primary way of achieving accountability. Indeed, we abandon the idea that accountability is an "end state" that can be achieved. Instead we rearticulate accountability as a process that is on-going and that manifests itself through stages of conscious and strategic engagement.

In this sense, we can conceptualize the process of accountability in three phases. These phases are not written in stone, do not have to be entirely sequential, and do not have prescribed time frames. We understand that every situation requires a

customized approach that fits with the identity of the youth and the specific context of the incident. Nevertheless, by way of exemplifying how a process of accountability might unfold using an engagement through our collective memory approach, we have created the following scenario which is based on real circumstances characteristic of what actually happens in our residential programs quite regularly, but that allows us to imagine what could be done if we move "beyond the obvious."

Three Phases:

A fourteen-year-old girl in one of our coed residences became very angry after having to face the consequences for not attending school one day. She started yelling and swearing at the staff, and notwithstanding their best efforts, there was no calming her down. She began throwing items at staff and even at her peers, who were becoming increasingly upset and concerned. The staff made every attempt to separate the girl from the other peers and to secure the physical environment as much as possible. The girl's behaviour continued to escalate, and she systematically destroyed whatever she could find in her path. Eventually she headed outside and started to destroy, one by one, the freshly planted trees on the neighbour's property.

Normally under these circumstances, the staff would have called the police. The girl would have calmed down upon the arrival of the police, or she would have simply taken off before the police arrived. If indeed police officers were to engage with her: She would be lectured, and then the officers would leave, or the officers would decide to charge her. Typically under these conditions the preferred charge would be breach of existing bail or probation terms, but if necessary, a new charge of mischief might be laid. If she were charged, they would take her into custody until a court appearance, usually the next day, at which time she would almost certainly be released on bail. Either way, the incident would be over the following day, and at the most, the girl might have to assist with cleaning up her mess. By the time the issue would come to court for sentencing, the specifics of the incident would long have been forgotten, the neighbour's trees would still be dead, and all that remained of the mess in the house would be the memories of those who were present. The fact that all of this came about by the girl's failure to attend school that day would not even make it onto the agenda.

If, on the other hand, we approach this incident through an engagement of our collective memory, things would unfold very differently. There still would be a great deal of destruction and deescalation might take longer. Once done, however, the question of accountability would be approached, not through the use of consequences as the primary intervention, but

through engagement on the part of the team, the neighbour, all relevant adults in the lives of the girl, and where possible, her peers in the residence. Before doing anything else, we might take some pictures of the mess and save them for a later intervention. Of course we would ask the girl to clean up the mess she made, but we might not be so anxious for this to happen right away, because we would know that the cleaning up itself is not the core of the accountability process anyway. Instead, we could take the initial time after the incident to reassure the girl that we are still joining with her to deal with the current problem, and that she is not the problem.

Once things calmed down, even if this has to wait for the following day, we would offer to work with the girl to clean up. We would then ask the girl to speak with the neighbour about the trees, in order to determine how to replace them. Ideally, we would want to join the girl in purchasing new trees, planting these trees for the neighbour, and then taking pictures of those trees. That picture we would frame and hang in the living room somewhere, so that everybody could comment on how nice the trees look. Where appropriate, the girl or staff could then retell the story of the incident and the girl's contribution to resolving the immediate issues.

Where possible, we would work with the neighbour to ensure that she or he would comment from time to time about her or his trees and how important they are to her or him. We would work with visitors and other workers involved in the life of the girl to bring up the incident occasionally and focus on its resolution. And we would want to use every new situation of property damage by any other resident as a way of remembering what had happened with the girl and how things had progressed since the incident.

For the first three weeks or so (a somewhat random time frame), members of the team would ensure that they would make at least one comment about the incident every shift. Comments could include the following:

- Girl, I was surprised by how you responded to that situation.
- I saw this kind of thing before; glad you are feeling better now.
- I don't know who cleaned up the mess, but I'm glad it's cleaned up.
- Wow, you did a great job replacing the trees. I was really hoping you would because I really like those trees.

Each of these comments is brief, but indicates at least three things:

1. Everybody has been impacted by the incident and feels compelled to comment.
2. There is no judgment of the girl, just honest expressions of observations and feelings.

3. Everybody is impacted differently and has a different frame of reference for their responses.

For the girl, this approach provides little opportunity to react. The child and youth workers just won't hang around long enough to get a response. The goal is to engage the girl in reflecting, not in processing. The message needs to be clear from everyone: The incident is embedded in our collective memory, and you cannot process it away.

After the initial three week period, we might then move into the second phase of the accountability process. In this phase, we would expand the individuals and life spaces involved in the process by preparing neighbours, visitors, family, and other workers to comment and where appropriate, briefly engage with the girl about the incident and how it is being remembered. By this time, our collective memory will already have balanced the negative associations related to the girl's aggression with positive thoughts about the on-going resolution of the situation. Whereas in the previous phase, we would want the comments to be brief but high in quantity (say four or five per day), in this phase we are looking for fewer comments and conversations (perhaps two or three per week).

This second phase of the process is complemented by visual symbols as well. Hopefully we would have the picture of the planted trees up on the wall by now. Likewise, this might be a good time to pull out the picture of the mess we took on the day of the incident and discreetly pass it on to the girl with a message written on the back: "yikes, not such a good day! Glad we're better now!"

The final phase of the accountability process has no ending. During this phase, we are acknowledging that both the incident and the time spent remembering it has become part of the girl's identity, and therefore is characterized by both low points and high points in terms of the girl's conduct. Collectively we remember the incident, make reference to it when we are reminded of it by something we see, hear, or experience, but we don't judge, we don't nag, and we don't lecture. With the girl, we appreciate that we remember good things and bad things, and we join the girl in making meaning of our collective memory during moments when we are all open to that.

This phase is a time when accountability is in its simmering phase, always present but very low key, with periodic flare ups within a context of relative calmness and long resolved tension. This is a time when the actual incident has for the most part been forgotten, and collectively we remember the positive steps, the resolutions, the growth, and the togetherness we expe-

rienced in dealing with the issues at hand. The incident itself only comes up very sporadically, when there are obvious reminders or when we are retelling stories of what used to be.

Accountability in this really imagined scenario is seen as a timeless process in which child and youth workers are engaging with youth to make meaning of our collective memory.

CONCLUDING THOUGHTS

This paper has been an attempt to articulate a vision of accountability that transcends the one-dimensional approach of the court systems and that provides opportunities for child and youth workers to promote accountability in youth through child and youth work approaches. In so doing, three fundamental child and youth work principles are essential:

Engagement: Child and youth work cannot unfold in the absence of honest, direct, and on-going engagement with youth.

Life Spaces: Accountability, like all other processes, unfolds within the actual spaces, physical and otherwise, where youth live.

Joining: Child and youth workers join youth in their everyday experiences and therefore make meaning of those experiences together through their collective memory.

One of the most rewarding features of our approach to accountability is that it is one that has been developed entirely by child and youth workers. Indeed, the Beyond the Obvious group process led us to reexamine our base assumptions about working with youth in our residential programs. When child and youth workers get together and feel free to think creatively and "beyond the obvious," much of what appeared as intuitive and true turns out to be open to critical reflection and change.

The endeavour to reevaluate how we think about accountability comes from the realization that we have for years abandoned child and youth work principles in our approach to this particular issue. We acted as if accountability measures within the child and youth work discipline had a limit, beyond which other systems and other professions had to take over. But this is not acceptable to a profession that purports to be child-centered, with the core principle of not abandoning children and youth when they need us most.

The court's approach to dealing with youth who push the limits of tolerable behaviour is not compatible with what we, as child and youth workers, are trying to accomplish. When we know ahead of time that the youth we deal with face challenges that are likely to lead them to engage in activities that are rejected by the social standards of the day, we have a responsibility to find ways of providing opportunities for growth and learning even under the most difficult conditions. The youth who challenge us the most are the ones who are looking to us to remain true to our profession and the principles that guide it.

References

Barter, Ken (2003). Strengthening community capacity: Expanding the vision. *Relational Journal of Child and Youth Care Practice, 16* (2), 24-32.

Barter, Ken (1999). Building community: A conceptual framework for child welfare. *Journal of Child and Youth Care, 13* (1), 49-72.

Doob, Anthony N. and Cessaroni, Carla (2003). *Responding to youth crime in Canada*. Toronto, ON: University of Toronto Press.

Doob, Anthony N. et al. (1998). *An exploration of Ontario residents' views on crime and the criminal justice system*. Toronto, ON: University of Toronto Press.

Durrant, Michael (1993). *Residential treatment: A cooperative, competency-based approach to therapy and program design*. New York, NY: WW Norton & Company.

Fewster, Gerry (2004). Just between you and me: Personal boundaries in professional relationships. *Relational Journal of Child and Youth Care Practice, 17* (3), 8-17.

Fewster, Gerry (2001). My place or yours? Inviting the family into child and youth care practice. *Journal of Child and Youth Care, 15* (4), 137-150.

Finaly, Judy (2005). Youth inc. *Relational Journal of Child and Youth Care Practice, 18* (4), 33-47.

Garfat, Thom (2003) (ed.). *A child and youth care approach to working with families*. New York, NY: Haworth Press.

Garfat, Thom (1999). Editorial: Questions about self and relationship. *Journal of Child and Youth Care, 13* (2), iii-iv.

Greenwood, Peter W. (2006). *Changing lives: Delinquency prevention as crime-control policy*. Chicago, IL: Chicago University Press.

Kostouros, Patricia (2006). The curriculum of self-care for students in professional career programs. *Relational Journal of Child and Youth Care Practice, 19* (2), 19-23.

Maier, Henry (2003). What to say when first meeting a person each day. *Relational Journal of Child and Youth Care Practice, 16* (3), 40-41.

Stuart, Carol (2005). Staying engaged – bent out of shape. *Relational Journal of Child and Youth Care Practice, 19* (1), 3-6.

Ungar, Michael (2006). *Strengths-based counselling with at-risk youth*. London, UK: Sage Publications.

Ungar, Michael (2002). *Playing at being bad: The hidden resilience of troubled teens*. East Lawrence Town, NS: Portersfield Press.

Waller, Irvin (2006). *Less law, more order: The truth about reducing crime*. Westport, CT: Praeger Publishers.

SEVERE ATTACHMENT DISORDER DEVELOPMENT AND THERAPY FROM EARLY CHILDHOOD TO PUBERTY

N.P. Rygaard,

Practicing psychologist, auth. by the Danish Psychologist Association, Denmark

ABSTRACT: The diagnosis of Attachment Disorder (hence: AD) is used when the client is approximately between six and seventeen years of age. However, this "window" is rather narrow, since the causes and symptoms operate very early in life. The author gives an overview of common lifespan events based on clinical experience and studies of AD. An imaginary typical lifespan case, "Henry" is used, and for each stage of development a general description illustrates the typical traits behind the case. The second section gives examples of prevention at each developmental level of the child or youth. The focus is on the period from conception to puberty.

KEYWORDS: Identity, Development, Vulnerability, Therapeutic Relationship

THE DISRUPTION OF HENRY'S SOCIETY

Henry was born into a culture undergoing rapid change. As a consequence, the rituals and roles of caretaking in his family were disrupted by industrialization before he was born: The bonds between his mother and the family broken up. Where formerly she would have learned the practice of caring for the newborn from her grandmother, her mother and other women, she was on her own during her pregnancy. At school she had been forced to speak English, which also denied her access to the "knowledge of caretaking" which had been accumulated in her native language. She did not let baby Henry sleep in a cradle, but in a bed. She did not breastfeed him, but used a bottle. She did not live in a group of women, carrying Henry in a bag on her back; she had to leave him alone, going to the factory for many hours a day. At the factory she was introduced to alcohol. Henry did not grow up according to tribal tradition; in fact he never met his father or his grandfather.

General aspects: Ancient caretaking traditions respond to the baby's survival challenges in the environment. Whenever the environment changes rapidly, the percentage of children having attachment problems tends to rise until new relevant coping traditions for care have been formed. One may study the Inuit, the Danes fifty years ago, or any other traditional society transforming rapidly: Attachment problems increase whenever the social structure is in the melting pot. For example, at present the Chinese experience massive migration from rural to urban environments and economies, which produces a host of abandoned children, adopted children, and a temporary disruption of the cultural norms of local baby-care patterns and upbringing systems. Henry was born in the midst of this turmoil; otherwise he might have been named Atassaq and have had a completely different life. Ap-

proximately 3–5 % in a population have signs of severe attachment problems, but in periods of change in society (war, famine, rapid industrialization, migration, etc.), the number increases. Most studies in failure of attachment are conducted in the wake of such changes, including John Bowlby's (Bowlby 1969, 1973, 1988) famous studies in attachment with postwar children.

Henry's Family

His father was sometimes very kind and sometimes violent towards his mother. He left for good when Henry was six months old. His mother had left home at an early age. She was in many ways still a child, although being 25 when Henry entered the world: She was unable to create a daily rhythm for herself, and emotionally she was unpredictable–she could have fits of rage at one moment and be gay and happy the next.

General aspects: The family pattern producing the AD child is a father who is (a) absent, physically or emotionally, (b) violent, and (c) a "serial father" (the mother having many short and superficial relationships with different men). The mother is not particularly young when giving birth; rather, she is emotionally unstable and has a fragile personality.

This latter characteristic can be divided into three subgroups: The mother with a disorganized or disorientated attachment pattern (and perhaps many psychopathic traits) (50%); the mother suffering from psychosis during the first years of her child's life (schizophrenia, manic-depressive, borderline, and birth psychosis) (40%); the average normal mother who either happens to be in crisis due to other events in the first years of the baby's life or whose baby is so fragile or handicapped at birth that the baby is unable to perceive the mother's attempts to make contact so that attachment does not take place in spite of her efforts (10%). Two risk groups in this category are presently growing: adopted children (only if deprived prior to adoption and usually if adopted at age 1 or > age 1), and children with extremely low birth weight (Rygaard 1998).

Henry in Mother's Womb

Henry had odds against him from the start. During pregnancy his mother was overworked and depressed from the loss of her dear ones. Her drinking was toxic to Henry's brain development and

she was unable to care for herself. Henry's birth weight was low, and the birth itself very complicated. After birth he cried a lot, and she did not have much time to comfort him at her breast and have little dialogues with him (Mummy smiles, Henry smiles, Mummy looks gloomy and laughs, Henry looks gloomy and grunts). As soon as he could hold the milk bottle himself, she stopped taking him up when feeding him.

General aspects: Most (not all) children who develop AD have experienced what can be called an "insufficient pregnancy and birth." Thus, the combination of a very fragile and neurologically immature newborn can be devastating when combined with subsequent insufficient parenting. Some children develop AD merely

because the parent is unable to be a good caretaker, but in most cases the baby was also fragile from the start. This results in a lack of establishing mutual feedback in the first year of interaction, and this in turn probably results in insufficient neurological growth and in a lack of forming adequate neural networks for emotional and cognitive function and regulation.

Genetically, Henry had the misfortune of being a boy, and boys are much more vulnerable to almost any kind of disease and stress than girls. Approximately 75 % of all children who develop AD will be boys (Schulsinger 1972, McCord 1982).

Baby Henry

When Baby Henry's mother cuddled him, she often scared him for fun beyond the limits of panic, not being very sensitive to his mood. Sometimes she was loving and kind; sometimes she had sudden fits of rage and yelled at him or shook him, or left him alone if she became engaged in something else. She had a habit of starting to nurse him, and then abruptly put him aside in the midst of all. If he cried or screamed, she would become very excited and scold him for not liking her as if a baby six months old could have intentions behind his actions. Henry often had stomach problems and colic, he didn't gain weight and height as well as he should, he didn't sleep well, and he often had fever. When a health nurse examined him at 9 months, his head circumference was small for his age; he was unable to lift his head when lying on the back or stomach, and his muscle tonus was low. She could not make eye contact with him. Consequently he was admitted to a hospital for a month, and a lot of different persons nursed him during the day.

General aspects: Henry's mother displayed many behaviour traits of the attachment pattern "Disorganized or disoriented," typical for mothers who were severely deprived in their own childhood. This attachment pattern is linked to the development of personality disorder later in life. Already at age 1 there was a 70% chance that Henry would have an identical pattern in adulthood (Shaver & Cassidy 1999).

Neurologically speaking, Henry's brain was already far behind:

His brain stem was unable to produce the level of brain activity required because his mother did not touch him or give him vestibular stimulation (which will normally increase brain stem activity and stabilize it at approximately 9 months). This means that his nervous system activity remained as unstable and low as in a newborn: pulse, breath, temperature regulation, regulation of sleeping, waking, and attention rhythms. Appetite and digestion patterns remained unstable, and this severe condition could quickly become chronic. Also, the brain stem is responsible for growth hormone production, and the lack of stimulation results in a lack of growth (psychosocial dwarfism) and a reduced head circumference.

His "emotional brain" was not being properly programmed. The neurological network that should have helped him calm down from states of panic and anxiety developed especially from age 10 to 18 months, and the creation of this network depended heavily on his mother's ability to soothe her child and help the child regulate the intensity of emotions. Henry's prefrontal cortex was not learning to

control his "panic center," the Amygdala, when he became excited or scared. This would predict perhaps lifelong problems with emotional regulation. He could become "a victim of his feelings" later in life, unable to calm down or level his emotional reactions.

His brain would normally produce an entire internal "broadcasting network" from birth to age 2, with an abundant number of possible dendrite connections far exceeding what a person ever needs in life. From age 2 to puberty, much used connections would be stronger, and not used connections would deteriorate–the brain specializes. In Henry's case, the lack of early physical stimulation would result in a 20 % brain weight reduction at age 2, and the "internal network" base for further development would be of much poorer quality (Struble 1978, Siegle 1999).

As Henry left babyhood, the low level of brain activity would probably cause a shift into hyperactive, aimless, and restless activity because his frontal lobes were not active enough to dominate the rest of the brain. If the lack of stimulation had been very serious, he could have developed "institutional autism," being passive and without any wish for contact with others.

At 20 months, it was about the last call for changing Henry's disorganized attachment pattern into a healthier one (Ackerman & Dozier 2005).

Toddler Henry

At age 3, Henry's mother gave up, and Henry was placed in a foster care family. His new "family" was doing a great job, but Henry's behaviour was unfamiliar and confusing to them. Henry had no sense of limits, moral or physical. At one moment he could play with the family's daughter, age two, the next he would try to strangle her. He created many fight/ flight situations when the foster parents set limits or made demands. At the dinner table he sometimes refused to eat, sometimes ate until he vomited. He did not cry when he fell, he refused to have physical contact or be cuddled; he took a long time falling to sleep and often got up in the middle of the night. His dreams and fantasies were populated with volcanoes, dismembered animals, and omnipotent villains. If given an instruction, he was able to repeat it by memory, but immediately forgot it as soon as the adult was out of sight. The foster parents had the notion that he either regarded them as enemies (he called his foster mother "the dragon"), or did not need them at all–he seemed indifferent to contact and care. In the kindergarten the other children admired him for his "bravery" (he did not mind jumping from a roof to the ground), and at the same time feared him for his violent temper tantrums. He contacted anybody new in a very irresistible manner, and the foster parents felt misunderstood by their usual environment, who found him to be a nice, intelligent and charming boy. He quickly made acquaintances, but no close friendships developed from them. After one year of heroic effort, the foster family gave up when Henry pushed their daughter down the stairs and her arm was broken. Confronted with his actions, Henry's only comment was: "She stood where I wanted to walk–why did she do that? Should we play again, I'd like that."

General aspects: The problem of attachment usually calls for social attention from age 2 and onwards. It then becomes clear that emotionally and socially the child develops only at a very slow rate, whereas motor and "intelligence" skills may be relatively unaffected (Rygaard 1998). This contradiction in skills often leads to a too optimistic first-meeting view of the child, based on the child's positive appearance and apparent capacities. However, those who know the child in longer and more intimate relations find out that the child is imitating the behaviour of others without any understanding of the meaning or intention in that behaviour. Also, the defence mechanisms in the child are activated by intimate situations that would normally make the child feel safe and loved. These are fight, flight, or freeze patterns, such as vagabonding, attempting to control others–including role reversal in the family, splitting and extremely ambivalent relations–trying to approach and avoid the adult at the same time. The child will function poorly in socially complex situations (many people, more than one task at a time, new environments, or new topics), and will try to avoid demands or any change in the environment (such as new kinds of food).

Henry at School

Henry's social worker noticed that her hair was turning grey as his case grew heavier. At 7 he was placed in another foster home with more experienced foster parents who got regular supervision, and things seemed to be all right.

Henry started in the local countryside school in a positive manner, but after awhile there were a number of incidents in his disfavour. His teacher was an experienced woman, and her 6-month report was very clear and matter of fact:

> "Henry is a very bright and charming little boy, somewhat small for his age. He is able to learn very quickly by heart, but easily forgets what we just talked about. In class, we have had some rather severe conflicts but Henry has found out that I am the leader, and he now obeys somewhat reluctantly. He responds positively to clear and short instructions directed towards him only, but he is still unable to attend to a general message to class. In fact he often tries to do what I ask him to do, but he is not able to concentrate and is distracted by what goes on around him, and he is often bored, restless and impatient. He is able to learn quite a lot by copying and repetition, but he has a very concrete way of thinking and does not always grasp the deeper meaning of the issue or text in question. In class he is fairly calm as long as he has my undivided attention, but any new event or unstructured situation turns him upside down, so he still is in conflict outside lessons. He has to be prepared many times each day for what is happening and will happen in the next few minutes. His learning depends on my breaking down any subject into little bits which can be learned by heart, one by one. Outside class he now has an "attachment person" who helps him socialize in an acceptable manner."

General aspects: Being more or less intelligent, the resources for learning are often not unfolded in the AD child because of social problems and conflicts overshadowing the learning process.

The basic learning problems in AD children all have to do with a failure in the first learning process: perceiving the caregiver as a stable emotional entity. These learning problems (emotional at first, cognitive later) stem from a lack of the first meaningful exercise in a secure relation:

- concentration (caregiver responds to contact and prolongs contact)

- perception of figure and background (caregiver is the emotional "figure")

- proportion (caregiver responds to different events)

- recognition (caregiver is the same in varying situations)

- graduation (caregiver is empathic and varies stimulation)

- frustration (caregiver provides safety when situation is uncomfortable)

- mutual attention (caregiver is attentive and rewards attention)

- motivation (copies caregiver's emotional states, such as joy)

In other words, object constancy–learned in interaction with the first object/caregiver–is the prerequisite for a coherent and stable perception of the emotional, physical, and social world around us (Blatt 1988).

Henry the Perpetual Teenager

After some rather good years in the foster family Henry entered puberty. He was suddenly caught outside school hours for shoplifting, and the family discovered that this had been going on for a year. There was also some drug abuse. When confronted Henry's strategy was denial and varying fantastic stories about what happened. He was increasingly angry with his foster parents and refered any problem to their having let him down and not trusting him. In any incident he invariably blamed others and was unable to see how he himself influences the situation. There were a number of physical conflicts in which the foster parents had to hold him physically in order to avoid his aggression.

His foster mother was beginning to fear him, and while he still sought comfort like a child he was also looking for weaknesses and feelings of guilt he could awake in them. After one conflict, he tried to set the house on fire and ran away. He was found some weeks later in a gang of much older youngsters and was brought home by the police. After a calm period, the foster parents were called up by a parent from school because Henry had been sexually aggressive towards a girl of 8, and Henry was expelled. At 15 he ran away for good without notice, and sometimes surfaced in different court rooms and juvenile institutions.

General aspects: If treated, the AD child will often have a calm period from the start of school to the start of puberty. Depending on the intensity of the puberty

turmoil and the tolerance in the environment, the course of events can be a criminal career (usually fraud, impulsive and aggressive actions, and sexual offences due to a low ability to discriminate between appropriate and inappropriate partners), especially if drugs are involved–or if protected and being followed up intensely, a more restricted life with reasonable demands can give a positive outcome. At age 25 the AD child will often demonstrate the emotional maturity level of age 12-14.

Henry Grows Up

Even though Henry was no longer criminal at 29, he had a number of problematic behaviours. He often changed jobs, last names, partners, and residences. He was restless and easily bored with routine. He did not have a realistic view of himself, and he often looked for leadership or expert jobs. He was often hired at first glance because he was able to imitate any role in a superficial manner, but also fired within a short time. He liked "getting married" and had produced numerous offspring and disappointed ex-wives in different cities. If he stayed too long with a partner and got emotionally involved, he sometimes became violent and vengeful. At 35 he seemed to calm down somewhat. He has a relationship for some years and a regular job.

General aspects: When tested in youth and again at age 40-45, the AD person's number of psychopathic traits decrease with age. This is probably due to a "late maturation" of emotional and social function (apart from the mere exhaustion from a very turbulent and exposed life). These traits according to Robert D. Hare's Psychopathy Checklist (Hare 1985) include the following:

- Impulsivity

- Superficial and short contacts

- "Charming" behaviour

- Grandiose self-esteem

- Restlessness

- Lies that are "without reason"

- Lack of guilt and responsibility

- Parasitic lifestyle

- Lack of empathy

Depending on how and when interventions are made, they may prevent an AD development or reduce the symptoms considerably. Early intervention is most effective. Unfortunately, the behavioural consequences of deprivation and disorganized attachment only draw attention and concern from age 3 and onwards, thus producing a lot of practices aimed at treating symptoms that have already become chronic.

POSSIBLE INTERVENTIONS FROM PREGNANCY TO ADULTHOOD

Prebirth Interventions

The first intervention requires a general mapping process in social welfare systems:

Can we point out families whose behaviour makes it likely that the child will develop disorganized or disoriented attachment?

1. Families with a tradition for criminal behaviour, maltreatment, and neglect of children.

2. If substance abuse (alcohol, drugs) also runs in the family, this increases the risk.

3. The mother is not necessarily young, but she has a destabilized personality (due to her own record of early deprivation or maltreatment or due to psychosis when the child is in the most basic phase of attachment age 0 to age 2). The father is physically or spiritually absent, or violent.

4. Anorectic mothers are at risk of harming the foetus due to malnutrition and problems with attachment after birth.

5. Severely mentally retarded parents.

6. The birth weight of the child is very low or these are severe birth complications.

These families or mothers to be will often already be known in social security and other systems.

Can we direct an intervention program towards these families or mothers at the onset of pregnancy?

One intervention is to offer mothers-at-risk a special birth preparation program (Lier 1995). In Denmark (5 million population) there are currently 48 local programs aimed at mothers-at-risk after many years of focusing on older children.

The general idea of these programs is to give the mother a few stable contact persons who act as parental figures, helping her cope with daily practical problems, containing and moulding her expectations for motherhood, and helping her reduce eventual abuse problems in order to improve the foetal environment. In the study by Lier at Bispebjerg hospital, mothers admitted to such a program produced babies with normal birth weight and a frequency of birth complications not exceeding that of the population in general. Mothers not included demonstrated a reduced birth weight (by 300 grams) and a high frequency of severe complications (50 % of births in sample).

Another program from a small county may be of interest: A health nurse, a psychologist, a social worker, and a nursery worker work in a team. When a pregnant at-risk mother's name is referred to the team, she immediately has an informal visit from a team member, who becomes her contact person. She is encouraged to work at a special day care centre for children at risk, where the team is also situated. Here,

she is supported by the team who is responsible for her work situation and social welfare benefits; she will "work" in a special day care unit and learn the basics of baby care. She is offered therapy, and after birth she will be nursing her own child in the day care centre under staff supervision.

The general idea of this intervention is that the team acts as a "parental substitute," partly administrating all public aspects (social security, working market, hospital contact, etc.) of the mother's situation.

The goal of the team is to support the mother and baby until the child is age 2 (and a healthy attachment process has been started between them). In severe cases, the team helps the mother place the child in a foster family or helps her after mandatory placement in custody of her child. The baby may also be placed in a private day care setting where the day care person has no more than two children and receives supervision at the day care centre.

A simpler model is in a county that has a number of specially educated day care mothers who work only with one or two children at a time. Their job is to be the main attachment figure for the babies, and the biological mother is encouraged to let her baby stay with the day care mother for most of the day.

The main idea of all these programs is to provide the mother with a "parental" figure–or a "safe base"–during pregnancy and birth, and to provide practical knowledge and substitute caretakers in the first period of attachment.

Interventions for Mother or Caretaker and Baby Relations

In the intervention programs described, an understanding of healthy neurological development is embedded since a number of studies have demonstrated the close relation between caretaking behaviour and brain development in the baby.

Stimulation of the skin and the vestibular sense (rocking, turning, rolling, etc.) seem to have a major influence on the smooth regulation of the general activity level in the baby brain and thus both on brain growth and the gradual stabilization of brain function. Consequently, a common problem in AD children is hypo- or hyperactivity. The regulating activity is mediated by the reticular activation system, which–in order to function properly in the baby–can be activated only by frequent touch (skin, mouth, and tongue) and movement.

A number of caretaker behaviours become important:

1. Frequently carry the baby on the body.

2. Feed the baby in the breastfeeding position on the arm and spend a lot of time on this.

3. With young fragile babies, a wet nurse can be a good idea.

4. Use baby massage.

5. Exercise eye contact only when the baby is touched at the same time. Touch helps the baby focus and have eye contact.

6. Use a cradle or a hammock for sleeping, never a bed.

7. Let the baby rest on a lambskin or on terry cloth.

Deprived babies quickly adapt to understimulation and avoid normal levels of stimulation and stay under stimulated. Therefore, one should gradually stimulate the baby for short periods of time. Sensory Integration Therapy (Jean Ayres) is designed to teach children how to process rising increasing levels of stimulation.

The Marte Meo program from Holland consists of video feedback sessions for mothers at risk and their babies. Mother and baby are videotaped, and the supervisor gives feedback supporting relevant maternal caretaking behaviour. The general idea of the program is to give only positive feedback whenever the mother displays relevant caretaking behaviour (see: www.martemeo.com).

Interventions for the Preschool Child

The abovementioned stimulation methods should be put to use even with toddlers and up to age 6, but they will be most efficient at an early age.

With AD preschool children, the emotional and social capacities are comparable to those of a much younger child. Those working with them or caring for them should consider the following:

1. When planning social and emotional demands and caretaker behaviour, divide the child's age by 2 or 3 (to match the developmental age of the child).

2. Do not focus on emotions, reasoning, and motivating. Demonstrate the behaviour you want in simple, short sequences and let the child learn them by imitating you instantly (that's how babies learn from their mothers). Don't expect the child to understand the meaning of actions.

3. Keep the child in a "mother and child" circle wherever you go. That is, the child is followed and helped as closely as a mother would follow her baby. All other social contacts should be planned and supported by the caretaker. AD children are vulnerable to new contacts and large groups.

4. Take responsibility for all negative outcomes of social interaction (wouldn't you do that with a 1 year old?)

As the reader will remember, Henry was placed in a foster care family. Since AD child behaviour is disorganized and a very stressing factor in family life, the following criteria for placement have proven valuable:

1. Foster parents should be experienced, that is, not too young. If they have children, the youngest child should be at least 5 years older than the AD child placed in the family.

2. Foster parents should have a stable life without too many new activities and new social contacts. They should be chosen for patience, endurance, and stability.

3. Relations to neighbours, school, and day care should be positive before placement, since these relations will be stressed by the child's behaviour.

4. Authorities responsible for placement should provide regular supervision.

Mary Dozier of Delaware University has made some very interesting field studies in foster family placement. Some of her most important findings include the following:

1. If children are placed in foster care before age of 20 months, most will adapt to the attachment pattern of the foster mother. If placed later, they will probably maintain the attachment pattern acquired from previous caretaker(s) or parent(s).

2. If the foster mother has a secure and autonomous attachment pattern, the young child placed will adapt to that pattern. If the foster mother has one of the three other attachment patterns (avoidant, ambivalent, or disorganized), most children will end up having a disorganized pattern.

3. Foster parents can learn the behaviours associated with secure and autonomous attachment.

Other results produced by Femmie Juffer of Leiden University, The Netherlands, studying adopted children (Juffer 2005) indicate if adoptive parents have a number of consultations with an advisor about common attachment problems for one year after adoption, more children will display a secure and autonomous attachment, compared to a control group of nonadvised adoptive parents. The same probably goes for foster parents. It is just as important to attachment outcome to "care for the caretakers" as it is to care for the AD child.

Interventions for the School Child
The interventions recommended here focus on school work settings, due to the author's experience. The age period of 5 to 12 years is often reasonably calm, and the child often has unused intellectual reserves that are overshadowed by social conflicts. However, the thoughts presented refer to learning processes in general.

To identify the nature of learning problems in AD children, the most relevant cause is the lack of early organized communication patterns between the baby and the caretaker. This prevents the creation of a clear internal representation of the mother, in some theories referred to as "internal working model," and in others as "the object relation." Early disorganized interplay probably prevents an ordered experience, not only of the first caretaker, but also of all later persons or objects, and matters. Subsequent learning problems are caused by a poor quality of the following:

- concentration

- perceiving figure or background

- proportion

- recognition

- graduation

- frustration

- mutual attention

- motivation

These problems appear both in the social relation with the teacher and peers, and cognitively when working with the understanding of subject matter, such as figures, letters, grammar, ideas, and symbols.

Interventions should be designed to support these functions as much as possible, and they should also be the underlying target of exercise in all situations. For example, the duration of concentration can be the teacher's focus in any activity or learning process.

The teacher should regard his or her person more as the "parental object" than as "the teacher," and think in terms of a given number of "parent-child relations" rather than addressing the group of children in general. In other words, most of the communication should be between teacher and pupil and not between teacher and group. Only when each child has been in this relation for a year or so can the teacher start activities and instructions on a group level.

As a "parental object," the teacher should be aware that he or she influences the child's behaviour only when being present and visible to the child. As soon as the teacher is not present, there will be little or no retention of the teacher's opinions, instructions, etc. In short "you exist only when you are in the presence of the child." For this reason instructions or dialogues about what the child must remember later should be omitted, and only the present tense and the immediate future should be used.

The class room environment should be designed to help the child focus relevantly and not be disturbed, that is, all children face the teacher, and if a child is easily distracted, a sound isolating "wall" can separate the children so that a child can see only the teacher.

Concerning the arrangement of learning matter "peeling the onion" is relevant. This means that the teacher initially observes the faculties of the child and makes demands only when he or she is absolutely certain that the child can already perform the task in question. Even then, there will probably be a number of conflicts, because the child perceives the teacher as "the hostile parent" from the original experience of the parent, and this evokes also the aggressive, disorganized, or avoidant reactions from this early period. Only when these conflicts have been contained and calmly resolved by the teacher will the child be able to work. It is difficult to be a safe authority without being authoritarian, and this usually takes some years of practice.

What makes teaching AD children difficult is not only that the internal working model of the child may be imprecise or blurred, but also early adverse experiences will load the child's view of the teacher with negative and hostile feelings, and many defensive mechanisms will blur the communication when the child tries to avoid or disrupt communication. Thus, a calm teaching process in itself is the ultimate goal,

and what is required is that the teacher learns to be a "container for negative projections" (that is to know that the child's problems stem from early life and are not really statements to be taken personal) and also learns to be a good "rodeo cowboy" (that is, the child will often try to create a secure base by role reversal or by taking control of the environment).

It is equally important to understand that the teacher's efforts to explain or convey the deeper meaning or essence of a subject can be an insurmountable challenge for the child. Instead, the logics of a task should be translated into a set of behaviours and rituals which the child can simply imitate–the "why" should always be replaced with the "how" demonstration (Rygaard 2006).

Interventions in Youth

This presentation has focused on early childhood and school years, and youth has been described in many other places. There are so many intervention programs that it is impossible to give a complete description. In general, programs based on cognitive or behavioural therapies are popular in these years. Without any evidence, it is my experience that these programs work well with many "light" youth criminals, but as with all other methods, they have only a temporary effect on youngsters with many psychopathic traits. In these cases, an intense permanent follow-up and control procedure is necessary. In a Danish facility for psychopathic criminals (Herstedvester), a permanent follow-up is combined with reincarceration without time limit if a parole is violated. The next parole then depends solely on the estimate of prison staff. This method seems to have some effect in the most difficult cases.

CONCLUSIONS

What has amazed me mostly in working with AD children is the fact that the causes seem to operate from pregnancy to age 2, while treatment usually starts when the social symptoms start to become increasingly manifest: from age 2-3 an onwards. Due to the late start of treatment, the prognosis is not very positive. This calls for the development of intervention programmes early in life.

Milieu therapy, in my experience, is a useful method in providing the secure base to extremely insecure and aggressive children. The two most important goals in this are to monitor the environment at all times (which can usually be obtained at least until puberty even in severe cases), and to provide supervision for those who work with the children in order to avoid regression under the pressure of the child's behaviour problems.

Source:Rygaard, N.P.:"Severe attachment disorder in childhood – A guide to practical therapy"

Springer Wien/ New York 2006. www.springer.com

"L'Enfant Abandonné – Guide pour le Traitement de Troubles de l'attachement",

De Boeck Université 2006. www.deboeck.com

See/ Voir: www.attachment-disorder.net , mail author: npr@erhvervspsykologerne.dk

Literature

Here is a list of literature from "Severe Attachment Disorder in Childhood" is presented in its full length. The studies referred to in the above text are included here. The references in this paper to Ackerman (2005) and Juffer (2005) are not included in the book.

Ackerman, J.P., & Dozier, M. (2005). The influence of foster parent investment on children's representations of self and attachment figures. Applied Developmental Psychology, 26, 507-520.

Ainsworth, M. (1969) Object relations, dependency and attachment: A theoretical review of the infant-mother relationship. Child Development, 40: 969 – 1025

Ainsworth, M., Blehar, M., Waters, I., and Wall, S. (1978): Patterns of attachment – A psychological study of the strange situation. Lawrence Erlbaum Associates, Hillsdale

Amtsraadsforeningen (2000) The public school special need classes 1985-1999. Amtsraadsforeningen, Denmark

Ayres, J. (1979) Sensory integration and the child. Los Angeles, CA

Barnard, K.E., and Brazelton, T.B. (1990) Touch – the foundation of experience. International Universities Press, Madison, Conn.

Berman, A.J., Berman. D., and Prescott, J.W. (1974) The Effect of cerebellar lesions on emotional behavior in the rhesus monkey. In: Cooper, I.S., Riklon, M.V. & Snider, R.S. (eds) The cerebellum, epilepsy and behavior. Plenum, NY

Bion, W.R. (2000) Experiences in groups and other papers. Routledge, London.

Blatt, S.J. (1988) A cognitive morphology of psychopathology. In: plenary lecture at the ISSPD congress on personality disorders, Rigshospitalet, Copenhagen

Blatt, S.J. (1988) Interpersonal relatedness and self - definition. IN: Singer, J.L. (ed) Defense mechanism and personality style. University of Chicago

Press,Chicago

Bowlby, J. (1969) Attachment and loss, vol. 1. Attachment . Hogarth Press, London. Basic Books, New York; Penguin, Harmondsworth

Bowlby, J. (1973): Attachment and loss, vol. 2. Separation: anxiety & anger. Hogarth Press, London. Basic Books, New York; Penguin, Harmondsworth

Bowlby, J. (1988) A secure base: Clinical applications of attachment theory. Routledge, London

Briggs, F., and Hawkins, R.M.F (1996) A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be nonoffenders. In: Child abuse and neglect, 20: 221 -233.

Bryan, G.K., and Riesen, A.H. (1989) Deprived somatosensory-motor experience in stumptailed monkey neocortex: dendritic spine density and dendritic branching of layer IIIB pyramidal cells. J Comp Neurol 286: 208-217

Coleman, M. (1971) Platelet serotonin in disturbed monkeys and children. Clinical proceedings of the children's hospital. 27 (7): 187-194

Deutch, A.Y., and Roth, R.H. (1990) The determinants of stress induced activation of the prefrontal cortical dopamine system. Progr Brain Res 85: 367 – 404

Dokecki, P.R. (1973) When the bough breaks...what will happen to baby. Review of: Rock-a-bye Baby. Time Life Films (Lothar Woff, Ex. Prod.) Contemporary Psychology 18:64

Doren, D.M. (1987) Understanding and treating the psychopath. Wiley, New York

Essman, W.B. (1971) Neurochemical changes associated with isolation and environmental stimulation. Biological Psychiatry, 3: 141

Field, T., Hernandez-Reif, M., Seligman, S., Krasnegor, J., Sunshine, W., Ricas-Chacon, R., Schanberg, S., and Kuhn, C. (1997) Juvenile rheumatoid arthritis: benefits from massage therapy. J Pediatr Psychol, 22: 607-617

Field, T., Hernandez-Reif, M., Diego, M., Feijo, L., Yanexy, V., and Gil, K. (2004) Massage therapy by parents improves early growth and development. Infant Behavior and Development, 27: 435- 442

Finkelhor, D. et al (1990) Sexual abuse in a national survey of adult men and

women: Prevalence, characteristics, and risk factors. Child Abuse and Neglect, 14: 19 - 28

Fleming, J. et al (1997) The long term impact of sexual abuse in Australian women. Child Abuse and Neglect 21, (1): 49 - 58

Fonagy, P. Pathological attachments and therapeutic action. Paper to the Developmental and Psychoanalytic Discussion Group, American Psychoanalytic Association Meeting, 13 May 1999, Washington, DC

Gallahue, D.L. (1997) Understanding motor development: infants, children, adolescents, adults, 5th edn. WCB Brown & Benchmark, Madison

Green, A. et al (1981) Neurological impairment in maltreated children. Child Abuse and Neglect 5: 129-134

Hansen, N. (1977) Cerebro-organic Pathogenesis in 110 Children followed up subsequent to Admission to a Child Psychiatric Ward. Acta Psychiatrica Scandinavica 46: 399-412

Hare, R.D. (1985) The psychopathy checklist. University of British Columbia, Vancouver

Hare, R.D. (1988) Psychopathy and language. In: Moffit, T.E., and Mednick, S.A. (eds.): Biological contributions to crime causation. Nijhoff, Dordrecht

Hare, R.D. (1993) Without conscience: The disturbing world of the psychopaths among us. Simon & Schuster, New York, NY (reissued in 1999 by Guilford Press)

Hare, R.D., Forth, A.E., and Strachan, K.E. (1992) Psychopathy and crime across the lifespan. In Peters, R., McMahon, R., and Quinsey, V. (eds) Aggression and violence across the lifespan. Sage, Newbury Park, CA, 285-300

Hart, S.D., Cox, D.N., and Hare, R.D. (1995) The Hare psychopathy checklist: Screening version.: Multi-Health Systems, Toronto, ON

Heath, R.G. (1972) Electroencephalographic studies in isolation raised monkeys with behavioral impairment. Dis Nervous Systems, 33: 157-163

Heath, R.G. (l975): Maternal-social deprivation and abnormal brain development: Disorders of emotional and social behavior. In: Prescott, J.W., Read, M.S., and Coursin, D.B. (eds) Brain function and malnutrition. Neuropsychological methods of assessment, Wiley, New York

Higley, J.D., Suomi, S.J., and Linnoila, M. (1990) Parallels in aggression and sero-tonin: Consideration of development, rearing history, and sex differences. In: van Praag, H., Plutchik, R., and Apter, A. (eds) Violence and suicidality: Perspectives in clinical and psychobiological research. Brunner/ Mazel, New York

Hoksbergen, R.A.C., and Rijk, J.K. (2004) Effects of deprivation. An example: Children adopted from Romania. Utrecht University, Department Adoption/ Non-Genetic Parenthood, Heidelberglaan 2, 3584 CS Utrecht, The Netherlands

James, B. (1994) Handbook for treatment of attachment - trauma problems in children. The Free Press, New York

Juffer, F., Bakermans-Kranenburg, M.J., and Van IJzendoorn, M.H. (2005) The importance of parenting in the development of disorganized attachment: Evidence from a preventive intervention study in adoptive families", Journal of Child Psychology and Psychiatry 46, 263-274.

Kernberg, O. (1996) Personality development and psychopathology.

Video recording: Lecture at The Psychiatric Dpt. Of Roskilde Hospital, Denmark.

van der Kolk, B., and Greenberg, M.S. (1987) The psychobiology of the trauma response: Hyperarousal, constriction, and addiction to traumatic re-exposure.

In: van der Kolk, B. (ed) Psychological trauma. American Psychiatric Press, Washington, DC, pp 63-87

van der Kolk, B. (1994) Trauma and the development of borderline personality disorder.

Psychiat Clin North Am 17, (4): 715-730

Kruuse, E. (1984) Skoleforloebet for boern med lav foedselsvægt (Learning disabilities and education in children with low birth weight), Skolepsykologisk Forlag, Copenhagen

Laudenslager, M.L., Reits, M., and Harbeck, R. (1982) Suppressed immune response in infant monkeys associated with maternal separation. Behav Neural Biol 36: 40-48

Leth, I. (1999) Seksuelle overgreb mod børn, karakteristika og psykiske skade-virkninger. (Sexual assault towards children, characteristics and psychological damage). In: Psykiske sygdomme og problemer hos boern og unge (Psychiatric Disease and Problems in Children and Juveniles), Psykiatrifond-

ens Forlag, Copenhagen 1999, pp 205-218

Lier, M., Gammeltoft, M., and Knudsen, I.J. (1995) Early mother-child relationship: The Copenhagen model of early preventive intervention towards mother-infant relationship disturbances. Arc Medical Res, 54 (Suppl 1): 15-23

Lisak, D. (1994) The psychological impact of sexual abuse: Content analysis of interviews with male survivors. J Traumatic Stress, 7: 507-523

Madsen, S.A. (1996) Baand, der brister – baand, der knyttes. (Bonds that break, bonds that tie). Reitzel, Copenhagen

Main, M. (1996) Introduction to the special section on attachment and psychopathology: 2. Overview of the field of attachment. J Consult Clin Psychol 64, (2): 237–243

Mason, W.A. (1968) Early social deprivation in the non-human primates: Implications for human behavior. In: Glass DE Ed Environmental influences. The Rockefeller University Press/ Russell Sage Foundation, New York

Mason, W.A., Berkson, G. (1975) Effects of maternal mobility on the development of rocking and other behaviors in rhesus monkeys: A study with artificial mothers. Dev Psychobiol 8: 197-221

McCord, W. (1982) The Psychopath and milieu therapy: A longitudinal study. Academic Press, New York

Meloy, J.R. (1988) The psychopathic mind. Jason Aronson, London

Melzack, R., and Burns, S.K. (1965) Neurophysiological effects of early sensory restriction. Exp Neurol 13: 163-175

Montagu, A. (1986) Touching - the human significance of the skin. Harper and Row, New York

Neal, M. (1967) Vestibular stimulation and developmental behavior in the small premature infant. Nursing Research Report 3: 1-4

NICHD (National Institute of Child Health and Human Development) (2003) Child Care linked to assertive, noncompliant and aggressive behaviors – vast majority of children within normal range. Http://www.nichd.nih.gov/new/releases/child_care.cfm.

Piaget, J. (1936/ 1953) Origins of intelligence in the child, Routledge & Kegan Paul,

London

Prescott, J.W. (1971) Early somatosensory deprivation as an ontogenetic process in the abnormal development of the brain and behavior. In Goldsmith, I.E., and Moor-Jankowski, J. (eds) Medical primatology 1970.Karger, Basel New York Prescott JW (1975) Body pleasure and the origins of violence. The Bulletin of The Atomic Scientists", November 1975, pp 10-20

Prescott, J.W. (1977) Phylogenetic and ontogenetic aspects of human affectional development. In: Gemme, R., and Wheeler, C.C. (eds) Progress in Sexology. Proceedings of the 1976 International Congress of Sexology. Plenum Press, New York.

Prescott, J.W. (l979) Deprivation of physical affection as a primary process in the development of physical violence. In: Gil DG (ed) Child Abuse and violence AMS Press, New York, pp 66-137

Prescott, J.W. (1980). Somatosensory affectional deprivation (SAD) theory of drug and alcohol use. In: Lettieri, D.J., Sayers, M., Wallenstien, and Pearson, H. (eds) Theories on drug abuse: Selected contemporary perspectives (NIDA Research Monograph 30, March 1980). National Institute on Drug Abuse, Department of Health and Human Services. Rockville, MD.

Prescott, J.W. (l990) Affectional bonding for the prevention of violent behaviors: Neurobiological, psychological and religious/spiritual determinants. In: Hertzberg, L.J., et al (eds) Violent behavior, vol I: Assessment and intervention. PMA Publishing, NY pp 110-142

Reid, W.H., Dorr, D., Walker, J., and Bonner, J. (1986) Unmasking the psychopath: Antisocial personality disorder and related syndromes. Norton, New York

Reite, M., and Capitanio, J.P. (1985) On the nature of social separation and social attachment. In: Reite, M., and Field, T. (eds) The psychobiology of attachment. Academic Press, New York

Riordan, D., Appleby, L., and Faragher, B. (1999) Mother-infant interaction in postpartum women with schizophrenia and affective disorders. Psychological Medicine 29, 991-995

Rosenzweig, M.R. (1971) Effects of environment on development of brain and of behavior. In: Tobach, E., Aronson, L.R., and Shaw, E. (eds). The biopsychology of development. Academic Press, New York, 303-342

Rutter, M. (1995) Relationships between mental disorders in childhood and adult-

hood. Acta Psychiatrica Scandinavica 91: 73-85

Rygaard, N.P. (1998) Psychopathic children: Indicators of organic dysfunction. In: Millon, T., et al (eds) Psychopathy. Antisocial, criminal and violent behavior. Guilford Press, New York, pp 247-259

Rygaard, N.P. (2004): A systemic approach to cross-scientific terms in the diagnostic Babylon. (unpublished)

Salk, L., Lipsitt, L.P., Sturner, W.Q., Reilly, B.M., and Levat, R.H. (1985) Relationship of maternal and perinatal conditions to eventual adolescent suicide. Lancet,1985 Mar 16;1(8429):624-627

Schalling, D. (1988): Personality Self-Report Scales and Biological Markers for Aggressivity and Lack of Behavioral Constraints. Plenary Lecture at: First Congress of the International Society for the Study of Personality Disorders. Copenhagen

Schore, A.N. (1994) Affect regulation and the origin of the self: The neurobiology of emotional development. LawrenceErlbaum, Hillsdale NJ

Schore, A.N. (2002) Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and psychopathogenesis of posttraumatic stress disorder. Austr NZ J Psychiat 36: 9-30

Schulsinger, F. (1972) Nogle undersøgelser til belysning af sammenhængen mellem arv og miljø i psykiatrien. (Some studies concerning the link between hereditary and milieu factors in psychiatry). Foreningen af danske laegestuderende, Copenhagen

Schutz ,W.C. (1958) FIRO: A three-dimensional theory of interpersonal behavior. Holt & Rhinehart, New York (Re-issued in 1966 as The Interpersonal Underworld by Science and Behavior Books, Palo Alto, CA)

Shaver, P.R., and Cassidy, J. (eds) (1999): Handbook of Attachment – theory, research, and clinical applications. Guilford Press, New York

Siegel, D.J. (1999): The developing mind – toward a neurobiology of interpersonal experience. Guilford Press, New York

Struble, R.G., and Riesen, A.H. (1978) Changes in cortical dendritic branching subsequent to partial social isolation in stumptail monkeys. Dev Psychobiol, 11(5): 479-486

Tassinari, C.A. (1968) Suppression of focal spikes by somatosensory stimuli. Elec-
        troenceph Clin Neurophysiol 25: 574-578.

Teicher, M.H. et al (1987) Preliminary evidence for abnormal cortical development
        in physically and sexually abused children using EEG coherence and MRI.
        In: van der Kolk, B., and Greenberg, M.S. (1987): The Psychobiology of the
        trauma response: Hyperarousal, constriction an addiction to traumatic re-
        exposure. American Psychiatric Press, Washington, D.C, pp 63-87

Teicher, M.H. et al (1994) Early abuse, limbic system dysfunction, and borderline
        personality disorder. In: Silk, K. (ed): Biological and neurobiological studies
        of borderline personality disorder. American Psychiatric Association Press,
        Washington, DC, pp 177-207

Turnbull, C.M. (1987) The mountain people. Simon & Schuster, New York

Vanggaard, T. (1968) Neurose og Psykopati (Neurosis and psychopathy). In: Nor-
        disk Psykiatrisk Tidsskrift, 4: 22-30, Copenhagen.

Viding, E.R., Blair, J.R., Moffitt, T.R., and Plomin, R. (2005): Evidence for substantial
        genetic risk for psychopathy in 7-Year olds. J Child Psychol and Psychiat
        46:6, pp 592-597

White, W. (1959) Motivation reconsidered - the concept of competence. In: Psych
        Review, vol. 66, pp 297-333

Williams, L.M. (1994) Recall of childhood trauma: A prospective study of women's
        memories of child sexual abuse. In: J Consult Clin Psychol 62, pp 1167-1176

Williamson, S.E., Harpur, T.J., and Hare, R.D. (1991). Abnormal processing of affec-
        tive words by psychopaths. Psychophysiology 28 (3): 260-273

Zachau-Christiansen, B. (1975) Babies: Human development during the first year.
        Wiley, Chichester

UNDERSTANDING AND TREATING ADOLESCENT VULNERABILITY: A DEVELOPMENTAL PERSPECTIVE

Kees Maas, PhD, Psychologist
Batshaw Youth and Family Centers
Westmount, QC. Canada

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.

Keywords: Therapeutic Relationship, Vulnerable Adolescent, Identity and Self-esteem Building

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 Melanie sixteen years old to you:

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 illustrated 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 section.

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 preoccupation 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, deidealization, 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.

1. 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.

2. 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 accom-

panying 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 parents' 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 acknowledgement 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 of 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, leading 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
c. 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.

d. 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.

e. Second round of the separation-individuation process.

Melanie still needed to be reassured about the constancy of her primary caregiver(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.

f. 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 devel-

opmental 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. Empathy 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 overidentify 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:

1. An efficient transmission of empathy

2. An aptitude to create a security inducing climate

3. An authenticity and naturalness

4. A capacity to show reassuring competency

5. 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.

References

Brent, D. (1995). Facteurs de risqué associés au suicide à l'adolescence: revue des recherches. Prisme, 5(4), 360-374.

Brown, G.; Harris, T. (1989) Life events and illness. The Guilford Press, N.Y.

Cyrulnik, B. (1999). Un merveilleux malheur. Odile Jacob, Paris.

Durkheim, E. (1960). Le suicide , etude en sociologie. Paris : Librairie Félix, Alcan, POF,
(Publication originale 1867).

Everall, R.D; Bostik, K.E.; Paulson, B.L. (2005). I'm sick of being me : Developmental themes in a suicidal adolescent. Adolescence, 40 (160), pp. 693-708.

Farberow, N. L. (1985). Youth suicide : A Summary. In : Peck, M.L.; Farberow, N.L.; Litman, R.E. (eds) Youth Suicide. NY : Springer, p. 191-203.

Hanus, M. (1995). Deuil et adolescence. Adolescence, Automne 1995 (26), Bayard Editions, 79-98.

Laufer, M. (1989) Adolescence and adolescent pathology: Clinical issues. Developmental Breakdown and Psychoanalytic Treatment in Adolescence. Clinical Studies. Yale University Press, p. 9-15.

Luthar, S.S. (2003) Resilience and vulnerability: Adaptation in the context of childhood adversities. Cambridge : Cambridge University Press.

Maas, K. (2004). Intervenir auprès de jeunes delinquents suicidaires. Une etude de cas québécois. In : Prévention du suicide et pratiques de réseaux : Deuxième

congrès international de la francophonie en prevention du suicide. Liège : Maison du social. III/8-III\3.

McGuffin, P; Katz, R. Rutherford, J.(1991). Nature, nurture and depression : A twin study. Psychological Medecine, 21, 329-335.

Rutter, M, (1987) Psychosocial resilience and protective mechanisms. Journal of Orthopsychiatry, 57, 316-331.

Rutter, M. (2002). The interplay of nature, nurture and developmental influences: The challenge ahead for mental health. Archives of General Psychiatry, 59, 996-1000.

Rutter, M (in Press) Natural experiments, causal influences and policy development.
In : Rutter, M and Tiendra, M. (eds) : Ethnic variations in intergenerational continuities and discontinuities in psychosocial features and disorders. NY and London: Cambridge University Press.

Samy, M.H. (1990). L'adolescent suicidaire. Association Québécoise de Suicidologie. Actes du 3-e Colloque Provincial. Le suicide à travers les âges. Ste Foy, Québec, Mai 1989.

Séguin, M; Brunet, A.; Leblanc. L. (2006) Intervention en situation de crise et en contexte traumatique. Gaëtan Morin, Montréal

Shea, S.C. (2005). La conduite de l'entretien psychiatrique (French Edition) : J.L. Terra and M. Séguin) Paris : Elsevier.

Shelly, M., Moreau, D.,Yang, L., Gendre, C., et Mailloux, M. (2004). Évaluation de deux indicateurs inédits associés à la tentative de suicide chez l'adolescent et le jeune adulte. Prévention du suicide et pratiques de réseaux : Deuxième congrès international de la francophonie en prévention du suicide. Liège: Maison du social. II/9-II/18.

Winnicott. D. (1970). The maturational Processess and the Facilitating Environment. Hogart Press, London.

FINAL PHASES IN THE DEVELOPMENT AND IMPLEMENTATION OF THE NORTH AMERICAN CERTIFICATION PROJECT (NACP)

Frank Eckles,
Child and Youth Care Certification Institute

Jean Carpenter-Williams,
The University of Oklahoma
National Resource Center for Youth Service

Dale Curry,
Kent State University

Martha Mattingly,
University of Pittsburgh

Sr. Madeleine Rybicki,
Holy Family Institute

Carol Stuart,
Ryerson University

A. M. Bonsutto,
Catholic Charity Services

David Thomas,
Bryan's House

Carol Kelly,
California State University, Northridge

Karen VanderVen,
University of Pittsburgh

Cindy Wilson,
New England Network of Youth Services

John Markoe,
Goodwill-Hinckley

Susan Wierzbicki,
Free State Challenge

Quinn Wilder
University of Wisconsin-Milwaukee

ABSTRACT: In 2008 the North American Certification Project (NACP) completed a 7-year long process of developing a professional level certification program for child and youth care practitioners. This is the first effort in the United States to define the full range of knowledge, skills and attributes necessary for fully professional practice across child and youth care practice environments. The work was carried out by over 100 practitioners, administrators and educators from across North America. It included defining the field of practice, creating a five domain taxonomy of competencies, and creating an assessment methodology that included a scenario-based exam, supervisor assessments and an electronic portfolio coupled with submission of education/experience, references and documentation of specific training in required competency domains. Pilot testing of the certification program was conducted on 775 practitioners from multiple practice environments drawn from 29 sites in 6 states and 2 Canadian provinces. The program was revised based on consumer experience, research and recommendations from the NACP committee and was implemented nationally in March 2008. The program is expected to provide a platform for addressing child care workforce development, unifying credentialing and education, increasing regulatory standards and increasing public awareness of the contributions of the child and youth care profession.

Key Words: certification, child and youth care, competence assessment, workforce development, competencies, certification program, professionalism, and childcare.

NORTH AMERICAN CERTIFICATION PROJECT OVERVIEW

The Child Welfare League of America (CWLA), Annie E. Casey Foundation, Alliance for Children and Families (ACF), American Public Human Services Association (APHSA), National Staff Development and Training Association (NSDTA), National Association of Public Child Welfare Administrators (NAPCWA), Forum for Youth Investment, Children's Defense Fund (CDF), National Association of Social Worker (NASW), many universities and others have undertaken initiatives to study and address the workforce crisis that exists in the child welfare field. Studies and reports by a variety of these groups have documented that the single most significant factor limiting child and youth care services is the availability of competent, well-prepared practitioners to staff programs.

Over the past 7 years (2000–2007) the Association for Child and Youth Care Practice, the national organization that promotes professional child and youth care practice in the United States, brought together a significant international group of child and youth care professionals to study and address the workforce crisis. This group, known as the North American Certification Project (NACP), focused on the development of a full professional certification. This included the full range of knowledge, skills and attributes considered to be necessary for fully professional practice across practice environments. This focus was chosen to demonstrate the

inter-relatedness of the various settings in which work is delivered, to describe the fundamental principles that underlie child and youth care practice, and to create a description of a fully functioning child and youth care professional. To accomplish this end, the NACP defined the field of child and youth care practice, described the requisite knowledge and skills necessary for professional practice and established a method to assess competence. This is a key step in the evolution of the Child and Youth Care field and an important contribution to addressing the workforce crisis.

It is expected that this work will provide guidance in the development of future training and education programs better suited to address the needs of communities, employers, practitioners and the workforce in general. It will also provide a framework for unifying the many existing educational and credentialing efforts currently underway to create a unified education and credentialing system in the United States.

The North American Certification Project concluded the pilot testing of the full professional certification program in February 2008. The revised certification program was implemented nationally in March 2008. These events mark a significant development in the establishment of a nationally recognized credential that spans the entire field of child and youth care. This is the first time a national certification has been offered at this level in the United States that is sanctioned by the professional child and youth care community and offers practitioners a credential that spans practice settings.

The credentialing program is based on well-researched knowledge and skill competencies that prepare practitioners for employment in multiple practice settings including: early care and education, community-based child and youth development programs, parent education and family support, school-based programs, community mental health, group homes, residential centers, day and residential treatment, early intervention, home-based care and treatment, psychiatric centers, rehabilitation programs, pediatric health care, and juvenile justice programs. The compilation and analysis of competencies drawn from 87 sources is the most extensive analysis conducted to date.

Competence demonstration is based on multiple assessment methods including an electronic portfolio, supervisor assessments, and a passing score on a scenario-based exam coupled with submission of professional references, professional memberships, employment history, education and extensive training documentation.

The pilot testing research was conducted by Dale Curry at Kent State University. The research effort focused on establishing the reliability and validity of the 100 item scenario-based exam. Information was also collected on the usability and appropriateness of the application forms, supervisor assessment, reference forms and electronic portfolio.

The purpose of this paper is to describe the final phases involved in the North American Certification Project, the pilot testing program, and the revision and implementation of the full professional certification program. The paper is divided into the following sections: Program Integration, Pilot Testing, Post Pilot Testing Research and Revision, Application Processing, Recommendations, and National Implementation. Each section describes the key activities undertaken during that phase of the

project. A bibliography and appendices are included (A: Concurrent Planning Committee Recommendations; B: Pilot Testing Certification Requirements; C: Current Certification Requirements; D: CYCCB Board of Directors; E: NACP Contributors: Committees and Membership).

Program Integration

The work of the NACP was carried out over a 7-year period in regionally dispersed sites by a volunteer group of over 100 practitioners, administrators and educators. The work was coordinated by committee chairs who reported to the ACYCP Board through the President. Most work was carried out through teleconference meetings with face-to-face meetings held only when required by the demands of the task. This model allowed work to move forward relatively independently by the key committees which included: Competency Group, Certification Process, Assessment, and Bylaws Committees.

The Competency Group conducted an analysis of existing child and youth care knowledge and skills competencies to determine commonalties and developed a framework for competency-based professional practice. This included reviewing 87 sources and led to the adoption of a current description of the field of child and youth care, the guiding principles of the NACP (inclusion, credibility, generic standards, reciprocity, and ethics), levels of certification needed (entry, first full professional and advanced levels), and a 5-domain taxonomy (Professionalism, Applied Human Development, Relationship and Communication, Developmental Practice Methods, and Cultural and Human Diversity) that uniquely describes the foundational attitudes, knowledge, and skill competencies of a fully professional child and youth care practitioner across practice environments. This committee's work was completed relatively early in the NACP process and served as a foundation for the work of other committees. The work of this committee is fully described in the North American Certification Project (NACP): Competencies for Professional Child and Youth Work Practitioners (Mattingly, Stuart, & VanderVen, 2002).

The Certification Process Committee designed the certification requirements and application process. This involved collecting and reviewing information describing a significant number of existing certification programs in the US and Canada to assess the key elements included and analyze each relative to the needs of the NACP full professional certification effort. This led to the adoption of a certification process that included a requirement for a baccalaureate degree (waived during the 7-year grandfathering period 2006-2012), passing a competency-based exam, documentation of 250 hours of training specific to the five competency domains, submission of two supervisor assessments, two professional references and a portfolio, 2-5 years of practice experience (depending on educational attainment and field placement experience) and membership in a relevant professional organization.

The Assessment Committee developed an assessment strategy that included a scenario-based examination, supervisor assessment and a portfolio. This was, ar-

guably, the most difficult aspect involved in the development of the certification program. Much time was spent in researching the best method for assessing child and youth care knowledge and skills, in sorting the competencies as to which assessment method would be most useful (examination, supervisor assessment or portfolio), and ultimately in writing the 19 scenarios and 100 questions included in the draft exam (based on scenarios submitted from the field). The program developed by the committee assesses every knowledge and skill competency by at least one method and uses multiple assessment methods for a significant number of competencies. It offers a very thorough competence assessment process based on best current practices in the field of assessment. The development of the overall assessment strategy is described more fully in The Promise of Professionalism Arrives in Practice: Progress on the North American Certification Project (Mattingly & Thomas, 2004).

The Bylaws Committee designed the organizational documents for the incorporation of NACP as a stand-alone non-profit organization. The ACYCP Board agreed early in the NACP process that the certification program would ultimately be implemented by an organization created specifically to oversee the certification effort. The Bylaws Committee undertook writing the constitution and bylaws for the Child and Youth Care Certification Board.

Although by early 2005 a massive amount of work had been accomplished and all of the NACP committees had completed their work, no plan existed for the implementation of the pilot testing effort or for the implementation of the certification program nationally. On November 14, 2005 the ACYCP Board of Directors established the Concurrent Planning Committee to work with the NACP to develop and implement plans to complete the pilot testing and implementation of the NACP certification effort.

The committee was originally composed of Frank Eckles (Co-chair), Jean Carpenter-Williams (Co-chair), Sr. Madeleine Rybicki, Carol Kelly, and Martha Mattingly. The committee was subsequently expanded to include: Susan Wierzbicki, Carol Stuart, Dale Curry, David Thomas, Cindy Wilson, John Markoe, Karen VanderVen, Quinn Wilder, and Chip Bonsutto. Other contributors were brought into the committee's work when additional expertise was needed. (For a full listing of NACP contributors, see Appendix E.)

The Concurrent Planning Committee members met over the two year and three month period primarily through teleconference calls. Email was used extensively between meetings to share documents, comments and revisions. Meeting minutes were recorded and distributed within the committee membership.

The committee began its work by assessing each of the components necessary for implementation of the pilot testing program. The certification program was developed over a 5-year period by four committees each working relatively independently. Over the period of development, changes made by some committees had not been fully integrated into the work of other committees. The Concurrent Planning Committee reviewed the recommendations from all of the committees and resolved any differences.

No documented plan existed for the implementation of the pilot testing program. Considerable time was spent in working out the plan and creating the necessary forms, surveys, releases, agreements, protocols and processes. Dale Curry, Kent State University, replaced David Thomas as the principle investigator for the project. The pilot testing research plan was submitted to the Kent State Internal Review Board and subsequently approved.

The committee reviewed the certification requirements and three different sets of requirements were approved. The full set of requirements was reduced to encourage broad participation in the pilot testing effort. One set of requirements was used for pilot testing participants in general, another set was used for participants completing the full set of certification requirements (including portfolio and expanded supervisor assessment) and a third set was used for practitioners who could not be fairly tested due to their extensive knowledge of the testing program. For a full listing of requirements, see Appendix B.

A strategy was developed to manage the security and confidentiality of the exams and forms submitted by test takers and practitioners applying for certification. Tracking and accounting for the massive number of forms and documents involved in the research effort was significant. Test booklets were shipped between test sites and large numbers of supervisor assessments, releases, answer sheets, and other forms had to be tracked, accounted for and ultimately stored. A tracking database was created, filing systems developed and a secure shipping system implemented. An audit conducted in December 2007 found that few materials were unaccounted for. This was an amazing accomplishment given the complexity of the effort and the need to move materials all over North America.

The entire draft exam (100 items and 19 case studies) was reviewed by several expert panels that made suggestions regarding readability and ethnic, gender and practice setting bias. In addition, the panel members reviewed each test item to determine if it adequately addressed the designated competency area. Revisions were made to the items and case studies based on the recommendations. One panel that consisted of assessment team members along with additional expert members made a final determination of the most correct answer for each item using a Modified Angoff procedure. Following these reviews and revisions, the exam was completely reformatted and 195 exams and 10,000 forms were printed and distributed to the testing sites.

Additional survey and data collection forms were developed to expand the information collected during the pilot testing effort. Three surveys were created to collect feedback from applicants on the use of the application form, supervisor assessment and electronic portfolio. A biographical data sheet and exam feedback form were developed to capture demographic information on test takers and to solicit opinion regarding the external validity of the exam, comments on the test items and test participants experiences. All of these forms were implemented as part of the pilot testing effort.

Extensive work was undertaken on the portfolio to create an electronic version that was user friendly and electronically transmittable. An additional supervisor as-

sessment was developed to collect targeted data upon which to base a comparison of test scores and supervisor ratings of test takers.

In 2002–2003 a request for proposals to serve as national test sites was conducted by ACYCP. This proved problematic when the timeline for implementation of the pilot testing program was extended. The six groups that submitted proposals (Janus, CityYear, Good Shepherd Center, Chimney Rock Center, Holy Family Social Services and Allendale Association) were recontacted. Only two of the sites were still interested in participating as test sites. A plan was developed to create test sites regionally across the United States and Canada.

Agreements were signed with 19 organizations with each site agreeing to provide testing facilities, to pay travel for testing teams, to allow access to their staff and supervisors and to distribute information locally to increase the number of people tested at each site and to increase the diversity of practice settings included in the testing. Testing was also conducted in seven additional organizations. Although an effort was made to offer testing in all regions of the United States, most testing was conducted in Ohio, Texas, Pennsylvania, and Wisconsin (with smaller groups tested in Ontario and British Columbia, Canada; Maryland and Oklahoma).

The following organizations served as pilot testing sites: **Avondale Youth Center**, Zanesville, OH (Gerald Brandt, Executive Director); **Berea Children and Family Services**, Berea, OH (Diane Matthews, Group Home Coordinator, Richard Frank, President, & Joan Silva, Asst. Vice President); **Bryan's House**, Dallas, TX (David Thomas, Executive Director); **Catholic Charities Parmadale**, Parma, OH (Chip Bonsutto, Asst. Executive Director & CPO); **Central Texas Youth Services**, Belton, TX (Keith Wallace, Executive Director); **Child Care Group**, Dallas, TX (Susan Hoff, Executive Director); **Cowichan Intercultural Society**, Duncan, British Columbia, Canada (Martin Breuhan, Executive Director); **Child and Youth Care Work Certification Institute**, College Station, TX (Frank Eckles, Executive Director); **Family and Children's Services**, Tulsa, OK (Whitney Downie, Director of Community Services); **Flat Rock Care Center**, Flat Rock, OH; **Greene County Children's Services**, Dayton, OH (Tony Rodgers, Group Home Supervisor); **Holy Family Institute**, Pittsburgh, PA (Sr. Rita Fanning, President; Virginia Flaherty, Executive Director; Larry McKinney, Special Services Administrator, Kim Radler, Human Resources Director, Liz Foz, Human Resource Assistant & Vic Papale, Vice President & COO); **Hudson Youth Development Center**, Hudson, OH (Jose Delgato, Superintendent); **Jentry McDonald**, Baltimore, MD (Cassandra McDonald, Executive Director); **Kinder Emergency Shelter** *(Harris County Children's Protective Services)*, Houston, TX (Robert Brewer, Director); **Lifeworks**, Austin, TX (Steve Bewsey, Director of Housing and Homeless Services); **Lutheran Homes Society**, Toledo, OH (Karen Blackmon, Program Administrator and Harry Blackmon, Executive Director); **Mahoning County Children's Services**, Youngstown, OH; **Norris Adolescent Center**, Mukwonago, WI (Don Harris, Executive Director); **Oesterlen Services for Youth**, Springfield, OH (David Jackson, Training Coordinator & Donald Warner, Executive Director); **Ryerson University**, Toronto, Ontario, Canada (Carol Stuart, Director, School of

Child and Youth Care); **Safely Home**, Maple Heights, OH (George Purgert, Executive Director); **St. Mary's Villa**, Amblin and Pittsburgh, PA (Diana Fryer, Executive Director & Suzanne Snyder, Administrative Assistant); **St. Michael's Academy**, College Station, TX (Jennifer Wiginton, Program Coordinator); and the **University of Pittsburgh**, Pittsburgh, PA (Martha Mattingly, Professor Emeritus).

A description of the testing procedure was developed and approved to ensure that all test-takers would have a similar testing experience. All testing was proctored by at least one of thirteen proctors who were trained in the procedures agreed upon for conducting testing. Each proctor signed an agreement confirming their understanding of the testing procedure and their responsibility in maintaining test security and confidentiality of test-taker information.

On March 31, 2006 the committee began disseminating information about the pilot testing program and began signing up pilot test sites. In four months the Concurrent Planning Committee completed the development process undertaken over the previous 5-year period and established a viable plan for implementing the pilot testing program.

Pilot Testing

Between May and August 2006, a total of 775 practitioners were tested at 29 sites in 6 states (Maryland, Pennsylvania, Ohio, Oklahoma, Texas and Wisconsin) and 2 Canadian provinces (Ontario & British Columbia). Practitioners were drawn from all of the major practice settings in the field of child and youth care (early childhood education, treatment, after-school, corrections, disabilities, foster care, residential, community youth services, etc.)..

Specially designed supervisor assessments were collected from 699 test takers (90% of the total tested). Biographical data sheets, answer forms, consent and feedback forms were collected from almost 100% of the participants.

Post Pilot Testing Research and Revision

Dale Curry at Kent State University conducted the test analysis research from September through December 2006. Consultation and research assistance was also provided by Basil Qaqish of the University of North Carolina.

Based on the responses of the exam participants, a variety of analyses were conducted to improve the exam including:

1. Content analysis of examinee comments and suggestions for improvement/ revision. Comments were organized for review by item and case.
2. Analysis of item reliability and difficulty and how well items differentiate between those who are more or less proficient.
3. Analysis of items that had different response rates for various groups (e.g., gender and race).
4. Examination of the extent that child and youth care practitioners view the exam as relevant to child and youth work across the various practice settings.

The exam scores were also correlated with the examinees' supervisor ratings of their performance/competence on-the-job. Those with higher exam scores were rated by their supervisors as being more competent child and youth care practitioners. Significant differences were found in all five competency domain. (Professionalism, Cultural and Human Diversity, Applied Human Development, Relationship and Communication, Developmental Practice Methods) as well as in overall performance.

The pilot testing research is extensively described in this journal issue by Curry, Qaqish, Carpenter-Williams, Eckles, Mattingly, Stuart, & Thomas (in press).

Based on the extensive reliability and validity analyses, a sub-committee of the assessment team composed of Dale Curry, David Thomas, Carol Stuart and Frank Eckles met in Dallas (February 2007) and made final revisions to the exam items and case studies. A total of 75 items and 17 case studies were selected for inclusion in the final exam. Following the revision, the exam was completely reformatted and reorganized to improve readability.

Also during this phase, an expert panel determined the cut score (minimum passing score) for the exam using a Modified Angoff procedure. This criterion-referenced approach is one of the most commonly used methods of determining a pass point for licensure and certification exams.

The test booklets used during the pilot testing program were either returned to the office and destroyed or destroyed by a proctor (195 were printed: 181 test booklets were destroyed; 12 were retained for research purposes; 2 booklets were not accounted for and are presumed to have been accidentally discarded).

Certification Application Processing

Application processing began in January 2007. Applications were reviewed by a committee of assessors who coordinated their work through teleconference meetings. This included verification of employment/experience, assessment of submitted education and training documentation, and approval of supervisor assessments and references. All applications were approved by the full committee. The committee included: Martha Mattingly, Sr. Madeleine Rybicki, Cindy Wilson, Chip Bonsutto, Frank Eckles, Quinn Wilder, April Johnson, and Ashley Oberst. A log was kept documenting all processing decisions to assure that past practices were fairly available to all applicants. Letters were sent to applicants when documentation was missing. Copies of these letters were included in the applicant's file. All application processing by the Concurrent Planning Committee was completed by January 31st, 2008.

Participants in the pilot testing program were given up to a year and a month to submit their applications. The final deadline for application submission was August 31st, 2007. As of 2/4/08, 277 (35.7% of total number tested) certification applications were received and 219 (79% of total submitted) practitioners certified. The remaining 58 (20.9% of total submitted) applications were not complete and were placed on "Inactive Status" (no further communication sent out by the office). These applications were transferred to the Child and Youth Care Certification Board (CYCCB) at the end of February 2008 and could be reactivated by the applicant for up to 6 months by

sending in the requested documentation or payment. After that time, the files were closed and the applicant required to resubmit their application and meet all of the certification requirements in force at the time of submission. As of 12/31/2008 a total of 241 certifications had been issued (87% of the total submitted).

Postcard notices were periodically sent to pilot test participants to encourage their completion of the program requirements. Notices were sent if a supervisor assessment or consent form were not submitted during testing. When all pilot testing forms were received a notice was sent confirming receipt. A notice was sent reminding participants of the time limits for submission of applications. A notice was sent confirming receipt of the certification application. And finally, certificates and letters of congratulation were sent when application packets were fully approved.

Portfolios were reviewed by Dale Curry, Carol Kelly, and Karen VanderVen. All portfolios submitted were approved by the committee. The committee made recommendations regarding the future use of the portfolio (included in the recommendations section). The implementation plan and agreements with test sites required that 10% of each test group complete the full set of certification requirements (including portfolio and expanded supervisor assessment). In return they were granted reductions in fees and an expanded period between renewals. This strategy was not successful in encouraging completion of the full set of certification requirements. Only 6 complete packets were received. This was not an adequate number of cases upon which to base a revision of the certification application, supervisor assessment and electronic portfolio.

Office management, program development, information dissemination, test administration, fee collection and application processing was coordinated and carried out by the Child and Youth Care Worker Certification Institute in Texas. Extensive documentation, accounting information, filing systems and databases were created to support the NACP pilot testing program. These were located in the Texas office and were transferred to CYCCB on March 1st, 2008.

Recommendations

The Concurrent Planning Committee met by teleconference several times in January 2008. In these meetings the committee reviewed the work of the NACP Pilot Testing effort and made formal recommendations to the ACYCP Board for revision of the certification and testing program. The recommendations were included in the Concurrent Planning Committee Final Report submitted to the ACYCP Board February 4, 2008. Upon acceptance of the report by the ACYCP Board, the committee's work was completed and the committee was officially disbanded. The recommendations are included in their entirely in Appendix A.

National Implementation

The entire certification program was revised based on research, consumer feedback and the recommendations of the Concurrent Planning Committee (for a full listing of current certification requirements, see Appendix C). The program was implemented March 1, 2008 by the Child and Youth Care Certification Board (CYCCB),

a non-profit organization developed by ACYCP to oversee the implementation of the certification program. Services and operations were initially implemented in Ohio, Pennsylvania, Wisconsin, Texas, Louisiana, New England, Oklahoma, Illinois and Wyoming (states that participated in the certification pilot-testing program or where support for certification is relatively strong). Services will be expanded throughout the United States over a five-year start up period. The initial operations office is located in Texas at the Child and Youth Care Worker Certification Institute, but may be moved as the managing contractor changes.

In September 2008 the National Staff Development and Training Association (NSDTA), the training affiliate of the American Public Human Services Association (APHSA) awarded CYCCB the 2008 NSDTA Quality Award in recognition of the 7-year effort carried out by NACP to increase the standards of care for children and youth by developing and implementing a national child and youth care worker certification program.

CYCCB is a collaboration of practitioners, employers, and educators that seek to address critical needs of the workforce. Over the next five years (2008-2012) CYCCB will undertake the most comprehensive and widespread effort to date to address key issues that have previously limited the emergence of a well-prepared and stable workforce in the child and youth care field. This effort is expected to make a significant contribution to improving the developmental, educational, recreational, correctional, and treatment programs available to children, youth and families in American communities. To accomplish this goal, CYCCB will provide leadership to: promote a unified vision of the field of practice, increase collaboration between stakeholders across practice environments, expand public awareness of the contribution of child and youth care practitioners, expand practitioner participation in advocacy, promote higher standards of practice, increase and coordinate research efforts, and explore the impact of system change on the workforce, employers and communities.

CYCCB is implementing the national professional certification program as a framework for understanding what a fully prepared practitioner knows and can do. It will establish wide access to testing services through agreements with training entities, universities, employers and the professional community. Over time, summit meetings will be held with key stakeholders to explore the benefits and challenges of creating an integrated education and credentialing system. Specific training in aligning competencies and assessment methods will be undertaken to support wider understanding of the characteristics and benefits of this integrated system..

CYCCB recognizes that success in unifying the field of practice will require a sustained effort to promote a unified professional vision. This infers a need to establish opportunities for collaboration across practice settings, stakeholders, and regional areas.

CYCCB will promote a collaborative environment that engenders cooperation, exploration of challenges and benefits of working together, and understanding of the field as a whole. The collaborative environment will seek to create a shared vision with shared resources and benefits. This vision will provide an im-

portant link for acting together for the benefit of all children, youth, families and the workforce.

CYCCB is implementing a revenue sharing program that will provide a model for distributing revenues and benefits through collaboration. Certification fees collected from practitioners will be shared with key stakeholders to provide funding for the emerging professional community and groups that share CYCCB's vision. As participation in credentialing expands, this revenue stream is expected to become a significant funding source to support organizations and programs that have, in the past, had difficulty finding funding to advance their contributions. Revenue sharing based on collaborative involvement is expected to increase motivation for working together.

CYCCB's Board is composed of representatives drawn from major practice settings, employers, credentialing organizations, professional associations, training providers and educators (see Appendix D for a full listing of Board members). Combined with the Advisory Committee and Advisory Network that expand this representation exponentially, and CYCCB's goal of unifying the field of practice, CYCCB is in a unique position to share information across a broad spectrum to promote mutual understanding and collaboration. CYCCB will be active in joining existing collaborations and establishing new collaborations to fill gaps. As this process moves forward, it is expected to increase contact between isolated groups and promote collaboration around a unified understanding of the field.

CYCCB will establish collaborations with other groups to pursue public policy initiatives to raise standards of practice. Maryland recently became the first state to mandate practitioner certification. Assuming that the evolution of the child and youth care field follows the example of other professions, participation by other states typically expands relatively rapidly once any state has stepped forward to lead the way. Accounts of abuse and neglect throughout the child care, foster care, mental health, residential and correctional systems has brought much public attention to the failings of the child care system. Many states have already increased standards while other states are poised to make changes. Workforce studies are highlighting the connection between the availability of quality child care services and economic impact on employers. There is an increasing consciousness that the child care system is not meeting community needs and action must be taken to improve it. Increasing regulatory standards is an approach often used..

CYCCB believes that as this movement is taking shape, it is important to promote regulation that takes into consideration the needs of the many stakeholders involved (i.e., children, youth, families, practitioners, employers and educators) and the workforce. State regulatory bodies tend to focus on safety with little understanding that a workforce well grounded in skillful practice is better able to meet the needs of children and youth and is, therefore, able to create safer environments. CYCCB will encourage regulators to increase requirements for training, education and credentialing. Raising these standards will provide the momentum needed to drive the expansion of training, education and credentialing programs that will serve to make career development accessible to the workforce.

CYCCB will establish a university-based research consortium that focuses on child and youth care workforce development. It will seek funding for research initiatives and work cooperatively with others to identify and carry out important workforce research. This consortium will create research initiatives, collaborate with others who sponsor research, and provide technical assistance to groups who need help designing and carrying out research. This will include efforts to validate and improve credentialing programs, document practitioner demographics, explore the impact of credentialing, document interest in and access to higher education and training, and identify methods for encouraging young people to pursue careers in child and youth care.

Collaborations of researchers will be formed to expand the expertise available to produce more scientifically rigorous studies. Coordination of research agendas will be undertaken to reduce redundancy of effort and wasted funding. Sharing of information, results and research opportunities will be coordinated to increase the scope of investigations and provide more useful results.

CYCCB recognizes the importance that advocacy plays in shaping perception and channeling resources. CYCCB, working through its collaborations, Advisory Committee and Advisory Network, will create a more integrated system for disseminating information and creating dialogue. It will create opportunities for practitioners and the public to be involved in system change and to work with policy makers to identify solutions and improve services.

CYCCB promotes a vision of hope that working together: the public, practitioners, employers, and educators can create a system of child and youth care that will address current community needs and provide a foundation for future advancement.

The current workforce crisis cries out for serious and concerted efforts to address the current lack of common vision, standards and resources. The changes in the social fabric of American culture and the complexities of maintaining healthy children, youth and families demand that a unified approach emerge. Unless a new vision takes shape, the increasing needs of young people and communities will overwhelm society's ability to provide the developmental, educational and social support required. This portends serious consequences for a nation that needs its young people to create a foundation for its future in an increasingly competitive world. The children of today are the citizens of tomorrow. It is not an unreasonable expectation that the adults providing for their care and development create systems and approaches that will adequately support and prepare them.

Much work has been accomplished in each of the child and youth care field's practice areas to implement programs to meet community needs. A rich international literature has emerged describing child and youth care practices and approaches. The recent identification of positive youth development principles, solution-focused interventions and assets-based approaches hold great promise in advancing practice. A wealth of new approaches is making its way into the field. But this infers a field populated by practitioners who are educated in these approaches

and skillful in the complexities of delivering these services, a field of practitioners who are engaged in child care longer than the average 18 months that most practitioners stay employed, a field where there is a future that extends beyond minimum wage and an early ceiling on advancement.

CYCCB is an effort by the child and youth care professional community to address these current workforce issues. CYCCB has chosen a collaborative approach that is expected to pull together key stakeholders and groups to identify ways to work together to address the overall needs of the workforce. CYCCB believes that the child and youth care profession and the United States have reached a moment where the contributions that the field offers will find acceptance and be valued. The need is clearly evident. CYCCB recognizes that as value for children, youth, families and the child and youth care profession increases, additional resources will become available. Central to CYCCB's effort is the recognition of the importance of families to American culture. They are the basic building block of American history. They are the promise of America's future.

Over the next 5 years, CYCCB working in collaboration with many other individuals and organizations, will put in place the systems and network of practitioners, volunteers and advisors necessary to elevate child and youth care practice and deliver on the promise to provide a competent, caring, and compassionate child care workforce to address the needs of America's communities.

References

Academy for Educational Development/Center for Youth Development and Policy Research (2001). *Profiling Youth Workers*. Washington, D.C.: Academy for Educational Development.

Annie E. Casey Foundation, (2003, February). *The unsolved challenge of system reform: The condition of the frontline human services workforce*. Baltimore, MD: Author.

Association for Child and Youth Care Practice (ACYCP). (2002, March 18). Propose. application process and requirements for professional child and youth care practitioner certification (Working paper). ACYCP: Author.

Association for Child and Youth Care Practice (ACYCP). (2008, February 4). Concurrent planning committee: Final report to the ACYCP Board (Working paper). ACYCP: Author.

Bureau of Labor Statistics. (2006-2007 edition). *Career Guide to Industries*. U.S. Department of Labor. Washington D.C. Retrieved from: http://www.bls.gov/oco/cg/home.htm.

Center for the Child Care Workforce. (2001). *Documenting the Child Care Workforce*. Washington, D.C.: Author.

Child Welfare League of America and American Public Human Services Association Alliance (2001). *The Child Welfare Challenge: Results for a Preliminary Study*. Washington. D.C.: Child Welfare League of America, May 2001.

Curry, D., Qaqish, B., Carpenter-Williams, J., Eckles, F., Mattingly, M. A., Stuart, C., & Thomas, D. (in press). A national certification exam for child and youth care workers: Preliminary results of a validation study. *Journal of Child and Youth Care Work*.

Dreyfus, S. & Hornung, S. D. (2006). Child welfare workforce: Implications for private nonprofit sector. Milwaukee, WI.:Alliance for Children and Families.

Mattingly, M.A., Stuart, C., & VanderVen, K. (2002). North America certification project (NACP): Competencies for professional child and youth work practitioners. *Journal of Child and Youth Care Work, 17*, 16-49.

Mattingly, M.A., & Thomas, D.C., (2004). The promise of professionalism arrives in practice: Progress on the North American certification project. *Journal of Child and Youth Care Work, 19*, 209-215.

National Institute on Out-of-School Time. (June 2006). *Finding Our Strength: Boston's Youth Worker Survey*. Technical Report. Cambridge, MA: Wellesley College.

The Forum for Youth Investment. (2003). *Policy Commentary #2: High School After School: What Is It? What Might It Be? Why Is It Important?* Washington, DC: Author.

Yohalem, N., Pittman, K., & Moore, D., (2006). *Growing the Next Generation of Youth Work Professionals: Workforce Opportunities and Challenges*. Washington, D.C.: The Forum for Youth Investment.

APPENDIX A

Recommendations from the Concurrent Planning Committee to the ACYCP Board

The Concurrent Planning Committee offers the following recommendations to the ACYCP Board of Directors as the NACP certification program is transitioned to the Child and Youth Care Worker Certification Board (CYCCB):

1. Extensive work was completed during the pilot testing program to create processes, protocols, agreements, forms, surveys and documents to support the certification system. These have all been revised based on the committee's experience and feedback offered by users of the system. This has been done in conjunction with CYCCB representatives. Although we expect that on-going development will be necessary, we believe that our revisions will offer CYCCB a firm basis upon which to implement the certification program generally in 2008.

2. Extensive documentation exists regarding application processing decisions that guided approval of certification packets during the pilot testing program. We encourage CYCCB to continue using these standards as a basis for application approval.

3. Inadequate survey data was collected on the consumers' experience in using the application forms, supervisor assessments, and electronic portfolio. We recommend that over the next year, this survey effort be continued. We suggest that surveys be appended to these forms and required as part of the certification program until an adequate sample exists upon which to base revision.

4. The requirements for recertification were not fully developed by previous committees. The Concurrent Planning Committee did not prioritize this issue until its final meeting on January 28, 2008. During the pilot testing program, information was disseminated to participants indicating that the period of renewal was expected to be 3 years but the exact requirements were still in development. We recommend that the following requirements be approved:

   a. Recertification should be based on a 2-year period. Past experience with other certification efforts demonstrates that many practitioners will be lost by the system if the recertification period is too long.

   b. Fees should be collected yearly to increase on-going contact between CYCCB and practitioners. We recommend a $15 maintenance fee be collected the first year, followed by a $35 recertification fee collected the second year (total cost for 2 years is $50). For practitioners seeking to save time and money, an alternative program could be established whereby

practitioners pay a $45 fee the first year and are not assessed a fee when they submit their continuing education documentation on the second year.

c. Recertification requirements will include:

    i. Payment of fee

    ii. Documentation of 15 clock hours per year (30 hours total) of continuing education relevant to the 5 competency domains in the certification program. We recommend limiting the submission of repetitive training (First Aid, CPR, Blood borne Pathogens, Crisis Intervention, etc.) by only allowing these to be submitted one time and by requiring that continuing education include training in at least 3 different content domains.

    iii. Proof of individual membership in an approved professional organization. We recommend that approval be contingent on the organization having the following characteristics:

        1. relevant to and active in the CYC field

        2. representative of CYC professional interests

        3. offers individual membership to CYCs beneficial in the local area where the practitioner is living

        4. All CYC professional associations that are members of ACYCP should be given preference in the areas in which they offer services (Texas, Wyoming, Wisconsin, and Ohio.

    We see benefit in also requiring organizations to actively support CYC professional certification and to offer a code of ethics but feel this will prove unrealistically limiting at this time.

5. We recommend that all certification applicants sign a form agreeing to use and support the Standards of Practice for North American CYC Professionals. This is expected to emerge as the umbrella ethics code in the field. We believe that the code can serve a useful purpose in enriching practice even for practitioners who subscribe to a code recognized in a specific practice arena (NAEYC, National Juvenile Detention Association, etc).

6. The portfolio needs additional development. The committee commends the people who developed it. It clearly offers an important opportunity to assess competence relevant in the certification effort and to stimulate thought regarding personal philosophies of practice. The electronic format offers much benefit to the submission and approval process. The current portfolio is not truly a compendium of demonstrative work collected over a period of time (as is typical of portfolios). The submissions that were reviewed did address

the competencies but not to the extent that would be expected for someone credentialed at the full professional level. We recommend that further work be done to:

a. Articulate the purpose of the portfolio

b. Clarify the assessment grids

7. During the pilot testing program applications could be submitted up to one year following testing. We recommend that this time be reduced to 6 months. We see little use to allowing submission up to one year. We recommend that the applicant be notified when the 6-month period has lapsed and be allowed to reactive their application for an additional 6 months (upon request and after paying a $20 reactivation fee). After one year, the applicant should be required to retest.

8. Certificates were issued to all practitioners completing the certification process. These certificates were issued by NACP and ACYCP. The committee recommends that new certificates, each bearing a unique certificate number, be issued bearing the name and logo of CYCCB.

The committee Co-chairs would like to express thanks to the many volunteer committee members and others who donated the hundreds of hours that were needed to complete the project. This collaboration, spearheaded by ACYCP and its leadership, offers the CYC community important foundational work upon which to base future improvement of services to children, youth and families, and a fine example of the individual commitment and dedication that has driven the field forward since its inception.

Respectfully submitted,
Frank Eckles
Jean Carpenter-Williams
Committee Co-chairs
Concurrent Planning Committee

		APPENDIX B	
		Table B1: Three sets of Certification Requirements used during the Pilot Testing Program.	
	Pilot Testing Requirements (for practitioners pilot testing the exam only)	**Requirements for Practitioners with Extensive Knowledge of Testing Program**	**Full Certification Requirements (for practitioners pilot testing the exam, application forms, supervisor assessment and portfolio)**
Fees	$45 - $55	$75 - $100	$40 - $45
Examination	Any score considered passing	Not tested	Any score considered passing
Education and Experience	No degree *AND* 10,000 hours (five years) of documented experience in direct youth/child care work. *OR* Completion of an Associate Degree from a regionally accredited college program *AND* 6,000 hours (three years) documented experience. *OR* Completion of Baccalaureate Degree from a regionally accredited college or university *AND* 4,000 hours (two years) documented experience. *OR* Completion of a Masters Degree from a regionally accredited college or university *AND* 2,000 hours (one year) documented experience.		No degree *AND* 10,000 hours (five years) of documented experience in direct youth/child care work. *OR* Completion of an Associate Degree from a regionally accredited college program *AND* 6,000 hours (three years) documented experience. *OR* Completion of Baccalaureate Degree from a regionally accredited college or university *AND* 4,000 hours (two years) documented experience. *OR* Completion of a Masters Degree from a regionally accredited college or university *AND* 2,000 hours (one year) documented experience. *OR* Completion of a Canadian 2-year CYC diploma from a regionally accredited college *AND* 6000 hours of documented experience including the internship/practicum/ placement hours included in the diploma program. *OR*

APPENDIX B

Table B1: Three sets of Certification Requirements used during the Pilot Testing Program.

	Pilot Testing Requirements (for practitioners pilot testing the exam only)	Requirements for Practitioners with Extensive Knowledge of Testing Program	Full Certification Requirements (for practitioners pilot testing the exam, application forms, supervisor assessment and portfolio)
Fees	$45 - $55	$75 - $100	$40 - $45
Examination	Any score considered passing	Not tested	Any score considered passing
Education and Experience	Completion of a Canadian 2-year CYC diploma from a regionally accredited college *AND* 6000 hours of documented experience including the internship/practicum/placement hours included in the diploma program. *OR* Completion of a Canadian 3-year CYC diploma from a regionally accredited college *AND* 5000 hours of documented experience including the internship/practicum/placement hours included in the diploma program.	No requirement	Completion of a Canadian 2-year CYC diploma from a regionally accredited college *AND* 6000 hours of documented experience including the internship/practicum/placement hours included in the diploma program. *OR* Completion of a Canadian 3-year CYC diploma from a regionally accredited college *AND* 5000 hours of documented experience including the internship/practicum/placement hours included in the diploma program.

	APPENDIX B		
	Table B1: Three sets of Certification Requirements used during the Pilot Testing Program.		
	Pilot Testing Requirements	**Requirements for Practitioners with Knowledge of Testing Program**	**Full Certification Requirements**
References	Two (2) letters of reference from co-workers who have known the applicant for 6 months or longer. *AND* Completion of Pilot Test (short) Supervisor Assessment by a supervisory level person who has extensive, direct knowledge of the applicant's work with youth.	Authorized by ACYCP Board action	Two (2) letters of reference from co-workers who have known the applicant for 6 months or longer. *AND* Completion of Supervisor Assessment by a supervisory level person who has extensive, direct knowledge of the applicant's work with youth. *AND* Completion of Supervisor Assessment by a 2nd supervisory level person who has extensive, direct knowledge of the applicant's work with youth.
Professional Membership	Not required	Membership in ACYCP included with application fee	Individual membership in a professional organization documented but not required.
	Pilot Testing Requirements	**Requirements for Practitioners with Knowledge of Testing Program**	**Full Certification Requirements**

APPENDIX B			
Table B1: Three sets of Certification Requirements used during the Pilot Testing Program.			
Professional Training Requirement	Professionalism Minimum of 20 hours Cultural and Human Diversity Minimum of 20 hours Applied Human Development Minimum of 20 hours Relationship and Communication Minimum of 40 hours Developmental Practice Method Minimum of 80 hours Additional Training (not assigned to specific content domain) Maximum of 70 hours 250 Total hours required	Submission of professional resume	Professionalism Minimum of 20 hours Cultural and Human Diversity Minimum of 20 hours Applied Human Development Minimum of 20 hours Relationship and Communication Minimum of 40 hours Developmental Practice Methods Minimum of 80 hours Additional Training (not assigned to specific content domain) Maximum of 70 hours 250 Total hours required
Portfolio	Not required	Expressed in work carried out as part of NACP project	Completion required but portfolio approval not required
Surveys	Not required	Not required	Completion of application form, supervisor assessment and portfolio surveys required

| **APPENDIX B** | | | |
| Table B2: Certification processing fees assessed and renewal periods granted during the Pilot Testing Program. | | | |
	Testing Site Group under 100	**Testing Site Group over 100**	**Completion of full certification documentation packet**
Staff member of organization sponsoring testing site	$50 with renewal every 3 years	$40 with renewal every 3 years	$40 with renewal of certification waived for 6 years
Individuals not sponsored by testing site sponsor	$55 with renewal every 3 years	$45 with renewal every 3 years	$45 with renewal waived for 6 years

Area	Certification Requirements
APPENDIX C *Certification processing fees assessed and renewal periods granted during the Pilot Testing Program.*	
Fees	Testing Fee: $75 Application Processing Fee: $100
Examination	Must achieve passing score
Education and Experience	No degree AND 10,000 hours (five years) of documented experience in direct youth/child care work. *OR* Completion of an Associate Degree from a regionally accredited college program AND 6,000 hours (three years) documented experience. *OR* Completion of Baccalaureate Degree from a regionally accredited college or university AND 4,000 hours (two years) documented experience. *OR* Completion of a Masters Degree from a regionally accredited college or university AND 2,000 hours (one year) documented experience. *OR* Completion of a Canadian 2-year CYC diploma from a regionally accredited college and 6000 hours of documented experience including the internship/practicum/placement hours included in the diploma program. *OR* Completion of a Canadian 3-year CYC diploma from a regionally accredited college and 5000 hours of documented experience including the internship/practicum/placement hours included in the diploma program. *Note: Beginning January 1, 2012, completion of a baccalaureate degree will be the minimum educational requirement for certification at the professional level.*
References	Two (2) letters of reference from co-workers who have known the applicant for 6 months or longer. *AND* Completion of Supervisor Assessment by a supervisory level person who has extensive, direct knowledge of the applicant's work with youth. *AND* Completion of Supervisor Assessment by a 2nd supervisory level person who has extensive, direct knowledge of the applicant's work with youth.
Professional Membership	Individual membership in a professional organization recognized by CYCCB.

APPENDIX C	
Certification processing fees assessed and renewal periods granted during the Pilot Testing Program.	
Area	**Certification Requirements**

Professional Training Requiremnt	Professionalism
	    Minimum of 20 hours
	Cultural and Human Diversity
	    Minimum of 20 hours
	Applied Human Development
	    Minimum of 20 hours
	Relationship and Communication
	    Minimum of 40 hours
	Developmental Practice Methods
	    Minimum of 80 hours
	Additional Training (not assigned to specific content domain)
	    Maximum of 70 hours
	
	250 Total hours required with 100 hours received within the last 5 years

Portfolio	Satisfactory Completion required
Surveys	Completion of application form, supervisor assessment and portfolio surveys required

APPENDIX D
CYCCB Board of Directors

Frank Eckles, *President*
Executive Director, CYC Certification Institute
Board Member, Association for Child and Youth Care Practice
Board Member, Texas Youth and Child Care Worker Association
Training Director, Academy for Competent Youth Wor.
College Station, Texas

Sr. Madeleine Rybicki, *First Vice President*
Director of Training, Holy Family Institut.
President, Academy of CYC Professional.
Board Member, Ohio Association of CYC Professionals
Board Member, Association for Child and Youth Care Practice
Pittsburgh, Pennsylvania

Cindy Carraway-Wilson, *Second Vice President*
Director of Training, New England Network for Child, Youth and Family Services
Director, Massachusetts Foundation for Children
Brunswick, Maine

Debbie Zwicky, *Secretary*
Board Member, Wisconsin Association of CYC Professionals
Chair, Wisconsin Certification Committee
Board Member, Association for Child and Youth Care Practice
Director of Quality Assurance and Program Development, St. Rose Youth & Family Center
Milwaukee, Wisconsin

Tony Rodgers, *Treasurer*
Board Member, Ohio Association of CYC Professionals
Chair, Ohio Certification Committee
Group Home Supervisor, Greene County Children Services
Xenia, Ohio

Chip Bonsutto, *Board Member*
President, Association for Child and Youth Care Practice
Assistant Executive Director and CPO, Catholic Charities Services Corporation
Parma, Ohio

APPENDIX E
NACP Contributors: Committees and Membership

NACP Competency Group
Conducted an analysis of existing child and youth care knowledge and skills competencies to determine commonalties and developed a framework for competency-based professional practice.

Shirley M. Atkins
Child Development and Child Care, University of Pittsburgh

Ann Bonner
Mental Health/Human Services Program, Mt. Hood Community College
Gresham OR

Frank Eckles
Child and Youth Care Worker Certification Institute
College Station, TX

Anne Erling
TRD, SUNY

Roy Ferguson
School of Child and Youth Care, University of Victoria, B.C.

Mark Greenwald
Special Care Counseling, Vanier College, Montreal

Carl N. Johnson
Applied Developmental Psychology, University of Pittsburgh

Carol Kelly
Department of Child and Adolescent Development
California State University, Northridge

Carla Kirby
Youth Detention Services- Community Based Services
Louisville, Kentucky

Jeff Kreeb
Wisconsin Association of Child and Youth Care Professionals

Mark Krueger
Child and Youth Care Learning Center, University of Wisconsin-Milwaukee

Varda Mann-Feder
Department of Applied Human Sciences, Concordia University
Montreal

Martha A. Mattingly, *Chair*
Applied Developmental Psychology, University of Pittsburgh

Rosaleen Mazur
Good Shepherd Services, New York City

Larry Pasti
Office of Children and Family Services, Department of Family Assistance
New York State

Michael Polowy
Child Welfare League of America

Peter Rosenblatt
Child and Youth Care Learning Center, University of Wisconsin-Milwaukee

Sr. Madeleine Rybicki, *CSFN*
Holy Family Institute, Pittsburgh. PA

Susan Smallsreed
Oregon Young Adult Network, Portland, OR

Kim Snow
School of Child and Youth Care, Ryerson University, Toronto, Ontario

Carol Stuart
School of Child and Youth Care, Ryerson University, Toronto

Varley Weisman
Child and Youth Care, Malespina University-College
Nanaimo Campus, British Columbia

Karen VanderVen
Applied Developmental Psychology, University of Pittsburgh

Ceftification Process Committee
Designed the certification requirements and application process.

Floyd Alwon
Child Welfare League of America

Lloyd Bullard
Child Welfare League of America

Frank Eckles
Child and Youth Care Worker Certification Institute
College Station, TX

Martha Holden, Chair
Cornell University, Ithaca, N.

John Markoe
Goodwill-Hinckley, Hinckley, MA

Lew Meckley, *Chair*
Lutheran Social Services, Jamestown, NY

Andy Reitz
Child Welfare League of America

Peter Rosenblatt
Child and Youth Care Learning Center, University of Wisconsin-Milwaukee

Susan Wierzbicki
Free State Challenge, Baltimore, MD

Assessment Committee
Developed an assessment strategy based on an examination, supervisor assessment
and portfolio, and created the scenario-based examination.

Jean Carpenter-Williams
National Resource Center for Youth Services, University of Oklahoma

Dale Curry
School of Family and Consumer Studies, Kent State University

Frank Eckles
Child and Youth Care Worker Certification Institute, College Station, TX

John Markoe
Goodwill-Hinckley, Hinckley, MA

Martha Mattingly
Applied Developmental Psychology, University of Pittsburgh

Carol Stuart
School of Child and Youth Care, Ryerson University, Toronto

David Thomas, *Chair*
Bryan's House, Dallas, TX

Karen VanderVen
Applied Developmental Psychology, University of Pittsburgh

Susan Wierzbicki
Free State Challenge, Baltimore, MD

Practitioners submitting scenarios (incomplete)
    Robert Brewer, Kinder Emergency Shelter, Houston, Texas
    Jean Carpenter-Williams, NRCYS, Tulsa, Oklahoma
    Dale Curry, Kent State University, Kent, Ohio
    Frank Eckles, CYC Certification Institute, College Station, Texas

Tammy Foster-Gray, Kinder Emergency Shelter, Houston, Texas
Albert James, Kinder Emergency Shelter, Houston, Texas
John Markoe, Goodwill-Hinckley, Hinckley, Maine
Martha Mattingly, University of Pittsburgh, Pittsburgh, Pennsylvania
Carol Stuart, Ryerson University, Toronto, Canada
David Thomas, Bryan's House, Dallas, Texas
Toby Owen, All Church Home, Ft. Worth, Texas
Karen VanderVen, University of Pittsburgh, Pittsburgh, Pennsylvania

NACP Bylaws Committee
Designed the organizational documents for the incorporation of NACP as a separate organization.

Chip Bonsutto
Catholic Charities Services, Parmadale, OH

Frank Eckles
Child and Youth Care Worker Certification Institute
College Station, TX

Peter Rosenblatt, Chair
Child and Youth Care Learning Center, University of Wisconsin-Milwaukee

David Thomas
Bryan's House, Dallas, TX

Portfolio Committee
Created the portfolio component of the assessment process.

Jean Carpenter-Williams
National Resource Center for Youth Services, University of Oklahoma

Frank Eckles
Child and Youth Care Worker Certification Institute, College Station, TX

Carol Kelly
Department of Child and Adolescent Development, California State University, Northridge

John Markoe
Goodwill-Hinckley, Hinckley, MA

Martha Mattingly
Applied Developmental Psychology, University of Pittsburgh

Peter Rosenblatt, *Chair*
Child and Youth Care Learning Center, University of Wisconsin-Milwaukee

Concurrent Planning Committee
Completed development of the examination, integrated the work of the various committees, and implemented the pilot testing of the certification program.

Chip Bonsutto
Catholic Charities Services, Parmadale, OH

Jean Carpenter-Williams, *Co-Chair*
National Resource Center for Youth Services, University of Oklahoma

Dale Curry
School of Family and Consumer Studies, Kent State University

Frank Eckles, *Co-Chair*
Child and Youth Care Worker Certification Institute, College Station, TX

April Johnson
Child and Youth Care Learning Center, University of Wisconsin-Milwaukee

Carol Kelly
Department of Child and Adolescent Development, California State University, Northridge

Martha Mattingly
Applied Developmental Psychology, University of Pittsburgh

Ashley Oberst
Child and Youth Care Learning Center, University of Wisconsin-Milwaukee

Sr. Madeleine Rybicki
Holy Family Institute, Pittsburgh. PA

Carol Stuart
School of Child and Youth Care, Ryerson University, Toronto

David Thomas
Bryan's House, Dallas, TX

Susan Wierzbicki
Free State Challenge, Baltimore, MD

Survey Committee
Developed surveys to collect information on the usability and appropriateness of the application process, supervisor assessment and portfolio.

Jean Carpenter-Williams
National Resource Center for Youth Services, University of Oklahoma

Frank Eckles, *Chair*
Child and Youth Care Worker Certification Institute, College Station, TX

Supervisor Assessment Committee
Created the supervisor assessment component of the assessment process.

Jean Carpenter-Williams, *Chair*
National Resource Center for Youth Services, University of Oklahoma

Frank Eckles
Child and Youth Care Worker Certification Institute, College Station, TX

John Markoe
Goodwill-Hinckley, Hinckley, MA

Lew Meckley
Lutheran Social Services, Jamestown, NY

Sr. Madeleine Rybicki
Holy Family Institute, Pittsburgh. PA

Susan Wierzbicki
Free State Challenge, Baltimore, MD

Karen VanderVen
Applied Developmental Psychology, University of Pittsburgh

Bias Review
Reviewed the examination for practice setting, cultural and racial bias and made recommendations for revision.

Chip Bonsutto
Catholic Charities Services, Parmadale, OH

Nina Chung
California State University Northridge

Sr. Rita Fanning
St. Mary's Villa for Children

Kristi Freshwater
National Resource Center for Youth Services, University of Oklahoma

Marta Gonzalez
California State University Northridge

Kristal Nickolson
National Resource Center for Youth Services, University of Oklahoma

Nancy Petry
California State University Northridge

Sr. Madeleine Rybicki
Holy Family Institute, Pittsburgh. PA

Expert Panel
Assisted with the establishment of the examination passing score.

Chip Bonsutto
Catholic Charities Services, Parmadale, OH

Jean Carpenter-Williams
National Resource Center for Youth Services, University of Oklahoma

Frank Eckles
Child and Youth Care Worker Certification Institute, College Station, TX

Carol Kelly
Department of Child and Adolescent Development, California State University, Northridge

Martha Mattingly
Applied Developmental Psychology, University of Pittsburgh

Cindy Popovitch
Applied Developmental Psychology, University of Pittsburgh

Sr. Madeleine Rybicki
Holy Family Institute, Pittsburgh. PA

Carol Stuart
School of Child and Youth Care, Ryerson University, Toronto

David Thomas
Bryan's House, Dallas, TX

Cindy Wilson
New England Network of Youth Services

Linda Wolf
Applied Developmental Psychology, University of Pittsburgh

Researchers
Conducted research to determine the validity, reliability and bias of the examination.

Dale Curry, *Principal Investigator*
School of Family and Consumer Studies, Kent State University

Basil Qaqish, *Research Consultant*
University of North Carolina at Greensboro.

Testing Teams
Proctored test sites and coordinated testing. Two to three person teams conducted testing.

A. M. Bonsutto
Catholic Charities Parmadale, Parma, OH

Jean Carpenter-Williams
National Resource Center for Youth Services, University of Oklahoma

Gertrude Donovan
Kinder Emergency Shelter, Houston, TX

Frank Eckles
Child and Youth Care Worker Certification Institute, College Station, T.

Sr. Rita Fanning
Holy Family Institute, Pittsburgh, PA

Rick Flowers
University of Wisconsin Youth Work Learning Center, Milwaukee, WI

Tammy Foster-Gray
Kinder Emergency Shelter, Houston, TX

Jeff Kreeb
Wisconsin Association of Child & Youth Care Professionals, Milwaukee, WI

Martha Mattingly
University of Pittsburgh, Pittsburgh, PA

Peter Rosenblatt
University of Wisconsin Youth Work Learning Center, Milwaukee, WI

Sr. Madeleine Rybicki
Holy Family Institute, Pittsburgh, P. (Sr. Madeleine was responsible for testing the largest number of individuals.)

Carol Stuart
Ryerson University, Toronto, Ontario, Canada

David Thomas
Bryan's House, Dallas, TX

Susan Wierzbicki
Free State Challenge Program, Baltimore, MD

A NATIONAL CERTIFICATION EXAMINATION FOR CHILD AND YOUTH CARE WORKERS: PRELIMINARY RESULTS OF A VALIDATION STUDY

Dale Curry,
Kent State University

Basil Qaqish,
Kent State University

Jean Carpenter-Williams,
The University of Oklahoma National Resource Center for Youth Services

Frank Eckles,
Child and Youth Care Certification Institute

Martha Mattingly,
University of Pittsburgh

Carol Stuart,
Ryerson University

David Thomas
Bryan's House

ABSTRACT: A 100-item situational judgment examination was administered to 775 child and youth care workers from 29 sites in six states in the United States (Maryland, Pennsylvania, Ohio, Oklahoma, Texas and Wisconsin) and two Canadian provinces (Ontario and British Columbia). The examinees also completed a questionnaire providing feedback regarding face validity, suggestions for improvement, and other relevant feedback to the examination. The supervisors of the examinees also completed a six-item assessment of worker performance (80% of the examinees had supervisors who completed an assessment). An item analysis of the examination was conducted, and the individual examination scores were correlated with the supervisory ratings of worker performance. The item analysis procedures primarily consisted of (1) reliability analysis, (2) difficulty analyses, (3) discrimination analyses, (4) distracter analyses, and (5) differential item functioning (DIF) analyses. The study provided a substantial amount of useful information to help facilitate successful implementation of child and youth care worker certification.

KEY WORDS: situational judgment, certification examination, competencies, validation.

BACKGROUND AND INTRODUCTION TO
THE NORTH AMERICAN CERTIFICATION PROJECT (NACP)

This study, sponsored by the Association for Child and Youth Care Practice (ACYCP), is the result of years of work by many North American Child and Youth Care Professionals. In 1992, North American child and youth care leaders established the International Leadership Coalition for Professional Child and Youth Care (ILCPYC) and identified professional certification as a major goal. A second meeting of the ILCPYC with additional leaders from the field of youth development in 1999 and a third meeting in 2003 resulted in the development of a plan to develop a certification process. Subsequently, the development of a scenario-based, situational judgment examination became a major component of the planned certification process. Other components of the certification process include a supervisory assessment of worker performance and portfolio analysis. This study pertained to the certification examination. The goals of the study were the following:

(1) Administer a pilot certification examination for child and youth care workers and acquire feedback from the examinees regarding face validity and suggestions for improvement.
(2) Conduct an item analysis of the certification examination.
(3) Examine the relationship between the test scores and supervisory assessment ratings of worker performance (concurrent validity).
(4) Explore possible differential performance results according to gender ethnic background, age, education, and type of work setting.
(5) Determine a cutoff score (pass/fail) for future (nonpilot) examinees.

This article will provide preliminary information regarding the progress achieved by the NACP pertaining to the above goals.

Methods
Participants and Procedures

A 100-item examination was administered to 775 child and youth care workers from May through July 2006. The examinees were recruited from 29 sites in six states in the U.S. (Maryland, Pennsylvania, Ohio, Oklahoma, Texas, and Wisconsin) and two Canadian provinces (Ontario and British Columbia). No time limit was placed upon the pilot examinees for completing the examination. The mean completion time was 146 minutes, ranging from 40 to 360 minutes. More than 98 % completed within 240 minutes (4 hours).

The sample was very diverse, representing various segments of the child and youth care worker population. However, the most frequent characteristics of the sample were that they were female (61%), African American, (45%), spoke English as a first language (97%), practiced in a residential treatment setting (46%), worked as a direct care worker (49%), considered themselves professional child and youth care workers (95%), and held a baccalaureate degree (36.2%). The average examinee's age was 37 (ranging from 17 to 76) and 10 years was the average number of years of experience as a child and youth care worker (see table 1 for a summary of the sample's demographic characteristics).

Table 1: *100 Point Examination*

Demographic Characteristics	Frequency	Percentage
Sex		
Male	301	39
Female	470	61
Race		
African American	337	44.9
American Indian or American Indian First	5	.7
Asian	7	.9
Caucasian	320	42.7
Hispanic	56	7.5
Multi-ethnic (more than one race)	23	3.1
Other	2	.3
First Language (English)	749	97
Country		
U.S.A.	735	95.3
Canada	36	4.7
Practice Setting (Education)		
Early Childhood	127	16.5
Public and Private Schools	109	14.1
Practice Setting (Out-of-Home Care)		
Foster Homes	37	4.8
Residential Treatment	355	46
Psychiatric Hospitals	21	2.7
Medical Hospitals/Clinics	12	1.6
Physical Disabilities	10	1.3
Juvenile Corrections	58	7.5
Emergency Shelters	96	12.5
Basic Residential Care	127	16.5
Transitional Living	58	7.5
Developmental Disabilities	19	2.5
Practice Setting (Community-Based Services)		
After School Programs	50	6.5
Prevention/Intervention Programs	122	15.8
Street Outreach	35	4.5
Developmental Disabilities	22	2.9
Early Intervention	45	5.8
In-home Detention Programs	6	.8
Physical Disabilities	13	1.7

Table 1: *100 Point Examination*

Demographic Characteristics	Frequency	Percentage
Recreation	38	4.9
Practice Setting (Community-Based Services)		
In-home Family Care & Treatment Services	45	5.8
Organizations (YMCA, Scouts, etc.)	38	4.9
Clinic-based Day Treatment Services	26	3.4
Practice Settings (Other)	57	7.4
Type of Position		
Direct Care Worker	370	48.7
Educator	38	5.0
Supervisor	102	13.4
Administrator	62	8.2
Counselor	84	11.1
Therapist	6	.8
Foster Parent	1	.1
Other	93	12.2
Professional CYC		
Yes	729	95.0
No	33	4.3
Education		
None	99	13.6
Associate	97	13.4
Baccalaureate	263	36.2
Masters	87	12.0
Doctorate	2	.3
No degree but coursework	177	24.4
Mean	SD	
Age	37.35	10.95
Years of Experience	10.43	8.05

N=775; Settings are not mutually exclusive. Respondents may have selected more than setting.

The supervisors of the examinees also completed a six item assessment of worker performance (80% of the examinees had supervisors who completed an assessment). An item analysis of the examination was conducted, and the individual examination scores were correlated with the supervisory ratings of worker performance. Exploration of a possible cutoff score (pass/fail) for future examinees using a modified Angoff method is currently being conducted.

Analysis

A set of procedures that explores the effectiveness of individual items regarding whether they function as intended is known as item analysis. These procedures are often used to increase the reliability and validity of a test by individually evaluating each item in relation to the overall test. For example, if examinees who score in the upper portion of the test score distribution tend to answer an item correctly and examinees who score in the lower portion tend to answer incorrectly, then the item is viewed as having positive discriminatory power, contributing to the overall reliability and validity of the test. (Peterson & Fox, 2001).

The item analysis procedures primarily consisted of (1) reliability analysis, (2) difficulty analyses, (3) discrimination analyses, (4) distracter analyses, and (5) differential item functioning (DIF) analyses.

Chronbach's alpha was examined as a measure of reliability. An overall test reliability score was obtained, and each item was examined for its effect on the overall test (change in alpha if the item was removed).

The first difficulty analysis indicator measured the difficulty of items for participants by calculating a difficulty index for each item (the percentage of examinees who answered the item correctly). In addition, the examinee population was divided into five segments based on their total test score, and a difficulty value was calculated by adding the total number of examinees who chose the correct answer in the top 20% with the total number of examinees who chose the correct answer in the bottom 20% divided by the total number of examinees in both groups.

Discrimination analysis included the point biserial correlation between the item score and total test score. In addition, the examinee population was divided into five segments based on their total test score, and a difficulty difference score was determined (difference between the top 20% and bottom 20%). This value was calculated by subtracting the proportion of examinees in the lower group who answered the item correctly from the proportion in the upper group who answered the item correctly. A fourth analysis involved the visual examination of each item choice across five "ability range" groups using a line graph that displayed the percentage of examinees choosing each of the responses in each item. With the five segments from low to high on the X axis and the percentage correct on the Y axis, an upward trend from left to right for the correct answer, and a downward trend from left to right was expected for items with good discriminatory power (see figure 1 for an example of an item with good discriminatory power).

Differential item functioning for race and gender was explored with the computer program SIBTEST. SIBTEST takes the groups of examinees who have equivalent raw total test scores (males vs. females, or African American vs. Caucasian) and analyzes their response patterns to see if they are statistically significantly different from each other. The rationale behind using this test is to see if groups of examinees who have similar abilities respond to the same test question in the same manner, regardless of whether they were male or female and regardless of whether they were African American or Caucasian. In addition, the Mantel Haenszel procedure was also conducted.

Because of missing data points, a number of examinee responses were elimi-

nated to be able to have complete item response vectors for males, females, African American, and Caucasian. Once this process was done, the program SIBTEST was run to compare males vs. females on the item level. The same process was done to compare African Americans vs. Caucasian.

Procedures to determine a certification cut point have been initiated but not yet completed. This involved the use of a modified Angoff procedure that entailed several steps. First, an expert panel of 10 was selected and oriented to the selection procedure. Prior to making probability ratings, panelists reviewed a brief written description of the five major competency areas and an overview of the modified Angoff procedure. Next, the panelists participated in a discussion pertaining to characteristics of a "minimally competent" child and youth care worker at the professional level. Panelists then received instructions to independently estimate the probability that a minimally competent child and youth care worker (at the professional level) will get the answer correct for each of the 100 items. The individual ratings were averaged across raters for each item and then the averages were averaged to obtain a tentative cut score recommendation. After this initial probability estimation, panelists received information regarding the actual difficulty level of the items (percentage of pilot examinees who answered each item correctly), a table displaying the probability ratings of the other panel members, and information regarding the percentage of examinees that would have passed or failed if the recommended cut point was used. A group discussion of the results was followed by a second independent probability estimation for each item (currently in-progress). Similar to the first round of ratings, the individual ratings will be averaged across raters for each item and then the averages averaged to obtain a second tentative cut score recommendation.

Correlational analysis of the total examination scores with supervisory assessments of worker performance (a six-item survey questionnaire assessing the five major competency areas and an overall performance assessment item) was conducted to provide support for concurrent criterion validity.

Measures/Instruments
Situational Judgment Examination

A predominantly situational judgment examination was developed that requires practice judgments from the examinee based on case studies elicited from the field. The instrument construction first involved defining child and youth care practice. The current description of the field as described by Mattingly, Stuart and VanderVen (2002) was used in the development of the examination as well as inclusion of participants in the study.

> Professional Child and Youth Care Practice focuses on infants, children, and adolescents, including those with special needs, within the context of the family, the community, and the life span. The developmental-ecological perspective emphasizes the interaction between persons and their physical and social environments, including cultural and political settings. Profes-

sional practitioners promote the optimal development of children, youth, and their families in a variety of settings, such as early care and education, community-based child and youth development programs, parent education and family support, school-based programs, community mental health, group homes, residential centers, day and residential treatment, early intervention, home-based care and treatment, psychiatric centers, rehabilitation programs, pediatric health care, and juvenile justice programs. Child and youth care practice includes assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive, and therapeutic requirements into the life space, contributing to the development of knowledge and practice, and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation, and advocacy.

The examination addressed child and youth care worker competencies that were identified through a meta-analysis of the field's articulation of competencies that also involved the development of new competencies where gaps were identified. Included in the review of many of the competency sets were competencies that were determined by formal job analyses. The competencies included what workers currently value, know, and do as well as what best practice standards indicate that they should value, know and do. This includes competencies pertaining to the Code of Ethics for North American child and youth care workers. Determination of the final competency list involved the work of several work groups and several years of discussion and refinement. The competencies were organized into the following five domains: (1) professionalism, (2) cultural and human diversity, (3) applied human development, (4) relationship and communication, and (5) developmental practice methods. The reader is referred to Mattingly, Stuart, and VanderVen (2002) for a more detailed description of the competency and Code of Ethics development process.

After identification of the competencies, the test plan included a process to identify the most appropriate assessment measure (supervisor assessment, portfolio, or examination). Six panel members made independent recommendations for each competency area. After discussing areas of disagreement, the panel members came to consensus on the most appropriate measure for each competency area.

Once the items that could be assessed by a situational judgment examination were identified, the expert panel was asked to independently prioritize the competencies according to importance to determine the number of items assigned to each competency area. The panel was requested to determine the number of items for each competency (1, 2, or 3 items) based on their importance. The panel responses were then averaged to determine the number of items. During the same period of time, case studies from the field were solicited to serve as content for the scenario-based examination. A "call for case studies" was posted on the website of the Association of Child and Youth Care Practice and CYC-net. The case studies were compiled and bound into a booklet for the test construction team to review prior to attending training in Texas on the construction of situational judgment items. The

test construction team was comprised of seven child and youth care experts from both the United States and Canada.

Following the training, the test construction team began the process of developing scenario-based items pertaining to each competency area. As the items were constructed, they were reviewed by the entire test construction team and team members were independently polled to determine the most correct answer for a newly constructed item and whether it addressed the targeted competency area. Discussion regarding item modification occurred when one or more raters disagreed with the majority. When the initial entire test was completed, team members reviewed each item for a second time indicating the correct answer and if it addressed the targeted competency area.

Subsequent to completion of the draft examination, another expert panel reviewed the examination with the goal of identifying cases and/or items to eliminate or modify due to possible cultural bias. The panel also made recommendations (suggestions for change) regarding the readability of the case studies and examination items. The test construction team incorporated many of the extended panel's suggestions and began to plan for the pilot validation study of the examination. While the pilot examination was being administered, another expert panel was established that included several of the test construction team members along with additional expert members. The panel was charged with two tasks. First, independently choose the "most correct" answer for each item, and later estimate the probability for each item of the "minimally competent" child and youth care worker at the professional level answering the item correctly. Nine experts assessed "correct" answers (overall agreement percentage of 87.2%). Ten panel members were involved in the modified Angoff probability ratings to help determine a recommended cut score for the examination (discussed earlier in more detail).

Supervisory Assessment of Worker Performance Survey.

Supervisors of each of the child and youth care worker examinees were requested to complete a six-item, five-choice survey assessing the worker's competence on-the-job. One item pertained to each of the five major competency domains, and one item referred to the workers' overall competence. The item anchor descriptors ranged from "consistently demonstrates competence" to "does not demonstrate competence." A composite competence score (the sum of the six items) was used as a concurrent criterion measure of job performance (Chronbach's alpha of .94 for the six items).

Face Validity, Motivation, and Feedback Survey.

A survey instrument was constructed to receive feedback from the examinees regarding their perception of the validity of the examination (four items), their degree of motivation for taking the examination (two items), and suggestions for improvement of the examination. In addition, examinees were asked to assess their perception of how well they performed on the examination (single item). The four face validity items were summed to obtain an overall face validity measure (Chronbach's alpha = .77). Similarly, the two motivation items were summed to obtain a test-taking motivation indicator (Chrobach's alpha = .87).

Preliminary Results and Discussion

Face Validity

The extent to which examinees view an assessment as suitable for its intended purpose has been described as face validity. Central to face validity is the examinees' perception concerning whether the assessment measure and/or process actually measures what it is intended to assess (e.g., important aspects of youth work) (Drummond & Jones, 2006; Mosier, 1947; Nevo, 1985).

Since face validity is considered one of the weakest indicators of validity, it is not frequently reported in studies. However, face validity has been shown to affect the reactions or attitudes of those being assessed in several areas including performance motivation, employee evaluation of organizational attractiveness, attribution of responsibility for task success or failure, and employee burnout (Anastasi & Urbina, 1997; Chan, Schmitt, DeShon, Clause, & Delbridge, 1997; Gabris & Ihrke, 2001; Nevo, B. 1985; Tweed & Cookson, 2001). An examinee's perception does not have to be a correct indicator of true validity to influence the credibility of the assessment and thus influence motivation to perform and take the assessment results in a serious manner (Tweed & Cookson, 2001). Furthermore, the acceptance of the certification process by the field as a valid measure of child and youth care competence is crucial for the certification process to make a significant impact on the profession.

Almost all (97%) of the examinees completed the face validity and feedback questionnaire. Results indicate that the vast majority of respondents (90%) perceived that the items in the examination accurately assess important aspects of child and youth care work and the case examples provide realistic samples of child and youth care work. This strongly endorses a belief that the examination seems to be measuring the essential elements of child and youth care work. Somewhat less (80%) indicated that the content in the examination is similar to their actual job duties, and only 59% stated that they believe that their performance on the examination is an accurate indicator of their actual performance on the job (34% indicated that they neither agreed or disagreed). Apparently, the examinees viewed the examination as an excellent indicator of child and youth care practice. However, they appeared to have less confidence that how they performed on the examination is indicative of their job performance. See table 2. Since the examination covered areas from a variety of settings and ages, some of the participants may have perceived their job duties in a more limited manner (e.g., confined to working with children ages 3 to 5 in a day care setting only). In addition, the examinees did not have access to their test results. So, the relatively large number of examinees who indicated that they neither agreed nor disagreed that the examination is an excellent indicator of their job performance tended to lower this item rating relative to the other face validity items.

Item Analysis

The item analysis includes the test results from 775 examinees, meeting the generally recommended standard of 5 to 10 subjects per item (Nunally, 1967). The test contained 100 4-choice multiple choice items. Examinees' scores ranged between 25 and 89. The average score was 60.01 with a median score of 61. The test's standard deviation was 13.65. The item analysis procedures included reliability analysis, item difficulty analysis, discrimination analysis, distracter analysis, and differential item functioning (DIF) analysis.

Table 2: *Examinee Feedback Survey*

SD= Somewhat Disagree		D= Disagree		N= Neither	A= Agree	SA = Somewhat Agree		
Item number and description	% SD	% D	% N	% A	% SA	M	SD
1. …similar to my actual job duties							
	1.1	7.1	12.2	54.5	25.1	4.0	.87
2. …accurately assess important aspects of cyc							
	.3	1.3	8.6	58.2	31.6	4.2	.67
3. …accurate indicator of my job performance							
	4.1	12.6	34.1	37.6	11.5	3.4	.99
4. …case examples provide realistic samples							
	.1	.9	9.4	57.3	32.3	4.2	.65
5. …Doing well on this exam was important…							
	.5	1.5	18.3	46.5	33.2	4.1	.78
6. …extremely motivated to do well							
	.7	2.8	24.1	45.1	27.3	4.0	.83
7. …I performed well							
	.7	3.6	25.9	53.7	16.1	3.8	.77

n = 748 (97% of total sample)

Reliability analysis and standard error of measurement

Cronbach's alpha was used as a reliability indicator. The test's reliability value was 0.90, and the standard error of measurement (SEM) was 4.4. Reliability is a measure of the consistency and the "replicability" of the test results. It is an indication of the quality of the instrument. A value of .90 is considered excellent reliability. The standard error of measurement, an expression of the degree of inaccuracy in the reported score, was relatively small. The lower the SEM value, the better the instrument and the more accurate are the reported scores. If the SEM value is high (e.g., 15%), then this means there is a wide range that the reported score can take. For example, if someone's score is 70% with a SEM value of 15%, then we are 68% confident that her score is between 55% and 85%. The examination's relatively small SEM value of 4.4 is another positive indication of the quality of the instrument.
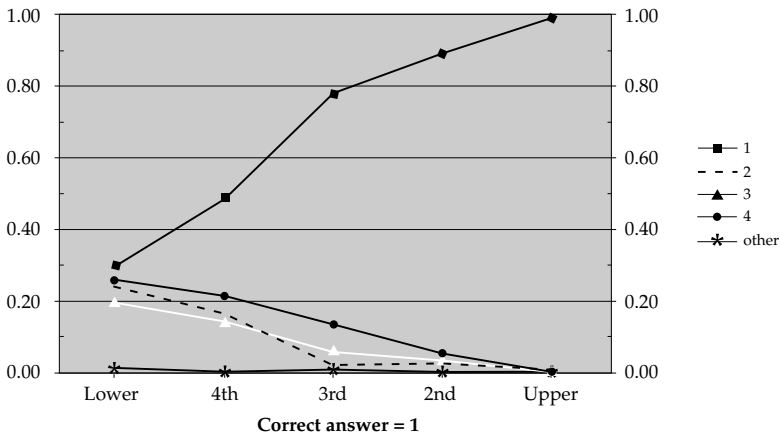
Figure 1. Visual display-line chart of percentage of responses for each item alternative from lower 20% to upper 20% of sample.

Individual items were analyzed in terms of their contribution to the total instrument reliability. Reliability takes on a value between 0 and 1. The higher this value the better the instrument. A high reliability value indicates that the results can be replicated within a small error range. Table 3 presents the reliability analysis (alpha figures) on the item level.

The first column in table 3 represents the item number. Q1 means question 1 in the test, and so on. The second column represents the instrument reliability if the item is taken out. For instance, if question 6 is taken out of the instrument, the test's reliability will increase to 0.898. The third column represents the change in the test's reliability value if the item is taken out. Bolded numbers means that the test's reliability will increase if the item is taken out. The analysis shows that items 6, 9, 15, 34, 35, 40, 52, 53, 60, 61, 62, 70, 77, 89, 90, 92, 94, and 98 may need to be taken out. Those 18 items need to be looked at carefully by content experts to see if the instrument can be run without them. If content experts want to keep any or all of them, then a detailed look on the items' language and distracters need to be done to see which possible changes need to be done to such questions before using them again in the instrument.

Table 3: *Item Analysis Summary*

Item	Alpha without Item	Change in alpha without item	Overall diff.	Upper-Lower diff.	Point Bi-serial disc	Upper-Lower disc
Q1 Case 1	0.897	0.000	0.20	0.22	0.17	0.23
Q2	0.896	-0.002	0.74	0.73	0.39	0.47
Q3	0.896	-0.002	0.70	0.61	0.39	0.54
Q4	0.896	-0.001	0.59	0.62	0.31	0.50
Q5 Case	0.896	-0.002	0.77	0.74	0.40	0.52
Q6	0.898	0.000	0.64	0.59	0.09	0.18
Q7	0.896	-0.002	0.37	0.38	0.38	0.53
Q8	0.897	-0.001	0.73	0.73	0.25	0.34
Q9 Case 3	0.899	0.001	0.71	0.71	0.04	0.09
Q10 Case 4	0.896	-0.002	0.77	0.71	0.43	0.54
Q11	0.897	0.000	0.48	0.50	0.21	0.31
Q12	0.897	0.000	0.58	0.54	0.21	0.28
Q13	0.897	-0.001	0.92	0.87	0.24	0.20
Q14 Case 5	0.897	-0.001	0.45	0.51	0.28	0.46
Q15	0.898	0.000	0.55	0.58	0.10	0.17
Q16	0.897	-0.001	0.90	0.86	0.27	0.23
Q17	0.896	-0.001	0.71	0.66	0.33	0.44
Q18	0.897	-0.001	0.28	0.35	0.22	0.32
Q19	0.897	-0.001	0.73	0.68	0.29	0.32
Q20	0.897	-0.001	0.91	0.89	0.23	0.16
Q21	0.896	-0.001	0.79	0.76	0.35	0.43
Q22	0.896	-0.001	0.65	0.68	0.33	0.52
Q23	0.896	-0.001	0.62	0.62	0.31	0.43
Q24	0.896	-0.001	0.81	0.76	0.36	0.43
Q25 Case 6	0.896	-0.002	0.64	0.60	0.41	0.59
Q26	0.897	0.000	0.81	0.78	0.18	0.25
Q27	0.897	-0.001	0.63	0.64	0.23	0.34
Q28	0.897	-0.001	0.33	0.40	0.29	0.42
Q29	0.897	-0.001	0.76	0.77	0.26	0.34
Q30	0.897	-0.001	0.71	0.65	0.25	0.34
Q31	0.896	-0.001	0.72	0.67	0.34	0.46
Q32	0.895	-0.003	0.68	0.65	0.47	0.65
Q33	0.898	0.000	0.92	0.92	0.15	0.13
Q34 Case 7	0.898	0.001	0.43	0.41	0.09	0.19
Q35	0.898	0.000	0.59	0.60	0.11	0.21
Q36 Case 8	0.898	0.000	0.28	0.31	0.16	0.30
Q37 Case 9	0.897	-0.001	0.49	0.56	0.29	0.51
Q38	0.897	-0.001	0.70	0.67	0.27	0.31
Q39	0.896	-0.002	0.80	0.71	0.42	0.48
Q40	0.899	0.001	0.54	0.55	0.06	0.20
Q41	0.896	-0.002	0.74	0.68	0.41	0.50
Q42 Case 10	0.896	-0.001	0.38	0.44	0.31	0.48
Q43	0.898	0.000	0.67	0.63	0.17	0.30

Table 3: *Item Analysis Summary*

Item	Alpha without Item	Change in alpha without item	Overall diff.	Upper-Lower diff.	Point Bi-serial disc	Upper-Lower disc
Q44	0.897	-0.001	0.73	0.66	0.23	0.27
Q45	0.896	-0.001	0.44	0.45	0.33	0.51
Q46	0.896	-0.002	0.72	0.70	0.35	0.48
Q47	0.897	-0.001	0.63	0.60	0.23	0.34
Q48	0.896	-0.002	0.73	0.66	0.43	0.55
Q49 Case 11	0.898	0.000	0.76	0.70	0.16	0.24
Q50	0.897	-0.001	0.44	0.48	0.28	0.44
Q51	0.896	-0.002	0.73	0.70	0.35	0.46
Q52	0.899	0.002	0.21	0.24	-0.10	- 0.10
Q53	0.899	0.001	0.48	0.45	0.03	0.11
Q54	0.897	-0.001	0.90	0.83	0.27	0.25
Q55 case 12	0.895	-0.003	0.69	0.65	0.54	0.70
Q56	0.896	-0.002	0.84	0.77	0.39	0.41
Q57	0.897	-0.001	0.64	0.65	0.26	0.37
Q58	0.896	-0.002	0.70	0.66	0.42	0.58
Q59	0.896	-0.002	0.54	0.56	0.43	0.59
Q60 Case 13	0.899	0.001	0.37	0.37	0.01	0.03
Q61	0.898	0.000	0.59	0.59	0.13	0.19
Q62	0.898	0.001	0.19	0.26	0.05	0.13
Q63	0.898	0.000	0.39	0.42	0.16	0.32
Q64	0.897	0.000	0.53	0.55	0.21	0.37
Q65	0.896	-0.002	0.73	0.69	0.36	0.50
Q66 Case 14	0.897	-0.001	0.90	0.85	0.23	0.23
Q67	0.896	-0.002	0.68	0.65	0.43	0.59
Q68	0.896	-0.002	0.57	0.55	0.42	0.60
Q69 Case 15	0.897	0.000	0.24	0.28	0.20	0.30
Q70	0.898	0.000	0.14	0.20	0.03	0.06
Q71	0.896	-0.001	0.55	0.55	0.33	0.54
Q72	0.897	-0.001	0.67	0.61	0.30	0.44
Q73	0.896	-0.001	0.83	0.79	0.35	0.40
Q74	0.897	-0.001	0.75	0.72	0.29	0.37
Q75	0.896	-0.002	0.71	0.62	0.39	0.54
Q76	0.896	-0.002	0.73	0.69	0.36	0.48
Q77	0.898	0.001	0.57	0.55	0.09	0.15
Q78	0.897	-0.001	0.45	0.46	0.25	0.43
Q79 Case 16	0.897	-0.001	0.47	0.49	0.30	0.51
Q80	0.897	-0.001	0.37	0.44	0.27	0.44
Q81	0.897	-0.001	0.51	0.51	0.25	0.37
Q82	0.896	-0.002	0.53	0.54	0.35	0.54
Q83 Case 17	0.896	-0.002	0.61	0.58	0.38	0.56
Q84	0.896	-0.002	0.62	0.56	0.43	0.61
Q85	0.896	-0.001	0.50	0.54	0.32	0.52

Table 3: *Item Analysis Summary*

Item	Alpha without Item	Change in alpha without item	Overall diff.	Upper-Lower diff.	Point Bi-serial disc	Upper-Lower disc
Q86	0.895	-0.002	0.53	0.54	0.43	0.61
Q87 Case 18	0.895	-0.003	0.62	0.60	0.50	0.73
Q88	0.895	-0.002	0.70	0.65	0.45	0.63
Q89	0.898	0.000	0.25	0.24	0.14	0.19
Q90	0.898	0.000	0.23	0.25	0.11	0.14
Q91	0.897	-0.001	0.48	0.47	0.25	0.39
Q92	0.899	0.001	0.48	0.46	0.05	0.11
Q93	0.895	-0.002	0.57	0.54	0.45	0.66
Q94 Case 19	0.898	0.000	0.70	0.64	0.15	0.23
Q95	0.897	-0.001	0.77	0.76	0.29	0.35
Q96	0.897	0.000	0.48	0.45	0.20	0.30
Q97	0.896	-0.002	0.54	0.55	0.43	0.64
Q98	0.898	0.001	0.45	0.41	0.07	0.14
Q99	0.897	-0.001	0.75	0.71	0.27	0.37
Q100	0.896	-0.002	0.64	0.67	0.34	0.51

Item Difficulty and Item Discrimination

Item difficulty represents the proportion of respondents who answered the item correctly. It is calculated by dividing the number of examinees who chose the correct answer over the total number of examinees. An item difficulty of 0.10 indicates that the item is a very difficult one. Only 10% of the examinees chose the right answer. An item difficulty of 0.90 tells that the item is a very easy one, since most examinees (90%) answered it correctly.

Table 3 presents the overall item difficulty (proportion correct) and the item discrimination (the point biserial correlation between the item score and total test score). The lower the item difficulty value, the more difficult the item is (because less people chose the correct answer). The higher the difficulty value, the easier the item (because more people chose the correct answer). In general, one does not want to have items that almost everyone, or almost no one, answers correctly. The idea is not to have very easy or very hard items. Item difficulty may also have implications for the sequencing of examination questions. Generally, it is recommended that more difficult items should be placed after easier items. Since the item location is also dependent on individual case studies, exploring the difficulty of items grouped by case study and making appropriate sequencing changes is recommended in the final instrument.

Difficulty and discrimination values were also calculated by comparing the top 20% of examinees to the bottom 20% of examinees, with regard to the total raw test score. Difficulty value was calculated by dividing the total number of examinees who chose the correct answer in both groups by the total number of examinees in both groups. Measurement literature suggests using items with difficulty ranges between 0.10 and 0.8 (Hopkins, 1998, Chapter 10). Discrimination value is calculated by subtracting the proportion of examinees in the lower group who answered the item correctly from the proportion in the upper group who responded to the item

correctly. Hopkins goes as low as 0.10 for item discrimination value as an acceptable level to have in a test. Mehrens and Lehman (1991, Chapter 8) regard a discrimination value of 0.20 as acceptable.

Table 4 divides the examinees into 5 groups of 155 examinees each, and reports statistical descriptives for each group. Each of the lower group and upper group included 155 examinees.

Table 4: *Descriptive Statistics for Five Group Division*

Summary group statistics

	n	avg.	avg%	s.d.	min.	mdn.	max.
Upper 20 %	155	77.7	78%	3.5	73	77	89
2nd 20%	155	69.0	69%	2.2	65	69	73
3rd 20%	155	61.5	61%	2.2	57	61	65
4th 20%	155	52.2	52%	3.0	47	52	57
Lower 20%	155	39.7	40%	5.3	25	41	47
Total Sample	775	60.0	60%	13.7	25	61	89

This approach reveals that six items do not meet the recommended criteria for item difficulty (13, 16, 20, 33, 54, & 66). Using .15 as the minimally acceptable discrimination score, nine items do not meet the criteria (33, 52, 53, 60, 62, 70, 90, 92, & 98).

Distracter Analysis

The proportion of people who chose each response for each question were examined. The generally accepted procedure is to identify responses where no one, or a negligible proportion of people, chose that alternative. For example, only 1% of the examinees chose the fourth response in item 13 (not shown in table). Such question responses were looked at carefully for possible amendments or changes. As stated previously, a visual analysis of items was also conducted using a line graph of the four responses to each item (see figure 1). To ensure test security during the initial phases of the certification and test revision processes, statistics regarding the percentage of responses for each item alternative are not reported.

Differential Item Functioning Analysis

DIF is conceptualized as a difference in the probability of endorsing a keyed item response, when individuals with the same levels of ability possess different amounts of supplemental abilities that affect their responses to the item (Shealy, R., & Stout, W., 1993)

Table 5: *Number of Examinees used in the SIBTEST Procedure*

Race\Gender	Male	Female	Total
African American	112	186	298
Caucasian	112	162	274
Total	224	348	572

The number of examinees used in the SIBTEST procedures is shown in table 5. It is worth mentioning that the available sample sizes in the compared groups were less than 350 examinees in each case. It is preferable, when running a program like SIBTEST, to have more than 500 examinees in each group. This was not possible due to the relatively small sample size available. Because of this, the authors of this paper think that it is more appropriate to take a conservative approach in looking at the SIBTEST output results and consider each item as exhibiting DIF at the 0.01 confidence level instead of the 0.05 confidence level, which is a level that many researchers like to adopt as an agreed upon critical "cut-point" level. In any case, we have reported the possible number of items exhibiting DIF at the 0.05 level as well as at the 0.01 level. Table 6 contains a summary of the SIBTEST results in comparing items by race and by gender (Mantel Haenszel procedure results are also reported. It is another method to identify items that are exhibiting DIF).

Table 6: *Items Exhibiting DIF by Gender and Race*

	SIBTEST Results		Mantel - Haenszel Results	
Group\Confidence Level	0.05	0.01	0.05	0.01
Gender				
(Male vs. Female)	1, 7, 34, 36, 46, 48, 49, 78, 82, 83, 86, 92, 99 (13 items)	1 (1 item)	1, 48, 52, 78, 80, 83, 85, 92, 99 (9 items)	1 (1 item)
Race				
(African American vs. Caucasian)	13, 17, 21, 22, 27, 31, 42, 71, 82, 84,	17, 22, 42, 82, 87 (5 items)	4, 17, 22, 31, 42, 71, 82, 84, 87 (9 items)	17, 31, 42, 71 (4 items)

Supervisory Assessment of Worker Performance

Table 5 summarizes the supervisors' assessments of the examinees competence on the job. On the whole, supervisors viewed their workers as competent practitioners. Approximately half indicated that their workers consistently demonstrate overall competence. Similar ratings were also characteristic of the five competency areas, ranging from 46.8% to 51.1%. Ratings indicating that workers failed to demonstrate competence were almost nonexistent. Therefore, variability of the data mostly ranged from ratings of 3 (inconsistently demonstrates competence) to 5 (consistently demonstrates competence). The composite supervisory rating (sum of six items) had a correlation of .26 (p<.000) with the total examination score, providing evidence of concurrent validity for the certification examination. The lack of

variability in the supervisor ratings probably somewhat attenuated the correlation between the examination and the on-the-job criterion.

Table 7: *Supervisor Assessment of Worker Competence on the Job*

CD= Consistently Demonstrates	ID= Inconsistently Demonstrates			DD= Does not Demonstrate		
Competency Area	CD	ID			DD	Mean	SD
	(5)	(4)	(3)	(2)	(1)		
	%	%	%	%	%		
Professionalism	49	38.1	12.7	.2	0	4.36	.70
Culture	51.1	38	10.6	.2	.2	4.40	.69
Human Development	48.3	39.5	11.7	.2	0	4.36	.70
Relationship & Communication	48.1	37.4	13.7	.8	0	4.33	.74
Developmental Practice Methods	46.8	40.2	12.4	.7	0	4.33	71
Overall	50.5	39.2	10.2	0	0	4.40	.67

N=775

Further Discussion and Future Directions

The piloting of the certification examination has provided a substantial amount of useful information to help facilitate successful implementation of child and youth care worker certification. Although continued improvements to the examination and further validation efforts are indicated, the preliminary results from the pilot study indicate potential for the examination to be a highly reliable and valid component of a comprehensive certification process for child and youth care workers. The examination was constructed with significant involvement from child and youth care experts addressing competencies agreed-upon by child and youth care leaders in both the United States and Canada, and based on actual case studies elicited from the field. This integral connection to the field most likely contributed to the overwhelming majority of the child and youth care examinees viewing the examination as accurately assessing important facets of child and youth care work.

Although the supervisor assessments of the examinees' performance on-the-job positively correlated with the examination scores, further evidence of criterion validity should be explored. For example, the more extensive supervisory assessment that is a component of the full certification process could be correlated with the examination. Future efforts involving supervisory ratings should include strategies to increase the variability of the supervisory ratings of child and youth care worker performance. Since poorly performing workers are probably less likely to apply for certification (and some may be terminated due to poor performance), range restriction may continue to be an obstacle for future validation studies.

Significant differences of total test scores by race/ethnicity and gender were found and should be continued to be monitored in the future. However, the number of items exhibiting DIF is relatively small if a 0.01 confidence level is chosen. This is a conservative approach which we think is suitable here. The number of items

exhibiting DIF is higher, as one would expect, if a 0.05 confidence level is chosen. Three of the items exhibiting DIF influence reliability negatively (items 34, 52, and 92). Such items are candidates for possible elimination or language amendments. In addition, all the items exhibiting DIF must be looked at carefully by content experts to try to discern if any language or content bias exists in such items. If this is in fact the case, such an item should be eliminated from the instrument or go through some language amendments. It is not always possible to discern why an item exhibits DIF, but it is always a good idea to try to understand why DIF occurs in a certain item. If such an item is deemed "biased" because of one factor or another, it should be taken out of the test instrument or changed as necessary. We think that the best way to proceed with the examination is to first eliminate the items that contribute negatively to reliability. After that, content experts can look at DIF exhibiting items. Because of the relatively small sample sizes used in the DIF analysis, we think the experts' eye may help us in understanding why DIF occurred in some of the items. Proceeding on what to do with these items is probably best answered by content experts. However, once the test is restructured and administered for a while, DIF analysis can be done again on larger samples (we like to see more than 500 examinees in each data set being used for DIF analysis). In addition, DIF analysis should also be conducted with other races/ethnicities, when larger samples are obtained.

Determination of a cut point (pass/fail) must still be established prior to full implementation of the certification process. The potential adverse effects on specific populations (e.g. minorities) must be explored. Ongoing monitoring will need to continue after certification implementation.

Although substantial work remains, the North American Certification Project has taken another significant step toward professionalizing the field of child and youth care work. Conducting this pilot study required a collaborative effort among many contributors, including the 775 child and youth care worker examinees and their supervisors. It is our hope that the interim results of this study provide sufficient evidence to build support for the project among the varied child and youth care settings and direction to further improve the examination and process in support of increased standards of practice and care for children, youth, and families.

References

Anastasi, A., & Urbina, S. (1997). *Psychological testing* (7th ed.) Upper Saddle River, NJ: Prentice Hall.

Chan, D., Schmitt, N., DeShon, R.P., Clause, C.S., & Delbridge, K. (1997). Reactions to cognitive ability tests: The relationships between race, test performance, face validity perceptions, and test-taking motivation. *Journal of Applied Psychology, 82,* 300-310.

Drummond, R.J., & Jones, K.D. (2006). *Assessment procedures for counselors and helping professionals.* (6th ed.). Upper Saddle River, NJ: Pearson/Merrill Prentice-Hall.

Gabris, G.T. & Ihrke, D.M. (2001). Does performance appraisal contribute to heightened levels of employee burnout?: The results of one study. *Public Personnel Management, 30,* 157-172.

Hopkins, K. D. (1998). *Educational and psychological measurement and evaluation* (7thed.). Englewood Cliffs, NJ: Prentice-Hall.

Mattingly, M., Stuart, C., & VanderVen, K. (2001). North American Certification Project (NACP) Competencies for professional child and youth work practitioners. *Journal of Child and Youth Care Work, 17,* 16-49.

Mehrens, W. A. & Lehmann, I. J. (1991). *Measurement and evaluation in education and psychology* (4th ed.). London: Holt, Rinehart and Winston.

Mosier, C.L. (1947). A critical examination of the concepts of face validity. *Educational and Psychological Measurement, 7,* 191-206.

Nevo, B. (1985). Face validity revisited. *Journal of Educational Measurement, 22,* 287-293.

Nunnaly, J. C. (1967). *Psychometric theory*. New York: McGraw-Hill.

Peterson, N.A., & Fox, T.C. (2001) Knowledge test construction and validation: Evaluation of New Jersey's interdisciplinary training for public agency caseworkers to improve child welfare services. *Proceedings of the Fourth Annual National Human Services Training Evaluation Symposium.* 32- 41.

Shealy, R., & Stout, W. (1993). A model-based standardization approach that separates true bias/DIF from group ability differences and detects bias/DTF as well as item bias/DIF. *Psychometrika, 58* (No. 2).

Tweed, M. & Cookson, J. (2001). The face validity of a final professional clinical examination. *Medical Education, 35,* 465-473.

YOUTH WORK: ORGANIZING PATHWAYS FOR LEADERSHIP DEVELOPMENT AND SOCIAL CHANGE

Andrew J. Schneider-Muñoz, EdD, CYC-P
Center for Youth Development
Academy of Educational Development
Washington, D.C.

ABSTRACT: Youth workers guide healthy development of children, youth, families and, ultimately, the neighborhoods in which they serve. Youth workers connect youth in positive ways with adults and organize relationships across whole communities to solve problems and meet social challenges. This article explores pathways for the development of youth workers as leaders in the nonprofit sector. Recommendations for high quality certification and training are presented from a summit of 20 youth work leaders convened to report the state of training, certification, higher education, and supports for the field of youth work.

Key Words: Youth work certification, youth work training, youth work in higher education, and youth worker supports for professional development

Change produces leaders. Leaders generate change.

Strategically, in many communities, youth workers are at the center of organizing change in the trends that impact youth and society.

Youth workers guide healthy development of children, youth, families, and, ultimately, the neighborhoods in which they serve. Youth workers connect youth in positive ways with adults and organize relationships across whole communities to solve problems and meet social challenges.

Our country has the challenge to prepare youth workers for a pathway of leadership in which our communities have the opportunity to promote healthy development, strengthen positive relationships to teach skills and competencies, solve problems, and generate social change.

The United States is one of the few developed nations in the world without a federal youth development policy which spells out community-level programs for youth that are matched to funding streams, and preparation and education of the workers who deliver the services.

Over the decades, efforts to prepare and support leadership development for youth workers and their nonprofit organizations has ebbed and flowed. This has contributed to low pay and education, high turn-over, risky practices, and a public perception that questions the value of training highly skilled youth workers. No matter how well conceived, large scale youth development interventions such as mentoring, after-school and out-of-school time, community organized youth programs, and national service cannot fully succeed in teaching life long skills and

competencies for the success of youth if the workers who deliver these interventions are poorly prepared and lack support.

Since government policy has not made a greater investment in youth work, youth workers have been challenged to self-organize their own field. To gain professional integrity, like credentialed teachers and licensed social workers, youth workers must sustain training programs to prepare for service and must teach competencies in training institutes, higher education, and continuing education. A professional field must test and certify the competencies that have been learned in a measurable examination, establish a code of ethics, publish journals to transfer knowledge, and mobilize large scale public support that often becomes codified in legislation, policy and program implementation, and funding streams.

Over the last 25 years in youth work, the field has witnessed starts and stops, renewed hope, and then failure in building the elements for a professional field. What is the result? Youth work has been left with an image as something less than necessary, a kind of afterthought of policy and program implementation, system-level reform, and top-down thinking that has largely ignored the fact that high quality workers are an essential element in empowering the large numbers of youth who need to be served.

On October 17, 2008, with support from The Atlantic Philanthropies, the AED Center for Youth Development convened a summit of 20 leading thinkers and organizers of high quality youth work and certification to review the state of the youth work field. Much to everyone's surprise (since everyone had been busy doing their work rather than meeting with one another), a majority of the elements necessary to sustain and advance the field of youth work were already in place! The challenge would be to implement these advances in every state for each youth worker by better integrating and aligning the efforts to do so. Remarkable! Even three years ago, this would not have been the case. Such growth in the field is so new that these trends have not been reported in the literature or to the public.

At the summit it was realized that there was a stable and growing youth worker professional association with a triennial International Child and Youth Care Conference to transfer knowledge and mobilize leadership. This meeting draws more than 1,500 youth workers from more than one hundred countries. A coalition of members has focused on the next generation and has collaboratively promoted new policy and research for the field. There is a working code of ethics that has been established with cases under regular review, and journals are emerging that actively bring best practice and innovation to the field through the writings of practitioners and scholars.

A National Certification Board has been founded for youth work and has begun to grant certifications based on 250 hours of training, B.A. degree, portfolio of references, and passing a high quality competitive exam that was developed with support from the University of Wisconsin, University of Pittsburgh, and Harvard University. It was normed through research at Kent State University. In the process of establishing the certification, more than 100 sets of youth worker competencies were reviewed and synthesized into a single developmental framework to guide

training, research, and practice. Certification continues to grow with two new specialized credentials for workers in after-school and juvenile justice programs.

Only ten years ago, the youth work field was fragmented. Attempts to train and certify involved more than 100 sets of competencies and more than 50 unrelated certification programs–with no examination. Today, the field stands strengthened as certification efforts have coalesced, and training initiatives are now open to collaboration with the powerful opportunity for youth workers to become certified. Corresponding with the advance of certification, there has also been an upsurge in the development of university training programs and institutes for youth workers at the University of Wisconsin, University of Pittsburgh, University of California, University of Minnesota, and Indiana University, among others.

Youth workers have begun to build a profession to significantly change the field. Once focused on diagnosing deficits to solve problems, youth workers now focus on discovering strengths for youth and building skills and competencies. Intervention is no longer top-down or even controlled by adults. Positive youth development promotes collaboration between youth and adults in a developmental process. Youth workers who work in the margins and in contested spaces organizing change with youth have become less a traditional work force and more a part of a movement. They have options for career growth in organizing child, youth, and community change with a role in promoting social equity and economic development.

With a fully articulated, developed, and aligned field, youth workers, who once managed the behaviors of the youth and delivered services in clubs and centers, are now leading the transformation of programs and organizing hubs for positive youth and community development. Yet, much more needs to be done to stabilize and advance the field of youth work with pathways for leadership development and social change.

Certification

Most youth workers today participate in the certification offered by the National Certification Board. Credentials are emerging for after-school and juvenile justice. These certification plans should explore close collaboration to align competencies across setting so that skills would be transferable. Workers need state-to-state and program-to-program reciprocity. An emphasis should be placed on reaching all youth workers in the United States with the core developmental strategies and frameworks for certification.

Higher Education

In the United States, six major universities offer one or more levels of youth worker training from preservice and two-year programs through bachelors, masters, and doctoral degrees. While these programs have had a huge upsurge in their local regions, no one university has every level of training. Access is poor for many youth workers across the country.

Unlike Canada, which offers full child and youth care education in most regions, a youth worker attempting to become fully trained in the United States could, for example, go to the University of Wisconsin for preservice, Western Washington

University for a two year degree, University of Minnesota for a bachelors, University of Pittsburgh for a masters, and Harvard University for a doctorate. Very few youth workers have been able to follow these circuitous paths.

Immediate consideration should be given to bringing institutions of higher learning together for the purposes of offering a set of degrees based on the competencies that frame professional youth work certification. The full range of necessary courses could readily be made available in a shared degree program made accessible through distance education.

Training

Besides university credit courses, there are four major youth worker training curricula widely used in the community, including the Child and Youth Care Basic Course from the Academy for Competent Youth Work, Advancing Youth Development at AED, the Professionalizing Youth Work series at The University of Oklahoma National Resource Center for Youth Services, and the Overview of Child and Youth Care Course and Advanced Supervision Seminar at the University of Wisconsin Youth Work Learning Center.

A vision should be set to align and sequence these curricula to provide high quality training for preservice, basic, and advanced youth work, and also specialized areas of intervention such as work with families, community organizing, and youth work through national service and afterschool programs.

Technology will play a powerful and instrumental role as workers reach for training on the World Wide Web from the centers where they work with a preference for easily accessible webcasts organized in training topic areas. In most cases, the youth worker curricula, no matter how powerful in terms of developmental content, are still in binders. Resources are needed to move from last generation formats to highly interactive learning that encompasses on-demand access to the World Wide Web. Collaborative efforts could result in a global youth worker curriculum based on the components of these four curricula and developed for use across the country. Afterschool.org is building an on-line, interactive community of practice for youth workers in afterschool settings. This portal can be easily linked to other organization sites and serve as a collaborative training platform.

Supports

The National Certification Board, while an extremely effective high level self-organized initiative, needs infrastructure support to rapidly review new applications and grant certifications, especially in an on-line process.

The Next Gen Coalition should be expanded, and the work to conduct policy analysis and research should be advanced to ensure that we do not duplicate our efforts. Innovative trends need to be considered, such as focusing on youth work as a part of the new global work force and youth work as a self-selected part-time work force in which millennials and baby boomers alike contribute to community change.

The newly coalesced knowledge and practice base of certification and training initiatives that are surging forward can benefit significantly from leadership

supports such as coaching and fellowships. In the next iteration of leadership development through youth work, ongoing supports for the field can be strengthened with coaching, on-site assessment, supervision, career pathways, and networks so that professional development is synonymous with career development in a changing society.

5We may look to the key strengths of youth work, its knowledge base, and capacity to mobilize effective change in neighborhoods as the new presidential administration considers the importance of service and place-based strategies to the social and economic development of youth and communities.

Perhaps most important, the field needs powerful working demonstrations and model evidence-based programs that leverage all the elements of youth work–certification, higher education, training, and supports–to organize the young, diverse leaders of the next generation to discover new strengths, transfer knowledge, and find shared solutions to a rising number of challenges: the large number of disconnected youth who have been failed by public schooling, young people falling into structural poverty, and a younger generation wanting desperately to succeed as leaders in their communities with opportunities in the new global economy.

We leave you with some of the portions of the new leadership developments in the field of youth work brought to the table on October 17:

- Across the country, shortly more than 2,000 youth workers will be trained and certified.

- So many youth work students in Pennsylvania, Wisconsin, Indiana, and other states have signed up for courses that universities, for the first time in many years, are expanding offerings and utilizing new formats such as webinars and summer institutes.

- New regional efforts have been launched for training youth workers in Ohio, Florida, and California.

- National networks established by organizations and coalitions have come to the forefront in youth work advocacy and research highlighting innovative approaches to community organizing, coaching, and equity issues.

Youth centers, residential centers, clubs, afterschool, and juvenile justice systems are growing together through the latest developmental frameworks of youth work. The coalition of those dedicated to the development of leaders in youth work embrace those of us who have sustained this effort over the past 25 years and the newest youth workers from diverse communities alike–we join together in welcoming youth, families, and communities–into a shared process of leadership development for social change.

We see a day soon when all youth workers in the United States are fully trained and certified. Training and certification as a pathway for leadership in youth work ensures that resources invested in building strategic initiatives and innovation

for the purposes of organizing social change will be sustained over the long term and result in quality outcomes–on all fronts. As we look to a diverse nation with a thriving economy propelled by healthy social infrastructure, leadership from youth workers is instrumental in organizing change for children, youth, families, and community. It all comes down to how we treat one another!

SUMMIT HIGHLIGHTS

Mapping the Youth Worker Training and Certification Landscape

What are we doing?

Certification

State Level

- The Child and Youth Care Certification Board established a credentialing program for youth workers employed in a range of settings from afterschool to foster care and piloted the program at Kent State University.

  The program is based on competencies drawn from the major practice settings within the field. Those wanting to become certified must have a bachelors degree, take an examination, and complete 250 hours of training. To date, 243 youth workers have been certified from 13 states and Canada. Of those participating in the program, 59% of youth workers from the United States and 95% of youth workers from Canada have passed. Two thousand youth workers are expected to be certified in the near future.

- The Indiana Youth Development (IYD) Credential is a certification that can be obtained in Indiana.

  There are currently two different ways to obtain an IYD, and a third is under development. The standard process is designed for individuals with a high school diploma or GED, and the alternate process is designed for individuals with an associate, bachelors or master degree. Class work, visitations, and a portfolio are required to obtain a certification. Individuals obtaining the credential are almost exclusively from Indiana.

- Massachusetts recently completed a one-year pilot of its School Age and Youth Development (SAYD) credential program with 25 youth workers.

  The program is designed to be nonsetting-specific and spans the full continuum of practitioners. The program is similar to the IYD and requires college courses, a portfolio, observations, and an interview.

- Some states have director credentials that are nonage specific and for anyone in child care or youth development. Florida requires that all directors of licensed programs are credentialed.

University Level

- University of Wisconsin at Milwaukee's Youth Work Learning Center offers a Youth Work Certificate. In order to obtain the certificate, continuing education hours and a practicum are required. Courses can be taken on-line or face-to-face. Texas, Maine, Wyoming, Louisiana, and Ohio have similar certificate programs.

Training/Degree

State Level

- PA (Pennsylvania) Pathways is a quality improvement program in which all early learning programs and practitioners are encouraged and supported to improve child outcomes.

- The Academy for Competent Youth Work in Texas offers a "Train the Trainer" program for the "Child and Youth Care: Basic Course," a 40- to 48-hour curriculum.

    The course is also being taught in some colleges.

- The Youth in the City Year program participates in "Leadership Development Day" and a training academy. They also engage in 1,700 hours of service working with youth.

- The Forum for Youth Investment has a joint venture to manage the Center for Youth Program Quality.

    They have a high powered assessment of program quality linked with training and offer modules to help programs improve. They provide training for program managers to assess how their workers are doing, and they are developing coaching protocols on how managers can be better supervisors.

- At AED, the 40-hour Advancing Youth Development curriculum is used by facilitators to deliver youth development trainings to youth workers in almost every state in the Union.

- The Seneca Center, which offers support for emotionally troubled children and their families, has a curriculum which is being taught in community colleges. It focuses more on kin care and foster care as opposed to youth worker training.

- The Youth Coalition is currently making a map of higher education programs in youth related fields with focus on programs in Pennsylvania, Missouri, California, Illinois, and Minnesota.

- In Pennsylvania, Missouri, and Minnesota, Cornerstones for Kids is conducting a study using the TEACH model for early childhood educators.

Through the program, individuals take college-level courses, and every course they take earns them a raise if they commit to staying there. Cornerstones for Kids is attempting to build a youth-worker model. They are also working to identify course work available in institutions of higher education and resources to pay for scholarships.

State Level

- The National Resource Center for Youth Services at the University of Oklahoma has a basic curriculum series that is used in most states, especially for preservice preparation.

- The Forum for Youth Investment will be conducting a national study to map the availability of curriculums and training programs.

- The Mandel Center for Nonprofit Organizations at Case Western University offers a fellowship program that includes training and support.

  The fellowship involves 40 to 50 hours of training, and fellows must put a plan into place for after their fellowship. After a three month period, fellows gets a coach (i.e., CEOs, principals) to work with them a few hours a month for six months. Fellows also meets in small groups. The program offers networking events such as "speed networking."

- The Cleveland Foundation has launched a youth movement called "My Com: My Commitment, My Community."

  The program connects young people ages 5-18 with adults. The program utilizes the High/Scope model and draws on several other programs as well.

- The Robert Bowne Foundation funds the Afterschool Matters Initiative at Wellesley College, which consists of a practitioner fellowship program, a journal publication, a research grantee program, and research roundtables.

  The board of the foundation hopes to roll out the program nationally.

- Bonnie Brae, which serves high risk males in New Jersey, offers an optional week-long training for their staff.

  Once staff complete the training, they receive an increase in salary. Turnover among staff who complete the training has been far less than turnover for other staff.

- While not specifically for youth workers, American Humanics hosts the American Humanics Management/Leadership Institute (AHMI) for those interested in nonprofit management and leadership education.

University Level

- University of Wisconsin at Milwaukee offers a 40-hour continuing education Foundations course in youth work that takes a competency-based approach.

- Indiana State University offers a concentration in Recreation Management and Youth Leadership. The School of Health, Physical Education, and Recreation is looking into creating a major.

- Purdue University offers a major in Youth, Adult, and Family Services, but it does not meet all competencies.

- University of Pittsburgh is planning a doctoral program in Program Design and Leadership and has a summer institute. They also have a "Train the Trainer" program for master's and administrative level professionals that is being expanded to include an online version. The University also offers a concentration in child and youth work.

GATHERING PERSPECTIVES AND INSIGHTS

1. How do training and certification make a difference in the quality of the youth work?

- Research (i.e., National Day Care Study) shows that well prepared workers in the area of development are linked to positive outcomes among youth.

- The Harvard Family Research Project found that training and certification is linked to increasing and recruiting youth workers, which leads to better outcomes.

- The Massachusetts After School Research Study looked at credentials of staff and found that staff with higher degrees could produce more positive outcomes.

2. How do we build a better leadership pathway for youth workers?

- Avoid separate initiatives. Aim for something more integrated. Connect all parts of the continuum.

- Figure out ways to connect investments. Use breadth strategy and depth strategy.

- Make sure a degree is valued highly.

- Go beyond certification.

- Strengthen higher education. Atlantic Philanthropies should stimulate the response in higher education.

- Employ a systemic, integrated approach. Establish a career ladder that follows processes of maturity with links between associate's degree, bachelor's degree, and certification programs.

- Encourage agencies to legislate.

- Emphasize on front-line supervisors.

- Create more opportunities for leaders to sit together, put issues on the table, and work them out.

- Emphasize the importance of mentoring, formal training, or informal technical assistance.

- Establish partnership with academics so that practitioners can get educated and education can lead to workforce retention. Putting these two pieces together is crucial.

- Connect workforce to academics, but do not require a youth work degree. This leaves room for flexibility.

NEXT STEPS

Focus
- Decide what the field should be focusing on.

- Look at the field as a lifespan field. There is a lack of empowerment when we focus only on one age group. This would make it a true profession of its own.

- Decide whether to drive toward certification or education pathway models, or both?

- Look into 4-H peer communities and other learning communities (model).

- Look into the afterschool sector's approach that their work is not a career but a pipeline into teaching.

- Bring the afterschool sector of the field in.

- Ask people pursuing a certificate or degree in youth work why they are doing it (i.e., what are they getting out of it, considering existing salaries?).

Collaboration
- Encourage national collaboration and state-agency partnerships.

- Form partnerships between universities and agencies such as collaborating with county agencies to provide stipends to students to get a bachelor's or master's degree to work in county settings.

- Recognize that state-agency partners strengthen the youth work infrastructure.

Support for Current Staff
- Promote and compensate a higher degree.

- Supervise and recognize workers to keeping them in the field.

  A study conducted among 2000 frontline workers found that workers are not looking for additional training, but they want someone to recognize their certificate or degree. Another study done of training versus support, found that quality of supervision such as when supervisor stayed on the job and was interested and engaged in helping staff grow is what encouraged the most gains among youth workers.

- Give youth workers room to make occupational and professional connections.

- Create informal support networks.

Training
- Seek more professional educators. For example, there are 500 students majoring in youth work at the University of Minnesota, but there are no professors of youth work.

- Focus on development as opposed to classroom management.

- Create a more standardized curriculum.

- Push for certifications.

- Support students at the associate's degree level and help them into career pathways.

- Have a strong network of in-service training for county workers.

- Offer leadership training.

- Enact legislation to allow training dollars to be used for nonprofits.

Other
- Create a social marketing strategy for policy makers and general public, showing importance of the issue.

- Fund quality rating systems to include youth work. Existing rating systems are primarily for early education.

This summit was convened with resources from The Atlantic Philanthropies with additional support from Cornerstones Consulting, Inc.

PARTICIPANTS, ADVISORS & PARTNERS

Rebkha (Rebecca) Atnafou, *MPH* Executive Director The After-School Institute (TASI)	**Karen Pittman,** *Executive Director* The Forum for Youth Investment
Dale Curry, *PhD, LSW, CYC-P* Associate Professor Human Development and Family Studies Kent State University	**Bonnie Politz,** *VP and Director* Academy for Educational Development Center for Youth Development
Frank Eckles, *President* Child and Youth Care Certification Board (CYCCB)	**William Powers,** *Chief Executive Officer* Bonnie Brae, New Jersey Board Member, American Association of Children's Residential Centers
Sharon Edwards, *President* The Cornerstone Consulting Group, Inc.	**Sr. Madeleine Rybicki,** *Director of Training,* Holy Family Institute President, Academy of Child and Youth Care
Ellen S. Gannett, *Director* National Institute on Out-of-School Time Wellesley Centers for Women	**Karen VanderVen,** *PhD, Professor* *Coordinator,* Child and Youth Work Concentration University of Pittsburgh
Pat Heilbron, *Director* True-Mart Fellowship Program Mandel Center for Nonprofit Organizations Case Western Reserve University	**Janet R. Wakefield** Leadership & Renewal Outfitters The Journey Programs Indiana Courage to Lead
Dr. Carl Johnson, Chair Department of Psychology in Education University of Pittsburgh	**Quinn Wilder,** *Director* Youth Work Learning Center University Outreach, University of Wisconsin-Milwaukee
Dr. Max Klau, *Senior Manager* Leadership Development City Year	**Ken Williams,** *Director* New Voices National Fellowship Program Academy for Educational Development Center for Leadership Development
Chris Mathias, *Director* California Social Work Education Center (CalSWEC) UC Berkeley, School of Social Welfare	**Jean Carpenter-Williams,** *MS, CYC-P* Director of Training Development National Resource Center for Youth Services, The University of Oklahoma
Andy Muñoz, *EdD, VP and Director* Academy for Educational Development Center for Youth Development	

SKILL TRANSFER
Training
• PA Pathways quality improvement
• Academy for Competent Youth Work "Train the Trainer"
• University of Wisconsin at Milwaukee 40-hour continuing education foundations course
• City Year "Leadership Development Day" and training academy
• Forum for Youth Investment program quality assessment linked with training
• Advancing Youth Development curriculum
• Seneca Center curriculum focusing on kin care and foster care
• University of Pittsburgh "Train the Trainer"
• Youth Coalition mapping higher education programs in youth related fields
• TEACH model for early childhood educators
• University of Oklahoma National Resource Center for Youth Services has very basic curriculum
• Mandel Center for Nonprofit Organizations at Case Western University fellowship program
• Cleveland Foundation "My Com: My Commitment, My Community."
• Afterschool Matters Initiative at Wellesley College
• American Humanics Management/Leadership Institute (AHMI) for those interested in nonprofit management and leadership education
• High/Scope
KNOWLEDGE
Certification
• Child and Youth Care Certification Board credentialing program for youth workers piloted at Kent State University
• Indiana Youth Development (IYD) credential
• Massachusetts School Age and Youth Development (SAYD) credential program
• University of Wisconsin at Milwaukee Youth Work Learning Center Youth Work Certificate. Texas, Maine, Wyoming, Louisiana, and Ohio have similar certificate programs.
• Some states have director credentials that are non-age specific and for anyone in child care or youth development. Florida requires that all directors of licensed programs have credentials.

KNOWLEDGE
Degree
• Indiana State University concentration in Recreation Management and Youth Leadership
• Purdue University major in Youth, Adult, and Family Services
• University of Pittsburgh planning a doctoral program in Program Design and Leadership and has a summer institute
• Forum for Youth Investment mapping availability of curriculums and training programs
• TEACH model for early childhood educators
COACHING & SUPPORT
Recognition, Supervision, Supports
• Leadership Development
• Supervision
• Networks
• Fellowships
• In-service
• Stipends
• Mentors
• Coaching
• i.e., My Community
• Afterschool Matters Initiative; Youth Worker Institute, 4-H

THE EXPERIENCE OF FOSTERING NEGLECTED CHILDREN: EXAMINING THE IMPACT ON FOSTER PARENT SATISFACTION AND RETENTION IN CHILD WELFARE[1]

Jordanna J. Nash, Alan W. Leschied, Susan Rodger and Anne Cummings
The University of Western Ontario
London, Ontario CANADA

Alan W. Leschied,
The University of Western Ontario
London, Ontario CANADA

Susan Rodger
The University of Western Ontario
London, Ontario CANADA

Anne Cummings
The University of Western Ontario
London, Ontario CANADA

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

Keywords: Foster parent, retention, neglect.

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

(Rosenfeld et al., 1997). In part, this challenge related to children's needs reflects the increasing number of children who have experienced abusive and neglectful parenting prior to their entering care (Kates, Johnson, Rader, & Strider, 1991). In particular, the number of children who have experienced neglect continues to rise (King, Leschied, Whitehead, Chiodo, & Hurley, 2003), and studies have shown that neglected children emerge as the most negatively affected when compared to the children who have experienced other forms of maltreatment (e.g., Gaudin, 1999). The purpose of this study was to explore the relationship between fostering neglected children and foster parent attitudes and retention.

The Crisis in Child Welfare and Foster Care

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

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

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

What is neglect?

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

behavior (Erickson & Egeland, 1996). Researchers have identified subtypes of child neglect as physical, emotional, medical, mental health, and educational neglect. These may occur alone or in combination (Erickson & Egeland, 1996).

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

Neglected Children in Foster Care

When a child is placed into child welfare care due to substantiated allegations of neglect, it is critical that caregivers are aware of the profound effects that experiencing neglect can have on a child and of the resulting difficulties in caring for these children. Hildyard and Wolfe (2002) indicated that the effects of child neglect during childhood and adolescence are pervasive and negatively impact the "child's early competence across major developmental dimensions" (p. 685). Overall, these authors point to cognitive deficits, social withdrawal, low peer acceptance, and high internalizing behaviors as subsequent effects of child neglect. The researchers of the Minnesota Mother-Child Project, an investigation of the effects of child maltreatment, suggest that neglect is chronic rather than episodic and, as a result, children slowly lose their spirit, no longer possessing a will to connect with others (Erickson & Egeland, 1996).

Attachment Theory and Its Relation to Neglect

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

The Impact of Neglect on Foster Parenting

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

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

Satisfaction and Retention in Foster Care

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

The Present Study

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

The second purpose of the current study was to examine foster parents' opinions of their training regarding child maltreatment. The following was hypothesized: (a) the content of training would not be specific to child neglect, (b) foster parents

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

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

The fourth purpose of the study was to describe foster parents' relationship, interactions, and opinions regarding neglected foster children in their care. The following events were hypothesized: (a) Foster parents would describe the building of a relationship with a neglected foster child as difficult due to behaviors of the foster child, which are consistent with having a nonsecure attachment representational model. (b) Foster parents would report the neglected child in their care to have negative emotional expression and difficult behavior, to report the development of a relationship with this child as being difficult, and that their current relationship was distant. (c) Foster parents would report believing that their neglected child would exhibit behaviors indicative of nonsecure attachment in a situation similar to Ainsworth's Strange Situation.

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

METHOD

Participants

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

Foster parents currently fostering a child who had experienced neglect comprised 73.7% of the sample. More specifically, the reasons for the foster children being removed from their biological home were the following: neglect only (29.8%), neglect and physical abuse (43.9%), physical abuse only (8.8%), and other than neglect or physical abuse (17.5%). For purposes of this investigation, two groups were formed from this sample. The foster parents of children who had experienced neglect consisted of parents who identified having a foster child who

experienced neglect alone, or neglect in combination with physical maltreatment. A comparison group consisted of foster parents who identified caring for a child who had experienced physical maltreatment or some other reason precipitating their coming into care.

Materials

A standardized quantitative questionnaire, The Foster Parent Satisfaction Survey (FPSS; Denby et al., 1999) was mailed to a larger sample of foster parents. For the purposes of the current study, portions of the survey relating to retention and satisfaction were used: (a) demographic social characteristics of the foster family and questions regarding the type of care foster families provided, (b) considerations to discontinue fostering, (c) opinions about fostering and the agency, (d) attitudes regarding foster parent training, and (e) satisfaction in foster parenting. In addition, a questionnaire was developed specifically for the current study regarding neglect[2]. The Fostering Neglected Children Questionnaire (FNCQ) was created by developing items related to the major purposes of the study. This measure consisted of seven items assessing foster parents' training as well as experiences of fostering a child who had suffered neglect. In the first section regarding training, foster parents rated their opinion of maltreatment training indicating whether they would like more information regarding child neglect. In the second section regarding the experience of fostering a child who had suffered neglect, foster parents were asked to indicate whether the most recent child placed in their care had been placed in care because of neglect, physical abuse, or another reason (e.g., sexual abuse, abandonment). They were then asked to answer the remaining questions in relation to that particular child. Finally, the last question presented a scenario and possible child reactions to choose from, intended to assess the parent's perceived attachment relationship with the child.

Procedure

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

RESULTS

Training

Foster parents indicated that children who had been neglected and abused were discussed together in training but overall rated their maltreatment training as helpful. However, the majority of foster parents did report a need for more information

---

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

regarding children who had been neglected reflective of 94.7% of the sample, particularly regarding the effects of that previous neglect on their current behavior at home.

Satisfaction and Retention

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

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

Fostering a Neglected Child

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

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

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

DISCUSSION

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

Foster parent training

Relevant and useful foster parent training is an essential aspect for retention and recruitment of foster parents. As evidenced in this study, foster parent training appears to be following the trend within the maltreatment literature of combining abuse and neglect (Belsky, 1993). However, the reality of researchers continuing to combine abuse and neglect in maltreatment studies does not negate the reality that many studies have shown abuse and neglect to have differential effects on children (i.e., Erickson & Egeland, 1996). Foster parent training programs need to reflect the different dimensions of abuse and neglect. Increasing the applicability and utility of training information, as noted by Fees et al. (1998), on topics such as the effects of neglect, behavior management strategies, and attachment patterns, would increase foster parent satisfaction.

Fostering a Neglected Child

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

Significantly more foster parents of children who had been neglected reported feeling frustrated and angry in relation to the child in their care. These results suggest that the experience of caring for children who had been neglected is different from the experience of caring for children who have experienced other forms of maltreatment. Because neglect is a chronic occurrence (Erickson & Egeland, 1996), children in care who have experienced neglect most likely lack the experience of caregiver nurturing in their biological home, thus failing to experience an essential element in the development of a secure attachment. McWey (2004) found that a substantial number of foster children in their sample, regardless of the type of

maltreatment they had experienced, were classified as avoidantly attached (a type of nonsecure attachment). This fact may result in children who have experienced neglect becoming hypervigilant in relationships and unreceptive to the messages of caring adults (Hughes, 1997). The lack of response from a child to a foster parents' nurturing overtures could eventually lead to the reported feelings of frustration and anger on the part of the foster parent as evidenced in this study.

Fostering Maltreated Children

It was hypothesized that there would be differences in foster parents' reports of their experiences in fostering neglected versus physically maltreated children. However, foster parents' reports of their experiences in fostering neglected versus abused children were quite similar. The inability of foster parents in the sample to discretely identify one form of maltreatment that the child experienced may be one explanation for the similarities in foster parents' reports. A portion of the number of children who had experienced neglect had also experienced abuse. Thus, the similarity in the results between experiences of fostering abused and neglected children could be due to the neglected children also having experienced abuse.

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

Foster Parent Retention

Foster parents are an essential resource within the child welfare system, and the retention of experienced foster parents is of the utmost importance in the face of the increasing numbers and high level of need of the children in care. Contrary to predictions, foster parents of children who had been neglected compared to non-neglected children did not report a lower level of satisfaction with foster parenting. This result may again be considered in terms of the findings that foster parents of children who have been neglected and nonneglected children reported similar opinions of, and experiences with, the children in their care. It would follow that both groups had similar levels of satisfaction in their fostering role. In addition, this result can be considered in conjunction with the finding that foster parents of children who had been neglected reported feeling highly confident in their ability to care for the neglected child as well as feeling competent to support the children in

their care. These results were consistent with research regarding motivation, which suggests that feeling capable to effectively perform a job results in feelings of greater satisfaction with the job (Hansen, Smith, & Hansen, 2002). Foster parents' reports that they feel confident and competent to handle the children in their care are positive signs for retention. Previous research has identified that these feelings influence foster parent satisfaction (Denby et al., 1999).

Directions for Future Research

Foster parents who continue fostering neglected children, despite child behavior problems that arise, may differ from those foster parents who do choose to discontinue fostering. The sample in this study involved just foster parents who, despite reporting the consideration to withdrawal, nonetheless continued in their fostering role. The experiences of foster parents who quit fostering may differ significantly from those who continued. Future research needs to focus on looking at the experiences of foster parents who have withdrawn their services to more fully appreciate what led to their withdrawal.

Limitations

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

SUMMARY

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

References

Baker, C., Gibbs, I., Sinclair, I., & Wilson, K. (2003). Supporting Foster Placements. Social Work Research and Development Unit, The University of York.

Belsky, J. (1993). Etiology of child maltreatment: A developmental-ecological analysis. *Psychological Bulletin, 114*, 413-434.

Crittendon, P. M., & Ainsworth, M. D. S. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 432-463). New York: Cambridge University Press.

Denby, R., Rindfleisch, N., & Bean, G. (1999). Predictors of foster parents' satisfaction and intent to continue to foster. *Child Abuse and Neglect, 23*, 287-303.

Erickson, M., F., & Egeland, B. (1996). Child neglect. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 4-20). Thousand Oaks, CA.: Sage Publications.

Erickson, M. F., Egeland, B., & Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 647-684). New York: Cambridge University Press.

Fees, B., Stockdale, D., Crase, S., Riggins-Caspers, K., Yates, A., Lekies, K., & Gillis-Arnold, R. (1998). Satisfaction with foster parenting: Assessment one year after training. *Children and Youth Services Review, 20,* 347-363.

Finzi, R., Ram, A., Har-Even, D., Shnit, D., & Weizman, A. (2001). Attachment styles and aggression in physically abused and neglected children. *Journal of Youth and Adolescence*, 30, 769-786.

Gaudin, J. M. (1999). Child neglect: Short-term and long-term outcomes. In H. Dubowitz (Ed.). *Neglected children: Research, practice, and policy* (pp. 89-108). Thousand Oaks, CA: Sage Publications.

Goldberg, S. (2000). *Attachment and Development*. New York: Oxford University Press.

Hansen, F., Smith, M., & Hansen, R. B. (2002). Rewards and recognition in employee motivation. *Compensation and Benefits Review, 34*, 64-72.

Health Canada. (1997). *Child abuse and neglect*. (On-line publication). Retrieved January 9, 2004. http://www.hc-sc.gc.ca/hppb/familyviolence/html/child-abueng.html

Health Canada. (2001). *Canadian Incidence Study of Reported Child Abuse and Neglect*. (On-line publication). Retrieved January 9, 2004. http://www.hc-sc.gc.ca/hpb/lcdc/publicat/cisfr-ecirf/pdf/cis_e.pdf

Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse and Neglect, 26*, 679-695.

Holland, P., & Gorey, K. M. (2004). Historical, developmental, and behavioral factors associated with foster care challenges. *Child and Adolescent Social Work Journal, 21*, 117-135.

Hughes, D. A. (1997). *Facilitating Developmental Attachment*. Northwale, NJ: Jason Aronson Inc.

Hughes, D. A. (1999). Adopting children with attachment problems. *Child Welfare, 78*, 541-560.

Human Resources and Development Canada (2000). *Child Welfare in Canada*. (On-line publication). Retrieved February 12, 2004. http://www.drhc-hrdc.gc.ca/sp-ps/socialp-psociale/cfs/rpt2000/rpt2000e_2.shtml

Kates, W., Johnson, R., Rader, M., & Streider, F. (1991). Whose child is this? Assessment and treatment of children in foster care. *American Journal of Orthopsychiatry, 61*, 584-591.

King, C., Leschied, A., Whitehead, P., Chiodo, D., & Hurley, D. (2003). Child protection legislation in Ontario: Past, present, and future? *Education and Law Journal, 13*, 105-126.

Kudfeldt, K., Este, D., McKenzie, B., & Wharf, B. (2003). Critical issues in child welfare. In K. Kudfeldt & B. McKenzie (Eds.). *Child welfare: Connecting research, policy, and practice*. (pp. 395-428). Waterloo, Ont.: Wilfrid Laurier University Press.

Leschied, A. W., Whitehead, P. C., Hurley, D., & Chiodo, D. (2003). *Protecting children is everybody's business: Investigating the increasing demand for service at the Children's Aid Society of London and Middlesex*. United Way of London and Middlesex and the Children's Aid Society of London and Middlesex.

McWey, L. M. (2004). Predictors of attachment styles of children in foster care: An attachment theory model for working with families. *Journal of Marital and Family Therapy, 30*, 439-452.

Morton, N., & Browne, K. D. (1998). Theory and observation of attachment and its relation to child maltreatment: A review. *Child Abuse and Neglect, 22*, 1093-1104.

Rhodes, K. W., Orme, J. G., & Buehler, C. (2001). A comparison of family foster parents who quit, consider quitting, and plan to continue fostering. *Social Service Review, 75*, 84-114.

Rosenfeld, A., Pilowsky, D., Fine, P., Thorpe, M., Fein, E., Simms, M., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R., & Nickman, S. (1997). Foster care: An Update. *American Academy of Child and Adolescent Psychiatry, 36*, 448-457.

Rodger, S., Cummings, A., & Leschied, A. W. (In Press). Who is caring for our most vulnerable children? The motivation to foster in child welfare. *Child Abuse and Neglect*.

Rycus, J. S., & Hughes, R. C. (1998). The components of an effective foster care system. *Field Guide to Child Welfare, vol. IV*. (pp. 813-825). Washington, DC: Child Welfare League of America Press.

Schumacher, J. A., Slep, A. M. S., & Heyman, R. E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior, 6*, 231-254.

Thomas, P. (2003). Charter implications for proactive child welfare services. In K. Kudfeldt & B. McKenzie (Eds.). *Child welfare: Connecting research, policy, and practice*. (pp. 355-366). Waterloo, ON: Wilfrid Laurier University Press.

Trocme, N., Phaneuf, G., Scarth, S., Fallon, B., & MacLaurin, B. (2003). The Canadian incidence study of reported child abuse and neglect: Methodology and major findings. In K. Kudfeldt & B. McKenzie (Eds.). *Child welfare: Connecting research, policy, and practice*. (pp. 13-26). Waterloo, ON: Wilfrid Laurier University Press.

Wolock, I., & Horowitz, B. (1984). Child maltreatment as a social problem: The neglect of neglect. *American Journal of Orthopsychiatry, 54*, 530-543.

COMING OF AGE: CYC FAMILY SUPPORT WORK

Jack Phelan,
Grant MacEwan College, Edmonton, Alberta

ABSTRACT: The author describes the development in CYC literature of a substantial body of work defining and establishing a discrete CYC approach to family work. Several authors and key concepts are highlighted in this story of the journey to establish a CYC family support theory base.

KEY WORDS: natural place, experiential practice, noticing, cognitive dissonance, WAR Cycle, nonexpert stance.

For many years I have struggled to describe what CYC family support work is *not* because there was not clarity and definition about what it *is*. CYC family work is not family therapy or child protection, but it does involve systemic thinking and creating safe environments for children. The work is not based in an office or does not involve the usual family therapy models and techniques. There is no need for desks and one way mirrors, case management approaches or psychological assessments.

I am reminded of a famous statement by Michelangelo, who, when asked how he could sculpt such beautiful statues, remarked that he was merely liberating the figure imprisoned in the marble. By chipping away at what we were not doing, there was an increased awareness of what was there. Now the figure within the block of marble is ready to emerge.

This article will highlight some of the major recent CYC writings about family support approaches in an attempt to "liberate" what has been hard to describe. There have been several excellent CYC family support programs across North America. Those involved have shared their knowledge and expertise mainly through workshop presentations at conferences. Now the literature is beginning to catch up. A CYC administrator at a National CYC Conference in Newfoundland a few years ago explained the gap between awareness at the practice level and the body of literature and CYC curriculum. He stated that the creation of new approaches, strategy, and theory by skilled practitioners is more "gnarly, energetic, and physical" than can easily be fit into books (J. Ireland, personal communication, November, 2002).

Many skilled practitioners feeling too far removed from academia, are not inclined to publish. Most of the authors quoted in this article are trying to bridge the gap by staying close to practice or at least to practitioners. Some would describe themselves as full-time practitioners. This is a new trend and a welcome one.

Mark Krueger, a major thinker in our field, stated, "Child and Youth Care is in the Seventh Moment. The Seventh Moment is a term used in qualitative inquiry to describe the trend to open doors to new ways of studying and looking at human behavior, attitudes, and conditions" (2005). One recent book has greatly influenced the work and is referenced many times in this article: *A Child and Youth Care Ap-*

proach to Working With Families, which is a compilation of articles that have moved the articulation process ahead significantly.

Thom Garfat is perhaps the most prolific and influential writer about CYC family work. His preliminary definition of CYC begins with the *where* before describing the how: "Child and youth care work with families involves the utilization of daily life events as they are occurring, for therapeutic purposes" (2003a, p. 36). In another place, he elaborates: "Thus, our intentions are focused on the present, what is going on right now, at this moment, between members of the family, between us and them, or between them and the world in which they live" (2004, p. 19). And further: "Child and Youth Care workers are involved with families as they live their lives… While people still live out their patterns and dynamics in any environment in which they find themselves, they normally live their lives in their world, not the world of an office or a counseling room" (2003b, p. 10). Garfat coined the term "the natural place" as the youth worker's focus, rather than a neutral place or a structured office environment (2003b, p. 11) and developed the concept of "noticing" as a nonjudgmental awareness approach for workers (2003b, pp. 25-26).

The *how* of CYC family work involves "a change in focus, which has taken the child and youth care worker into new roles and areas." So that the "youth care worker was shifting to one of facilitator of the relationship between parent and youth" (Garfat & McElwee, 2001, p. 242). The dilemma of being inside the family structure without disrupting the dynamics that need to shift is managed by prompting the worker to avoid creating direct relationships with each family member but rather to "relate to the relationship between parent and child" (Anglin, 1984, p. 42).

An attempt at an overall description states that "All CYC work aims to further growth and change, yet its pedagogy is not interventionist and direct. Youthwork practice is indirect, cooperative, collaborative, and invitational" (Magnuson, 2003).

There have been many thoughts about the differences between CYC family support work and social work.

> It is not our responsibility to determine if children are "bad" or if parents are "unfit." … Our responsibility is to engage in a relationship with parents and children that may facilitate change and allows them to live together more effectively with less stress (Shaw and Garfat, p. 51).

Mark Smith, from Scotland, comments:

> The CYC approach is about making connections, which involve workers using themselves to connect at a personal level with those they work with. The centrality of "self" and "self in action" approaches in the CYC tradition signifies one of the fundamental differences between CYC and Social Work. . . .where the professional role seems increasingly to be about carrying out certain discrete tasks and following procedures (Smith, p.162).

The attempt to work in the "natural place" has some consequences for practice

and can create professional disagreements. The Montreal-based Batshaw Family Support Program director, Anthony Maciocia, describes an example of a team composed of a social worker and a CYC family support worker making a family visit. As they approach the family home, the CYC worker spots the dad in the backyard working on his car. He suggests to his colleague that they go into the yard and meet the dad. The social worker replies that they have to knock on the front door and be invited in. That's the correct way to proceed (A. Maciocia, personal communication, June 7, 2000).

Child and youth care work with families has an energetic quality that one author compares to dancing, moving in a natural flow, in synch with the family's rhythms and movements:

> Thus the competent youth and family worker knows and senses how to move and where to be in relationship to youth and family members as he or she tries to create moments of connection, discovery, empowerment. He or she gets a feel for the circumstance and the people in it and tries to orchestrate a story…Their goal throughout the dance is to contribute moments that will enrich the youths' and families' stories (Krueger, p. 62).

This energetic quality is expanded into a form of communication and restorying by another author:

> The work is less reliant on dialogue and therapeutic reflection and more on experiential, lived moments, often coexperienced by the family and the worker. The CYC approach has been characterized as the process of arranging experiences that challenge the family to revisit old, self-defeating patterns and beliefs through the cognitive dissonance that arises as a felt experience of success and competence gets highlighted through purposeful reflection in the moment (Phelan, p. 70).

Many parents feel an unconscious resentment at being expected to do something for their children which their own parents or caregivers never did for them. CYC workers may naively expect parents to eagerly attend parenting skill workshops, without doing anything to support their need to be cared for. Heather Modlin has argued that, "for parents to respond effectively to the needs of their children, their own needs must first be met" (Modlin, 2003, p. 177). She points to the need of a group for parent support because, "the parents' needs would have to be addressed before we could move on to discussions of their children. She says in one instance, for the first four sessions their children were not mentioned except as a source of frustration" (p.180). She describes one parent's reaction at a Christmas party on opening a small gift: "I didn't think anyone knew I was in the world" (p.181). She addresses the neediness and isolation of parents:

Although we were aware of this going into the group, it was still an eye-opener to grasp the reality of these parents' situations. They were dealing with all the same issues as their children and, in some ways, were in much worse shape. In many cases, parents had a lot of information about appropriate parenting practices, absorbed through years of child welfare intervention but were unable or unwilling to translate this knowledge into action (p. 183).

Wayne Ouderkirk developed the World of Abnormal Rearing (WAR) Cycle model to explain how parents with low attachment ability created child rearing behaviors that perpetuated the cycle of low attachment ability in their children. The intervention required to break this cycle involves nurturing and supporting parents before focusing on parenting skills (Ouderkirk, 1984).

The use of activity, especially play, can be a powerful way to connect with parents who are expected to nurture their children without having an experience of nurturance from anyone in their own lives. Karen VanderVen developed an elegant metaphor, the Oxygen Principle (2003, p.137). Airline passengers are familiar with the preflight instructions that direct you to put on your own oxygen mask before attempting to assist another person. "Before parents can truly accept and apply more nurturant and sensitive methods of parenting, they must first feel more nurtured and cared for themselves" (VanderVen, 2003, p.137). VanderVen instructs us to bring games and activities into these homes and play them with the parent(s) before we ask them to turn around and use them with their children.

If we consider that a healthy family provides a good diet of play and activities for the children, then activity is a key aspect of both "reparenting" and "deparenting". Some workers have had great success with parents in allowing them to experience traditional childhood "hands-on" activities: water play, finger painting, crayoning… (p. 142).

John Sullivan, who heads the Institute for Family Centered Services in the United States, has run successful CYC family support programs in several states. His research on successful outcomes demonstrates that effective CYC family support involves using a nonexpert stance and joining the family without a preset agenda. One father describes his willingness to work with John's program staff because it was the first time a worker entered his home without trying to tell him how to run his family (Sullivan, 1995). Donna Jamieson ran the successful Yellowhead Family Support Program in Edmonton, Alberta. Her team's motto was "join before you jar" (Jamieson, 1999). Many CYC family support workers describe their role to the family as helping the family to get *The System* out of their home.

Working with fathers is not highlighted in many programs, and Mark Smith exhorts us to open our minds to this sometimes scapegoated group. He offers some suggestions to CYC family workers:
- Fathers are important in their children's upbringing.

- Most men have a strong desire to be fathers and generally are motivated to be good ones.

- For a variety of reasons, men do not always fulfill as important a role in their children's lives as they would like to.

- Professional beliefs, assumptions, and ways of looking can label men as problems in family situations.

- Existing services are rarely geared towards supporting dads and may in fact institutionally discriminate against them.

- Many men would welcome support that they perceive to be credible and non-stigmatizing (Smith, 2003, p. 161).

He presents a case example to illustrate:

Mr. Granger was a gruff, heavy drinking Scot if ever there was one. The image we had of him was as an authoritarian, ne'er do well who spent his time in the pub while mum struggled to bring up four young kids. Pete, the eldest , was with us. We had organized a sponsored cycle run in aid of local charities. Pete asked us if it was okay if his dad put a bottle in the local bar to collect donations towards our sponsored effort. We agreed and later went along to the ceremony in the pub to crack open the bottle (Smith, 2003, p. 163).

Smith reflects on the story:

The only way Mr. Granger felt he could define a role for himself in Pete's life was to do so on his own territory, the pub. He would probably have loved to go cycling with us. Perhaps the task in working with dads is to try and find those spaces and opportunities where we can step into each others territories (p. 166).

Here are recommendations to CYC family support workers who what to be effective:
- Be a real person, not someone who is "acting like" a helper. The challenge is to engage in a real life place with an energetic, physical connection.

- Work in the natural space, such as sitting at the kitchen table and not a controlled, contrived environment.

- Use relational skills to "join before you jar." Try to feel the emptiness that the family lives with daily, and try to see their logic, and thus their resiliency.

- Do what is needed to help: bring a loaf of bread, don't just talk about it.

- Try to create moments of connection, discovery, and empowerment.

- Nurture and care for the parents before you attempt to develop an adult-to-adult relationship with them.

- Have a map, so you don't get lost or enmeshed. Use your team and supervisor.

- Joining will change you, so be a reflective practitioner.

- Be interested in and sensitive to change. Know why and how change occurs.

- Leave well.

So, we CYC workers are coming of age, emerging from an undefined oral tradition, although well known to the initiated. There is much yet to be explored and articulated, but the written record is becoming substantial and available.

References

Anglin, J. (1984). Counselling a single parent and child: Functional and dysfunctional patterns of communication. *Journal of Child Care*, 2 (2), 33-46.

Garfat, T. (2003a). Working with families in child and youth care. *Relational CYC Practice*, 16 (1), 35-38.

Garfat,T. (2003b). Working with families: Developing a CYC approach. *A CYC approach to working with families*. Binghamton, New York: Haworth Press.

Garfat, T.& McElwee, N. (2001). The changing role of family in child and youth care practice. *Journal of CYC Work* (16), 236-248.

Garfat,T. & McElwee, N. (2004). *Developing effective interventions with families*. Cape Town, South Africa: PreText.

Jamieson, D. (1999). *Working with resistance* [videotape]. Instructional Media and Design, Grant MacEwan College.

Krueger, M. (2003). Interactive youth and family work. *A CYC approach to working with families*. Binghamton, New York: Haworth Press.

Krueger, M. (2005). The seventh moment. *CYC On-Line, 74*. Retrieved March 3, 2005.

Magnuson, D. (2003). Preface. *A CYC approach to working with families*. Binghamton, New York: Haworth Press.

Modlin,H. (2003). The development of a parent support group as a means of initiating family involvement in a residential program. *A CYC approach to working with families*. Binghamton, New York: Haworth Press.

Ouderkirk, W. (1984). The WAR cycle. *On line in child care*. Albany, New York: State
        University of NY.

Phelan, J. (2003). Child and youth care family support work. *A CYC approach to
        working with families*. Binghamton, New York: Haworth Press.

Shaw,K. & Garfat, T. (2003). From front line to family home: a youth care approach
        to working with families. *A CYC approach to working with families*. Bingham-
        ton, New York: Haworth Press.

Smith, M. (2003). What about dads? Issues and possibilities of working with men
        from a CYC perspective. *A CYC approach to working with families*. Bingham-
        ton, New York: Haworth Press.

Sullivan, J. (1990). unpublished doctoral dissertation, University of Virginia, USA.

VanderVen, K. (2003). Activity-oriented family focused CYC work in group care:
        Integrating streams of thought into a river of progress. *A CYC approach to
        working with families*. Binghamton, New York: Haworth Press.

TOWARDS A RADICAL ETHICS OF CARE

Hans A. Skott-Myhre
Brock University

Kathleen S. G. Skott-Myhre
Brock University

ABSTRACT: This article offers a new form of ethics premised in Foucault's con-cept of the Care of the Self. Using examples from youth work and radical AIDS activism the authors challenge us to rethink what ethical practice should entail.

KEY WORDS: Ethics, Activism, Youth Work

Neoliberal achievement-worthiness is built on risk preparedness, hardness, competition, robustness, and therefore on a subject model that is mascu-linely connoted. Wild capitalism and wild manliness represent in neoliberal thought a pairing that promises success. Anything that disturbs the mas-culinist model of neoliberalism is a thorn in the eye of this thought. From this follows the rejection of social responsibility and social-contractual regulation of economic behavior in favor of the removal of the economy from society, that is, from the reach of social obligation. From this results the dismantling of the welfare state, which from the neoliberal perspec-tive mollycoddles and only serves to make "the public hand immediately stick the largest possible band-aid onto each little booboo, no matter how small." From this results the denigration of reproductive fields of work like nursing, care, health, childcare, education, with the consequence that social spending in these areas suffers under a permanent attempt to economize. From this comes sharpened exclusion mechanisms aimed against all those social groups and regions of the world that are not up to the "Ramboization of the Economy" (Schachtner referencing Kreisky, 2006 p. 4).

In the harsh and competitive world delineated in the above quote, there is an embedded set of values that drives both behavior towards others and what Fou-cault (1983) has called, the practices of the self. The world of neoliberalism is our contemporary global world built on the values of capitalist enterprise, which is to say the value of profit or monetary exchange. Deleuze (1995) has argued that in this world everything is for sale and the market becomes the social mechanism for shaping our own sense of value. The argument proposed in our opening quote is that this set of values has direct consequences upon the delivery of social services. In a world in which the economy becomes the final arbiter of success, other types of value are denigrated and marginalized. For us, this becomes problematic as we are interested in caring for others as a practice that calls for a different set of values than those premised in "preparedness, hardness, competition, robustness." Instead

we will propose, in this paper, an alternate kind of value that seeks to care for life because it is life and worthy of value in and of itself.

To make this argument, we will begin by challenging conventional notions within the field of youth work including, morality, the individual, liberty, free will, agency, and politics. We will suggest that an ethics based in moral codes is inadequate to the demands of our current global situation. Drawing on our previous project constructing what we have called radical youth work, we will call for a new kind of ethics premised in the care of the self as a practice of interrogating the ways in which we unwittingly support systems of domination and control in our daily lived practices. We will propose that in order to care for the young people we encounter, we must learn new practices of caring for ourselves. We will argue that these practices of self-care are political and have subversive possibilities within neoliberal global capitalism. Using examples from our own work we will make a case for a mutuality of care as ethical practice. We will draw on Tronto's (Williams, 2001) work on interdependent care for a framework for such an ethics and finally turn to the practices of the radical AIDS activist organization Act-Up to suggest new organizing principles for group living premised in an ethics of care.

While the field of youth work has always been an arena where care was a central concern, (as evidenced by the usage of child and youth care as a descriptor of the field) it seems to us that in thinking about caring, we sometimes forget that our work is situated within a much larger field of politics and world events. As Sercombe (1998) so wisely points out in his essay on ethics in youth work, relations between young people and adults always involve power. However, in our thinking about care and ethics we seem to act as though the insular world of the agency, the school, the group home or even the street can be imagined as a behavioral arena free of the politics and power relations delineated in our opening quote.[1] The ethics of our profession (Banks 1999, Mattingly, 1995) often prescribes the relations between the youth worker and the young person as though that relationship could be extracted and singled out from its broader political and social context. We tend to focus on the professional ethics of practice (Mattingly and Stuart, 2002), the agency ethics of policy and procedure (McCullough and Tett, 1999), the sexual politics of predation or exploitation, or the microethics of where to set boundaries (Mattingly, 1995). In this we seldom engage our ethics within the framework of the how children and youth are being shaped by the brutal values of late-stage capitalism with its competitive and ruthless imperative to determine the success of our young people by their ability to make money.

Much of the work we have engaged in our previous writing, on what we have called radical youth work (Skott-Myhre et al. 2004, Skott-Myhre and Gretzinger 2006, Skott-Myhre 2004, 2005, 2006, 2008) makes an attempt to situate the relations of children, youth and child and youth care worker within the broader field of conflict and struggle often delineated as politics. We have defined radical youth

---

1 See Stacy et. al. (2005), Mizen, P. (1999), Jeffs T. and Smith, M. (1999), and Sercombe, H. for notable exceptions in the literature

work as adult and youth working together for common political purpose. To do this, we have proposed that adults would need to deconstruct their own social privilege and meet young people as persons free of the developmental stigma of adolescence. This deconstruction would allow for a growing recognition of mutual political interest and common struggle.

In a sense, this writing extends that process in considering ethics to be an essentially politically engaged site of contestation and struggle. In another sense, this writing will also propose, as Foucault has suggested, that power and politics are always generated from the micropolitical level that occurs between singular bodies as they collide and produce the world[2]. At the level of the micro-political, we propose that ethics must be engaged as both a radically singular project of self-care and at the same time a project of bodies together that extends that care beyond the self. Such an ethics of care is then a reflective process in which the care of the self is deeply bound to the care of the other and the care of the other can only be accomplished through a careful shaping of the self. This echoes other youth work literature such as Krueger (2007, 1997) Fewster (1990), and Nakkula and Ravich who consistently delineate the importance of mutuality and care in their work. This is what we are referring to with what we are calling a radical ethics of care.

Ethics has been classically concerned with the ways we might be able to discern how our actions could possibly promote the good or give force to the bad. Much of this discourse has been framed around issues of morality built upon abstract notions of ideal goodness dispensed through sovereign authority such as God, the church or the state. We have little or no interest in ethics as morality in this sense.[3] Instead we are interested in an ethics similar to that proposed by Spinoza (2000) in his book *Ethics*, wherein he suggests that the good can be defined as that which allows for the greatest force of action. For Spinoza, power is defined as the ability to act and action is the way in which the dynamic force of creation which he calls God extends and defines itself. For Spinoza then, evil is comprised of those acts that engage what he calls the "sad passions" or those affects that restrict or retrain the body's ability to act. In this sense, ethics for Spinoza is fundamentally concerned with the issue of liberty or the ability to act.

Spinoza's liberty, however, is not the simple ability to assert the rights of the individual subject within a modern democratic state. Nor is it the ability to have voice and free speech. Indeed, Spinoza did not think that liberty had very much to do with free will as we imagine it today. He thought that free will was not even a concept worthy of consideration when speaking of liberty. This was because he saw free will associated with the emerging idea in his time of the modern individual and he saw the modern concept of the individual as an inadequate idea that was a distraction from the actual state of freedom.

Here we break away from the literature of our colleagues in youth work whose thinking is still premised in ideas from the European Enlightenment such as the

---

2 See Sercombe (1998) for a nuanced discussion of this in child and youth care practice
3 See Skott-Myhre 2006 for a more complete explanation of the problematics of morality for child and youth care

importance of individual agency. Many of our colleagues see our work as helping young people to define themselves as individuals capable of asserting themselves in the world. They place considerable importance on the development a coherent identity and set of practices developmentally ascribed to the mature actualized adult. They may even hold as an important ethical concern, the political development of a democratic citizen who responsibly participates in the practices of representative democracy. Further, they may well support a range of practice within the field designed to produce young people as moral subjects with a clearly defined sense of social order. Our intentions are far more radical than that.

To understand this a little more clearly, we will turn to Foucault and his thinking on the relationship between the care of the self and freedom. Sybylla (2001) points out that Foucault's "intuition is concerned with freedom which provides the fundamental basis of his ethics" (p. 68). However, like Spinoza, Foucault's definition of freedom and its relation to ethics is complex. For him, the difficulty with freedom and ethics begins with the problem of ethics as a code of conduct. "Ethics . . . involves a considered choice over one's conduct, an exertion of power over oneself" (Sybylla 2001 p. 74). This exertion of power over oneself is, of course, an exercise of discipline which seems at first glance to be somewhat contradictory when it comes to the practices of liberty.

However, liberty as action is quite complicated. We commonly think of freedom or liberty as being an act of free will; the ability to act of our own accord independent of outside discipline. In his writings, Foucault (1994) denies this full liberation of the self as a possibility. He argues that the self is constructed through an array of societal disciplines and that everything we think, believe and articulate is a product of a long process of struggle for power. In short, the self that would assert itself through free will is not at all free but is both the subject and product of social discipline.

For example, the very categories of self that we commonly deploy in our descriptions of ourselves are not simply neutral descriptions of the truth, but complicated negotiations between various possibilities of description. In this regard, youth and adult as categories of self description are highly charged political constructs that include power struggles over work, sexuality, intellectual and emotional capacities, social roles and responsibilities that are unstable and under constant revision within modern and post-modern society. The outcomes of these struggles define our "selves" in terms of who we think we are (male/female, gay/straight, worker/student, etc.) and what we think we can do (drink, drive, vote, work, etc.).

Foucault (1975) has argued that apparently benign institutions such as schools and social service agencies that purport to simply support the social good are in fact disciplinary agents of the dominant power structures in society. Further, he suggests that these institutions disseminate and reinforce dominant sets of descriptions that are inscribed into our identities through the very language given to us to describe the world in schools, homes, churches, workplaces and through the dominant disciplines such as psychology, sociology and anthropology that claim to accurately represent the world of the social. In this sense, the categories of youth and adult are highly charged political arenas of societal discipline in which

our very definitions of ourselves are pre-determined to the benefit of the dominant regimes of power[4]. Why then, would Foucault suggest that we need further discipline to seek an ethics of freedom? It would seem at first glance that the problem is discipline itself; that we need to be freed from discipline rather than to seek further discipline.

To make sense of this, it is useful to understand that Foucault does not see power as exercised from above simply as a sovereign rule of the dominant, but instead sees power as an ongoing struggle at all levels of society over how the world will be produced. In this sense, freedom cannot be separated from this struggle and there is no absolute utopian liberation from the effects of power. Ethics in this sense, as it is related to freedom, becomes a practice of uncovering and understanding the ways in which we have been shaped by dominant discourse, so that we might challenge that discourse in ourselves. In other words for Foucault freedom is involved with "acting upon one's habitual and socially acquired modes of thought and action" (Sybylla, 2001, p. 74).

In one youth work agency that we were involved with, the staff met once a week to attempt to have a conversation in which we challenged our own assumptions about our social identities. This conversation, which we called "de-colonizing our conversation" was extremely contentious among the staff with some staff welcoming the opportunity to investigate their own positionality and other staff finding it extremely intrusive into what they perceived as a private space separate from work, in essence, their personal identity and history. The conversation was also controversial in that it excluded any conversation about the youth in the facility and focused only on our own perceptions of ourselves. One of the questions that we asked ourselves was how our interactions with youth made visible our own position in terms of class, race, identity and privilege. We attempted to explore how our position was related to the ways in which we responded to the youth and our selections of clinical interventions; did these interventions mask our own privilege or discomfort with certain sets of power relations? In other words how might we begin to explore and deconstruct our own practices of power so that we might investigate our common sense assumptions about how we as adults and youth workers are supposed to act?

Such acting upon oneself or self-discipline is quite distinct from what Foucault calls the microfascisms of the self (1983), wherein we replicate and extend the dominant discursive disciplines in our practices of our selves. This would be, for example, when we insist on our dominant identity formations as adult, white, male, heterosexual or conversely when we insist on defining the other through their dominantly defined subaltern status as youth, female, black, and gay or any combination of the above. An ethics of care for the self in this regard cannot be separated from the self-practices which engage the world of the other. There is. in fact, no possibility of a self without an other. All practices of the self, therefore, are always practices that produce the other in some kind of way. As Sybylla (2001) points out,

---

4 Similar disciplines can be found in the arenas of gender, sexuality, class etc.

So, this is what Foucault means when he says that 'the care for self takes moral precedence in the measure that the relationship to self takes onto-logical precedence.' It is the initial and deliberate action upon one's own actions that makes possible the creation of an ethical relation to others. In other words, as Foucault says, it is through the relation to the self that the individual becomes 'a moral subject of his own actions', and is able to choose what ideals to live by. If ethics means having authority over one's own actions, it follows that others must be allowed the same freedom to act upon their actions, unless we wish to deny them ethical subjectivity (p. 74).

In our work this is a central dynamic in which we, as child and youth care workers, struggle against the common perception that our practice and technique spring out of a utilitarian pragmatics focused on acting upon the other. In acting on the other we often assume a certain separation from our own subject position. In other words, we act as though who we are outside the agency and even inside the agency in our relations with other staff, can be radically separated from our clinical interactions with young people.

As a result, we have a great deal of training that focuses on understanding the psychology and sociology of young people, as well as technological instruction about evidence based approaches that "work." In this, we seem to assume that we become a blank slate in the old psychoanalytic sense of a projective screen upon which young people project their lives and struggles; that we are a neutral and in-herently helpful instrument of care limited only by our lack of appropriate interpre-tation or technology. In keeping with this logic, we receive very little in the way of training in self-care outside of workshops designed to "prevent burnout" or help us to "de-stress." Such work does not in any way begin to engage the kind of self-care that requires "the initial and deliberate action upon one's own actions" that Foucault suggests is basic to any ethical interaction with another.

In Foucault and for us, ethics becomes integrally involved with the care of the self and the care of the self becomes fully involved with the care of the other. In-deed, if the care of the self, as delineated by Foucault has to do with the capacity for active self-reflection and such reflection includes the ability to unpack and reorder the lines of discourse out which our very identity has been comprised, then this is not a task that can be accomplished in solitude. If the ontological premise of the self or its very beingness or existence is premised on the capacity for the self to act on its own actions, then the self must be able to stand back from its own production. This requires an external relationship of the self to itself which can only be provided through the relationship with the other.

This is a relatively familiar idea in feminist therapy (Enns, 1993)) where the no-tions of interconnectedness and mutual accountability are critical elements of the work. Indeed in my (Kathy's) work that explores the transmission of feminine power between generations of subaltern (defined here as subject to forces of domination) women as it impacts my work as a feminist therapist working with young women,

I found that I could not examine my own social position by myself. It was necessary for me to talk with the other women in my family so that I could begin to see myself through them. That does mean, however, that through my work I can come to know other women, only that through other women I can come to know myself.

As Spinoza (2000) points out in the *Ethics*, we can never know the state of the bodies which we encounter–that is closed off to us. Each encounter, however, informs us about the state of our own being through our response to that encounter. Does each encounter engender greater capacity to creatively produce ourselves or does it induce the sad passions which restrain us and bind us into passivity and hopelessness? The tendency is to imagine that our response is premised in the actual nature of the other body. In fact, according to Spinoza, it tells us only about the state of our self.

This is particularly pertinent in the field of child and youth care where our entire profession is premised on the encounter between bodies and where we often imagine that our response to the child, fellow worker, supervisor, teacher or parent tells us something about *them*. If Spinoza is correct, an ethics of radical care would begin with the premise that each encounter informs us about the ways in which we are constructed. Such an ethics then proposes a practice of care that begins with,

> 'a shift of one's attention'– that we bring our thought to bear on our actions in order actively to choose them, rather than blindly obeying the beliefs and practices of our era, or seeking the truths within oneself. In this way, we become the ethical subjects of our conduct. (Sybylla, 2001, p. 76)

This brings a whole new dimension to the concept of therapeutic transparency. Often we think of being transparent to our clients as being a risky business in which we must be careful about sustaining our boundaries and not sharing too much of ourselves. In sustaining such bounded transparency, we would argue that we run the risk of actually constructing a pseudotransparency in which self-revelation is produced as an uneven power dynamic. In such a dynamic, the young person shares in order to change themselves, but the worker also shares in order to change the young person. This a point also made by Krueger (1997) in his proposal that we use ourselves as agents of transformation in allowing the work to transform us as well as the young people we engage. In the new view of transparency that we are proposing, both parties share of themselves for the goal of mutual transformation.

To do this we need the feedback of the encounter. We need the collisions with other bodies that can open the door out of the bounded space of self-absorption and the narcissism of certainty regarding who we are and of what we are capable. In this, we also become free of the carceral relation of the self-other through which we create a realm of certainty about the other that binds them into certain ways and practices of being through the fixity of our own gaze of judgment. In other words, to free ourselves of the involuntary acceptance of the "beliefs and practices of our era" we must free the other from the imposition of just such beliefs and practices imposed by us.

We are reminded of the first time I (Kathy) entered a runaway shelter in the inner city of a large American city. Entering the shelter, I was secure in the idea that although I had never worked in an urban setting before, my response to these young people would be free of racism and class because I was a fair and good person. However, my first encounter with a black male street youth wearing what I read as gangster clothing produced an involuntary reaction of abject fear. In order to free myself of this fear I had to first free the young man of my beliefs and practices of racism.

Such self care holds the possibility of an ethical radical care. Williams (2001) in this light suggests that, "Care helps us rethink humans as interdependent beings" (p. 477). This interdependency of self-creation and the care of the other holds a central importance in thinking the field of child/youth-adult relations. It is important to realize that each of our encounters with young people comprise an absolute interdependency. We are not there simply to be of assistance to a young person in need; we need that young person just as we need all people to re-shape and free ourselves from ourselves. We need each encounter like an artist needs an object of reflection to produce art. If, as Foucault suggests the re-shaping of the self is a kind of art - perhaps even the art of living well – then we are as interdependent upon the people we encounter as the artist is on the world they see. Young people and adults, as we have mentioned above, are both comprised out the disciplinary beliefs and practices of the dominant society. An ethical practice of freedom would join them together in a process of mutual becoming; a becoming that is creatively much more than each could possibly be alone. What then is crucial to such an encounter?

Williams (2001, p. 477) in citing Tronto suggests that there are four critical elements to an interdependent encounter. The first of these is "attentiveness" which is defined as "noticing the needs of others in the first place." While this has been an extremely important idea in youth work literature (Krueger, 2007), if we take this suggestion in light of the ethics we have been tracing, then noticing the need of the other informs us in two important ways for us. Does the need of the other evoke the capacity for action or a passivity of response? Neither of these two responses is, in and of itself, indicative of who we are but rather how we have been constructed. To the degree that the disciplines and practices of our age have formed our disciplinary selves in such a way that we view certain young people as hopeless or helpless subjects on the basis of who we perceive them to be, then our response will be one of passive resignation or potentially resentment and rejection. Such resentment and rejection is premised in our refusal to acknowledge our own sense of helplessness and induction into the sad passions delineated by Spinoza.

This response holds no useful ethics from our point of view. A useful ethics of care from our position entails the second response to the need of the other. This response perceives such an encounter as holding the potential to inform us of our own needs and our own capacities to fulfill those needs. In this sense when we encounter another's needs we are always encountering our own. Each interdependent encounter holds a double "attentiveness" to the care of the other and the possibility of freedom through the care of the self.

We have all, as child and youth care workers, been challenged by the young person whose ways of behaving and speaking seem to push away or alienate us either through their level of emotional intensity or the apparent lack of accessible meaning. Yet, an ethics of care would require that we be particularly attentive to such young people, not simply out of compassion for their need to be heard, but because our reactivity to them indicates something uncared for in ourselves. In listening to them we hold the possibility of hearing our own voices differently. Krueger (2007, 1997) has made this point in a different register in his work as well. He argues for such just such a mutual production of self-care.

Such double interdependence leads us to Tronto's next level of care, "responsibility" which is defined as "taking the responsibility to care." Again, for us this entails a double responsibility. Each interdependent encounter demands the integrity of self-reflection as an active process of self-creation beyond the limited horizons of common sense and social discipline. The responsibility to care is premised not simply in the compassionate response to the sufferings and struggles of our fellows (although this may be well be cause enough) but to the common suffering and struggle of our mutual bondage within the global slaughterhouse of late stage capitalism. As Deleuze and Guattari (1987) point out, if we are to overcome the apparatuses of capture endemic within the machinery of capitalism we must become everyone. This becoming everyone changes the level of responsibility from an abstract set of exchanges in which my caring and compassion for you is hinged on the possible profit of freedom for me, to a truly interdependent assemblage in which my caring for you is literally caring for me as well. In the field of child and youth care then, we must become the children, the youth, the parents, the teachers, our fellows, etc. Through this we can come to recognize that our own practices of liberty are deeply involved within the practices of the youth we engage. For example, in working with young women who struggle with disordered eating, the issues of body image and food are not simply restricted to those who get diagnosed but infest all of our daily practices from how we view bodies, both ourselves and others, to how we discipline our own.

To become everyone as an ethical practice of self-care entails a high degree of competence as a becoming being. Indeed Tronto suggest that "competence" is the third aspect of interdependent care. This takes us back to Foucault's notion of the care of the self as a certain kind of art. Just as the artist must pay great attention to their craft so we must pay careful attention to the art of self production through an ethics of care. To care is to be careful, meticulous, and attentive to detail. It means a certain restraint of response; an ongoing degree of reflection. We find Krueger's (2007) recent account of youth work, in which he reflects on himself as both youth and youth worker exemplary in this sense. Stacy's (2005) ongoing work on youth work accountability also evidences this kind of attentiveness to youth-adult relations.

Such practice means a dutiful attention to the materials of our work, which is of course to say, an attentiveness to our selves, the other, and the field of social discourse and description in which we are imbedded and out of which we are produced. It means we must abandon the common ways of knowing entailed in

reaction, moral certainty and the regimes of truth and instead carefully craft ourselves in each moment through the possibilities implied in each encounter with the other; the other whose care is absolutely crucial to our own. This goes well beyond any formula for therapeutic intervention. It requires that we treat each interaction as discrete and idiosyncratic. As such, each interaction demands an attention to the particularities of the moment, the subjects, the context, the affect and language. Jennifer White (2007) traces new possibilities in this direction in her recent work.

This requires the final element of Tronto's suggestions for interdependent care; "responsiveness." To be truly responsive to the other is a very challenging and complex practice. It is more than to be simply reactive. It is also more than to be sympathetic or to engage in some predetermined practice of listening or giving voice. Similar to the ethical practices of attentiveness, responsibility and competence, being responsive entails an interdependence of self care and care for the other. Like the artistry of attentiveness in which we come to realize that we can only see freely when we see ourselves through the impacts of the other, we can only find true responsiveness in joint creative production. To respond is a process of mutuality.

In an ethics of self care as an interdependent practice, it is not a simple exchange of information as input and output, wherein I attempt to understand what you have told me accurately and then respond genuinely. It is far more tentative and provisional than that. If the engagement with the other, as we have suggested, precludes knowing them in themselves, then we can never respond to them. That is to say, whatever impact they have had on our state of being does not effect an illumination of understanding them any better nor does it produce an understanding out of which we can respond to meet their needs. Instead, we would propose that to respond is to seek a joint space of encounter between bodies to which each body contributes.

In this sense, a radical ethic of care calls for the kind of responsiveness found in the improvisations of jazz, hip hop, or blues[5]. Here, the note that each musician offers is met by the note of the responding musician as a proposal of what note might be played next. While there is a structure to such encounters in the general form of the song, the improvisational aspects are always unanticipated and crafted in the moment between musicians as they play. Clearly, they must listen carefully to what is being played, but they do not listen to claim an understanding of the other musician's intention or state of being, rather they listen to find a ground out of which they might find a new way of playing for themselves. Each encounter, each note holds the possibility of creating one's musical self anew. It is just this kind of responsiveness that we are calling for as an ethics of radical care between young people and child and youth care workers.

---

5 We are pleased to note that Mark Krueger (2007, 2004) also finds a resonance with jazz and danc. as metaphors for our work

Care becomes a central dynamic for creatively producing ourselves in our practices of freedom. It removes care from the hierarchies of pity for those not as fortunate and places it squarely as an essential practice of self-production. Indeed, a radical ethics of care eschews the linguistics of pity or sympathy for those "poor children" in favor of an activism of inclusion that recognizes our mutual interests and joint suffering as a basis for political action. Given these conditions, we may have much to learn from the activists from ACT UP who worked in the highly contested arena of suffering bodies produced by AIDS.

Levine (2005) points to the role of the affinity group in her discussion of the ways in which political action and care intersected in the ACT UP movement as a group that engages in very visible and provocative actions around the issue of AIDS. She traces this particularly political system of mutual care to the Spanish anarchists of the 1930s. She describes how these groups originally formed around common revolutionary ideals but evolved into "micro-sites of resistance: politically inspired alternative-lifestyle formations existing within dominant culture" (p. 5). We would argue that this shift from an idealistic political alliance in which members had no particular personal relationship, to a living community of experimental social practices and interpersonal care has significant implication for our own group living situations in which young people and adults come together.

Levine traces the development of the affinity group as a system of care within ACT UP as holding particular force because the gay community out of which ACT UP originated already operated on the margins of the dominant society and by necessity had a long history of mutual care and support. Again, we would suggest that the community of young people engaged within child and care practice also sustains itself on the margins of the dominant society. Of course, one can argue that for many of these young people, their marginal status is temporary and based on age. However, for those young people who are female, LGBT, or non-white their marginalized status is considerably more durable. That said, it is not simply the young people in our programs who operate at the edge of the dominant culture, it is our profession itself. As such, we may want to begin to pay much more attention to the hidden histories of struggle, care and support that have always defined our particular and peculiar field of practice.

Levine discusses how the affinity group arose within ACT UP as a way to create a system of support for individual activists who put themselves at risk on behalf of the larger organization. She specifies not just an intellectual politics of ideas as being the mobilizing force behind the development of the movement but a particular constellation of bodies and affects.

> Imagine ACT UP through the laws of physics, as self-determined gendered and raced celestial bodies orbiting around a combustible source of affective energy, which ACT UP defined as anger. Bodies were activated by anger but magnetized by intellectual, political, erotic and aesthetic attraction. Some individuals formed affinity groups based on specific subjectivities or issues and remained in tight orbit; others were natural satellites revolv-

ing around sick bodies; and still other affinity groups were constituted as quick responders to a provocation: like meteors, they flared up and flamed out. Bodies were in constant movement, reconfiguring and adapting to the evolving political climate as well as the pressing health needs of PWA members. (pp.5-6)

This description of the affinity group as a multiplicity of dynamic practices of political action and care fits well within the framework of a radical ethics of care as we have been delineating it. In particular, we are struck by the implicit acknowledgement of profoundly personal investments in such things as particular subjectivities, political issues, and sick bodies as well as affective investments in anger which led to political practices such as provocations.

Can we even imagine a child and youth care program premised on such a dynamic basis; perhaps a program that acknowledged and centered its practices around the joint affects of anger and suffering experienced by both the young people and the staff? Would it be possible to consider a group living environment for young people and adults in which they were constituted as "self-determined gendered and raced celestial bodies orbiting around a combustible source of affective energy?" Could we even consider the possibility of a system of mutual care that would include "intellectual, political, erotic and aesthetic attraction"?

Levine goes on to describe the role of the affinity group members as being a protective function in which each member's practice is centered around "an extension of the need all the participants have to see that individuals who participate in nonviolent direct action are not isolated, neglected, and overburdened because of their political statement" (p. 7). She goes to note that this function extended beyond the arena of the political to the caregiving required when members became ill with AIDS.

In a radical ethics of care for child and youth care, we would suggest a similar role for our agencies and programs. In such an approach, we would promote practices that assure that our staff and youth are "not isolated, neglected, and overburdened because of their political statement." Of course, for this to be accomplished we would need to understand that not all political statements are made in the public domain of the political system. Indeed, for many of the youth we engage the political is to be found in the micro-resistances of language, sexual expression, fashion, music, and affect.

In a radical ethics of care we would come to understand that our attentiveness, responsibility to care, competence and responsiveness to young people's micro-political actions have deep implications for our own self care. This is particularly true, if we accept Foucault's definition of self care as challenging the common beliefs and practices of our age. In this practice of a radical ethics of care we as workers must somehow come to understand both the radical difference between us and the young people we encounter and our absolute interdependent commonalities. Levine addresses this dilemma in discussing the difficult relation between healthy bodies and sick bodies within the affinity groups of ACT UP.

Healthy activist bodies were configured as prosthetics, fleshly machines to fill the holes indelibly left by infection. But even if a prosthesis is intimately connected with a body so as to assist its function, it can never attain a full union: it will always be alien. This process of prosthetic politics can function only if each body accepts its singularity and then works in a state of what Nancy calls "beings-in-common." For Nancy, acceptance of this state of commonality articulates the "between" that joins the two beings and defines them (even as they define it). The otherness of this voice is always the different voice of community. (p. 10)

As child and youth workers we operate within this politics of the prosthetic. We, in our privileged status as adults, are both absolutely alien to young people and at the same time we share a profoundly similar political agenda. For those of us interested in working within the practices of freedom implied within a radical ethics of care, we must both accept our singular difference and our "being in common." This complex interplay of care of the self as act of "being between that joins two beings and defines them" is precisely the politics of the prosthetic that we engage in our daily practice within agencies, on the street, in our schools or workplaces. However, for us, this is not primarily a prosthetics of healthy and sick bodies (although sick bodies are included). Instead, our prosthetic union is a mutual process of care in which we all joined, youth and adult, as "fleshly machines to fill the holes indelibly left by [the] infection" of isolation, exclusion, brutality, and death that are the hallmarks of the common beliefs and practices of our age. In such a historical moment perhaps there can be no other ethics, for now, that truly matters outside that of care.

References

Banks, S. (1999). *Ethics and the youth worker*. New York: Routledge.

Fewster, G. (1990). *Being in child care: A journey into the self.* New York: Haworth Press.

Deleuze, G. (1995). *Negotiations*. New York: Columbia University Press

Deleuze, G. & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia*. Minneapolis: University of Minnesota Press.

Foucault, M. (1994) *The Order of Things: An Archaeology of Human Sciences* New York: Vintage.

Foucault, M. (1975). *Discipline and Punish: The Birth of the Prison,* (A.M. Sheridan Smith Trans.). New York: Random House/Vintage.

Foucault, M. (1983). In G. Deleuze & F. Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*. New York: Viking Press.

Jeffs, T. and Smith, M. (1999). *Resourcing youth work: Dorty hands and tainted money.* In Banks, S. (Ed) Ethics and the youth worker. New York: Routledge.

Krueger, M. (2007). *Sketching youth, self, and youth work*. Amsterdam: Sense Publishers.

Krueger, M. (2004). Youth work as modern dance. *Child and Youth Services. Vol. 26,* No. 1. pp. 3-24.

Krueger, M. (1997). Using self, story and intuition to understand child and youth work. *Child and Youth Care Forum. Vol 26,* No. 3. pp. 153-161.

Levine, D. (2005). Another Kind of Love: A performance of Prosthetic Politics. *e-misferica* v 2.2 *http://hemi.nyu.edu/journal/2_2/levine.htm*. (retrieved October 4, 2006)

Mattingly, M. (1995). Developing professional ethics for child and youth care work: Assuming responsibility for the quality of care. *Child and Youth Care Forum. Vol. 24,* No. 6. pp. 379-391.

Mattingly, M. and Stuart, C. (2002). The North American certification project: Competencies for professional child and youth care workers. *Journal of Child and Youth Care Work. Vol 17*, pp. 16-40.

McCullough, K. and Tett, L. (1999). Professional ethics: Accountability and the organizational context of youth work. In Banks, S. (Ed) *Ethics and the youth worker*. New York: Routledge.

Mizen, P. (1999). Ethics in the age of austerity: work-welfare and the regulation of youth. In Banks, S. (Ed) *Ethics and the youth worker*. New York: Routledge.

Nakkula, M. J., & Ravitch, S. M. (1998). Matters of interpretation : reciprocal transformation in therapeutic and developmental relationships with youth. San Francisco: Jossey-Bass Publishers.

Schachtner, C. (2006). Gendered Globalization Female Networks as Transformative Contingencies. *http://www.frauenbewegung-online.de/site/network/FemNetworks1.pdf* (retrieved Sept 16, 2006)

Sercombe, H. (1998). Power, ethics and youth work. *Youth Studies Australia. Vol. 17,* No. 1. pp. 18-23.

Skott-Myhre, H.A, SkottMyhre J.D., Skott Myhre K.S.G. & Harris R. (2004). Radical youth work: Creating and becoming everyone. In T. Strong and D. Pare (Eds). *Furthering talk: Advances in the discursive therapies*. Hingham MA: Kluwer Academic Press.

Skott-Myhre, H.A. (2008). *Youth and subculture as creative force: Creating spaces for radical youth work*. Toronto: University of Toronto Press.

Skott-Myhre, H.A. .(2006). Radical youth work: Becoming visible. *Child and Youth Care Forum. Vol 35,* No. 3 pp. 219-229

Skott-Myhre, H.A. and Gretzinger, M. (2006). Radical youth work: Creating mutual liberation for youth and adults, Part II. *Journal of Child and Youth Care Work. Vol 20,* pp. 110-127.

Skott-Myhre, H.A. (2005). Captured by Capital: Youth work and the loss of revolutionary potential. *Child and Youth Care Forum. Vol. 34,* No 2. pp. 141-157.

Skott-Myhre, H.A. (2004). Radical youth work: Mutual liberation for youth and adults. *Journal of Child and Youth Care Work. Vol. 19,* pp. 89-94.

Stacy, K. Webb, E. Barrett, K., Lagszdins, N. and Moulds, D. (2005). Social change and youth partnership accountability. *Youth Studies Australia. Vol. 24,* No. 2. pp. 45-51.

Sybylla (2001) Hearing whose voice? The ethics of care and the pactices of liberty: a critique. *Economy and Society. Vol 30,* No. 1, pp. 66 – 84.

Williams, F. (2001). In and beyond New Labour: towards a new political ethics of care. *Critical Social Policy. Vol 21,* No.4 pp. 467–493.

White, J. (2007). Knowing , doing and being in context: A praxis oriented approach to child and youth care. *Child and Youth Care Forum. Vol 36,* Nos 5-6. pp. 225-244.

NEXUS 2009: PRESENCE BEYOND BORDERS; THE JOURNAL IN A NEW HOME

Mark Krueger

Dear Andy and Dale:

Thanks, Andy, for your gracious comments in the introduction. Your first article on activities was a perfect example of what we had in mind when we developed the *Journal* in the 1980s (see *Journal of Child and Youth Care* Volume 2, 1984) to put more direct line child and youth care workers' words in action. Dale, I also remember your early work and thinking what an insightful writer you were. It is such a pleasure now to see you both, with your own rich portfolios of contributions to the knowledge base, at the helm of "our journal." With Jean, Chip, and others in support, I look forward to the new ways the editorial team will help steer and show us how to do and think about child and youth care by building on the fine work of Karen Vander Ven, Varda Mann-Feder, and many others who helped the *Journal* survive and thrive.

As always, I have pen (keyboard) in hand, and appreciate the opportunity to continue to my column, *Nexus*, which is defined as a series of interconnected themes or "spaghetti bowl" of ideas and phenomena in child and youth care practice. It is also the name of a fictitious group home and title of a book I wrote with Henry Maier's encouragement to show competent youth work in context.

Dale, when Andy asked me to write something related to the theme, perhaps from my international experience and interest in meaning making, I jokingly responded, "I don't follow instructions any more now than when I was editor." Then I referred to the famous speech given by Mario Savio in 1964 on the steps at the University of California Berkeley when he encouraged students to throw themselves on the cogs of the corporate machine that was taking over universities. Andy responded with his own good humor.

Kidding aside, Savio's speech is as timely as ever today when journals are being taken over by international publishing corporations. As you probably know, our pioneering journal, *Child and Youth Care Forum*, fell victim to one of these takeovers. I used some of Savio's lines in my letter of resignation from the *Forum* board. It was unthinkable for me to stay on and support the new big "odious" publisher's efforts to strip the soul from what had become over the years the leading journal in child and youth care–thanks largely to Jerome Beker, the editor-mentor par excellent, whose footsteps so many of us have tried to follow. The really sad thing was that the *Forum* was flourishing with a cache of articles from around the globe, thanks to the fine work of Doug Magnuson and Sibylle Artz of the University of Victoria.

This takeover made me more convinced than ever that we have to keep our journals close to home, like *Relational Child and Youth Care Practice* in Canada has managed to do. So thanks also to Peter Correia, Jean, and the National Resource Center for Youth Services at The University of Oklahoma for stepping up! It's nice

to know our journal is in good hands in a good home that is just the right place for it at this stage of evolution. Please hold on tight. As you know, all of us at the Youth Work Learning Center, its home for the last 25 years, will do whatever we can to help make the transition a successful one.

Back to Andy's request: I was a little reluctant to accept his challenge because I learned long ago not to make generalities about cultures and countries, including the one I live in. There is so much diversity everywhere (isn't it grand what the United States just did to show this with its new president?). I try to stick with telling the stories of my experiences and interactions in different places with different people I meet from, as they say, "all walks of life." And I can never write a story on demand. Stories show themselves when the time is right.

One thing I have learned though, is that wherever we are, we have to, as child and youth care worker Amy Evans, said "show up." Whether in Copenhagen, Prague, Berlin, London, Switzerland, Bermuda, or across Canada and the United States, we have to be there to know and work with others. Thus, if we want to interact with and understand children, youth and family, and community members from many places, cultures and backgrounds, I recommend that we try these things:

Be self aware, walk the talk, and show a genuine interest in their stories. As my friend Gerry Fewster, cofounder of the "Canadian Journal" argues, be present, open, and available to mirror back our experience of the other.

Be curious about what we are experiencing, with, as Native American poet Simon Ortiz wrote, "eyes fixed on specific points." Have comfort with the space that is one's self, and "speak across the spaces" of our experiences, as Gregory Sarris wrote. Give others our undivided attention (it's easy to get distracted). "Hear it deep," as Jerome Beker urged us to do. Become "enmeshed," as Henry Maier showed in *Developmental Group Care of Children and Youth*. Remember we are what we do and become what we have done, as Karen Vander Ven wrote about activities, postmodern thinking, and a number of other topics at the center of our work. Also pay attention to boundaries, as Varda wrote in her article "*You/Me/Us*." Then "tread lightly" in the footprints we see because as Canadian, Thom Garfat, coeditor of our sister journal, *Relational Child and Youth Care Practice*, suggested, the footprints could be our own. If you haven't already, run to the store and buy *Standing on the Precipice: Inquiry into the Creative Potential of Child and Youth Care Work*. It is the new anthology of work by some of the brightest and most curious of our Canadian colleagues. Watch for columns and comments in the *cyc-net Online Magazine* from an institute held last spring in New Mexico with leaders from the United States and Canada to discuss relational child and youth care work. Read and look at what filmmakers, artists, actors, and philosophers have to say about being present.

I could go on and on, of course. The point is that there is much to learn from the writings in our field and elsewhere about presence and from a myriad of other phenomena that help us relate to others. And the beauty of it is that in the future, writers in this journal and the other wonderful journals in our field, including *www. cyc-net.org*, will continue to show us more. Because in the end it is not as much

about what we already know about another culture, country, or person, but how much we want to know about ourselves and the people we are with.

Next time we recruit at Nexus, I will remind myself to focus on this so we hire another worker with a desire to be present, the way many of the workers at a real agency Nexus in Nova Scotia are present. Thanks again, Andy and Dale, for giving me the opportunity to continue to express myself here, and best of luck as the new editors. Now it's your chance to experience the thrill of seeing a new worker publish a first article alongside some of the best practitioners and minds in the field.

Peace,

Mark

PS: I'm sure you know many of the people and articles mentioned above. Google the names of the ones you don't know and enjoy the riches you find

OPENING NEW WORLDS AROUND THE WORLD: THE JOURNAL OF CHILD AND YOUTH CARE WORK AS ACTIVITY

We'd all agree the game of basketball–one of my favorites–is an activity. On my international travels, I have dribbled and taken it to the hoop with people of all ages in such places as Israel, Finland, and Australia. Somehow this game represents a universal language. Just the sight of a ball was an invitation to play. The commonly understood structure and rules, even with some variations depending on where I was, enabled a game, and some very pleasant relationships to get underway.

Relationships are the fundamental aspect of child and youth work. However, we always need to be aware that the activities we engage in serve as a crucible for connecting with others and forging relationships with them. From activities are generated not only relationships, but also stories representing the ever-changing interaction between relationships and the activities. These stories and their telling further extend connections and relationships.

What may not be so apparent as well is that like basketball, the *Journal of Child and Youth Care Work*, with a story and stories to tell, is itself an activity, a global form of communication that nurtures relationships. Professional journals provide a common format and common purpose for a worldwide community of professionals in the field who report their findings and concerns in exchanges with editors and other contributors and readers. The growth of the journal reflects the growing community of professions it serves.

When the journal arrives, recipients admire and handle it, and then see what it contains. Each article in itself provides the context for a relationship–with the material as it is read, with the author, and with one's own thoughts that are called forth as the reading proceeds. That people have an actual relationship with the written page is not an original idea–it has long been recognized since the beginning of writing–but has been revisited by postmodern philosophers and their preoccupation with language.

Thus, the *Journal of Child and Youth Care Work*, being viewed as an activity and a connector, takes on new meaning and significance. The original vision for the journal grew out of relationships among those connected with each other through common interest in child and youth work. And so it grew, through ups and downs, and through the best and worst of times generating a story and engaging story tellers.

Each time we have read the journal, shared it with somebody else, helped somebody else see that he or she had something to contribute it–we formed and extended our relationships. Now it enters a new era, enabling not only those within the field to connect with each other, but also to connect us with those outside of it, near and far. Thus they may be more aware of what we are doing, what we have to offer, and be encouraged to all work collectively for the betterment of children, youth, and families. Long live the activities that allow us to reach around the world, and the activities of the *Journal of Child and Youth Care Work*. The story will continue.

Karen VanderVen

REFLECTIONS ON THE JOURNAL OF CHILD AND YOUTH CARE WORK

Varda R.Mann-Feder, Associate Professor

Concordia University, Montreal, Quebec

The *Journal of Child and Youth Care Work* has always occupied a special niche in the literature of our field. As a peer reviewed practitioner journal with a stated committment to the mentoring of new authors, it attracts an eclectic mix of writers and readers: frontline workers, managers, administrators, researchers, and academics. This community shares a passionate commitment to informed practice that seeks to build strength in children, youth, and families. The *Journal* has been an important vehicle for communication between us about the work we do, but also makes our unique approach to intervention visible in the broader professional and academic arena. Participation in the *Journal*, both as a writer and as a reader, is an important way to advocate for child and youth care.

Proceedings of international conferences have a special status in advancing our field. In providing access to child and youth care approaches from around the world, our advocacy for the profession can grow. In developing awareness of issues and practices from beyond North America and opening ourselves up to what we have in common with colleagues from other cultures, we become citizens of the world. By advocating for care givers internationally, we are also advocating for improved conditions for the world's children, youth, and families.

Now, more than ever, the *Journal of Child and Youth Care Work* has a critical role to play. Congratulations to the talented editorial and publication team that has made its rebirth possible. And let's all do our part to support its important mission!