

## THE JACK I KNEW: A TRIBUTE TO JACK McELROY

**Jon R. Parsons**

*The Children's Home*

*Tampa, FL*

The child caring field lost one of its brightest stars last January with the premature death of Jack McElroy. Energetic and passionate in his beliefs, Jack was in the midst of refining his innovative model of milieu treatment – the primary caretaker system – when diagnosed with terminal brain cancer. His untimely death left his life's work incomplete. It will be up to those of us who knew and admired Jack to complete his mission. And what a missionary he was!

The Jack I knew began and ended his professional life as a child care worker. His career began at the Boys Republic in Farmingham, Michigan. There, as a newly hired child care worker, he was inspired by the ideas of Fritz Redl, who had worked with and trained Jack's colleagues at Pioneer House. Jack loved and valued his experience at the Boys Republic. There he developed his group work and crisis intervention skills. His belief in the power of therapeutic relationships to manage maladaptive behavior, even with hard core delinquents, developed there, also. At a time when the field was moving toward behavioral and peer group orientations, Jack always understood and appreciated the importance of human connectedness.

While at Boys Republic, Jack completed his Masters in Social Work. At Wayne State he studied under another pioneer in the field, David Wineman. Always the child care worker, Jack saw in his social work training, the opportunity to integrate clinical and child care concepts as did the pioneers in the field who came before him.

In 1979, I hired Jack as Director of Treatment Services at the Children's Home, Inc. in Tampa, Florida. From over 100 applicants for the position, Jack stood above all others. I knew from our first contact that he was someone special. His commitment and dedication to children and the profession were outstanding. As was his energy. What impressed me even more was his sincere interest in bringing together the clinical and child care aspects of residential work.

Jack's experience at the Children's Home opened new avenues for growth. He had the opportunity to work with children of all ages as well as youngsters with multiple problems. The treatment program was new and needed development. The potential was enormous, just the challenge Jack was looking for. It was a perfect match.

To know Jack was to know intensity and doggedness. Those two characteristics stood out among many others. They made him highly effective in crisis. Colleagues marveled at his skill helping children work through life-threatening situations. He never gave up, and somehow through the sobs, angry outbursts, threats and occasional broken window, Jack could bring resolution to the pain of children. He instinctively

gravitated toward the most disturbed youngsters and they to him. Somehow they sensed his strength and calmness. The intense drive to work things out that characterized his relationships led them to know that he truly cared.

The Jack I knew was just as intense and driven to help staff do their jobs effectively. He loved to teach and brought to case reviews, psychiatric consultations and child care training sessions the same confidence that characterized his work with children. His intensity sometimes intimidated people who did not know him, but when they realized how hard he worked and how much he wanted to share his knowledge, he soon won their respect.

The Jack I knew was deeply rooted in family. Born in 1948, the eldest son of nine children in an Irish Catholic family, Jack knew what it was like to grow up in "group home." Jack's family was extremely close and warm and he carried those traditions with his wife, Jan, and their three children. Jack loved his family and his strong conviction to his roots made him extremely sensitive to the pain experienced by children he worked with who had lost their families.

To know Jack was to know the ultimate competitor. Whether on the basketball court, playing tennis or watching his beloved Detroit Pistons, Jack loved competition. He loved challenges and he wanted to be the best. He wanted the Children's Home where he worked to be the finest program in the state. His drive made better professionals of those on his team. He was a winner!

The Jack I knew was a superb clinician. Through his work with several psychiatrists, including Dr. Humberto Nagera, all associated with the Department of Psychiatry of the University of South Florida, Jack perfected his clinical skills and his understanding of child development and the psychodynamic approach gave him the opportunity he always wanted, the chance to make a significant contribution to the field.

All of Jack's experiences and beliefs about child care work came together at the Children's Home. Using Dr. Nagera's earlier work on the Primary Child Care Model as a base, Jack radically changed the milieu therapy approach at the Children's Home. Those were exciting days as the whole staff worked together to implement the Primary Child Care Model. The agency reverberated as roles changed. Primary child care workers were empowered and families were constructed. Mistakes were made, but Jack's vision was clear and when all the changes were made, the tremendous power of the Primary Caregiver Model was obvious in its impact upon children's lives. That was Jack at his best.

The culmination of Jack's mission was the writing of his paper, "The Primary Caretaker Model of treatment" and his subsequent recognition by colleagues when he was awarded the first Albert Treischman Prize. How proud we were of him, friends and family alike, for we knew how hard he had worked and how determined he was to leave his mark on the field.

His tragic illness revealed another dimension of Jack's character. Brain cancer is a terrible ordeal. Through two surgeries, radiation and chemotherapy, Jack never lost his courage, his faith or his determination to recover. No matter how ill he might have felt, Jack always came to work and gave what he could to the staff and the kids. He was an inspiration to all. Jack never complained despite being struck down in the prime of his life. That was Jack.

My friend, Jack McElroy, has left us. But he left his mark. We will remember him each time a young adult whose life he touched comes back to visit the Children's Home. We remember each year when youngsters compete at our Junior Olympics, for he loved competition. We will remember him when children are in crisis.

Jack's colleagues will always remember his passion and commitment. He will live on through the model of milieu treatment he developed. Jack will always be remembered as the best child care worker of all. That is his legacy.

## THE PRIMARY CAREWORK MODEL IN THEORY AND PRACTICE

Henry W. Maier

*University of Washington*

As an occasional consultant at the Children's Home and long time friend of Jack McElroy, I developed the following conceptual understanding of the Primary Carework Model. I purposely call it the "primary carework model, replacing "primary caretaker"; because the essence of the worker-child relationship is one of mutual interaction. Care taking or giving is one-directional. Primary careworkers and children are reciprocally engaged with each other. Jack, himself, preferred the designation of "milieu therapist" but the term never took hold. A full account of this Primary Care Work Model requires an examination of its working procedures as well as its contextual underpinning.

*Early preparations for getting this approach under way.* In creating this novel practice model, Jack proceeded with a basic organizational approach in close cooperation with his Executive Director, Jon R. Parsons, the agency's Board and ultimately with the total staff of the institution. He knew that alteration in program required the support of policy makers as well as direct line staff. The new model required all to learn new basic premises and skills required to implement the approach. Learning had to precede practice! Simultaneously, social workers, teachers, family workers, volunteers and Board members had to adjust to the new model. Each group had to work out the changes and new ways that were demanded. In short, one vital change in practice altered the agency's overall total program as well as its many departments, from maintenance to foster care.

*As primary childcare prerequisites,* Jack realized the necessity for a different generation of child and youth care staff workers willing to give a two-year commitment, including an understanding of adequate notice of termination. More over, applicants need sufficient understanding of child development, as well as a readiness to critically review their own work and their interpersonal relationship style. Primary careworkers were selected from existing staff and from a pool of experienced workers eager to try the new model. Currently, primary careworkers are appointed after a successful tour as regular line workers, when possible.

*Empowerment* of children in care requires the empowerment of their caregivers (VanderVen & E. Tittnich, 1985). Empowerment of workers demands that they know what they are doing, not by intuition but through developing skills such as an understanding of child development, as well as assessment of children's needs and readiness for further growth. Primary carework as Jack imagined it was **DOING WITH CHILDREN** through physical care, daily routines, play and through ordinary life experience.

Empowerment of care staff and subsequently children requires: (1) well focused nurturing time for each child; (2) acknowledged authority as careworkers and (3) added "tools" for effective carework. Appropriate time for the worker and the children-in-care had to be allotted for carrying out essential care functions such as individualized attention and meeting each child's personal care needs and particular interests. Interpersonal relationships between youngsters and staff and attention to careworker's involvement occurs through sharing in all aspects of their children's daily routines. Workers are responsible for their child's development of life skills, progress in school, for leisure time pursuits and for associations with the children's own families. A review of the primary's job description is to be made aware of the immense tasks of the careworker. No wonder careful staffing patterns are necessary to provide relief staff for periods when primaries are not available.

Most of the primary care, as just outlined, relates to interactions between careworker and their children. Jack's model recognizes that, in all group care children, there is a lag or disturbance in attachment development and, therefore, a central focus of any residential model is the need for healthy attachment experience (McElroy, 1988, 33-34). McElroy stressed that group care requires as its major service ingredient, the provision of primary personal care, a factor also recently established by striking empirical research (Werner, 1989). Jack relied on the work of Redl and Wineman and others that developmentally deprived and aggressive-prone children could be impacted more effectively in an intimate small group. Whether work proceeds on an individual or group basis, the hallmark remains upon attachment, development and nurturance.

He decided upon a group of four: a primary careworker and three youngsters. This group of four within a cottage group of around twelve served as the basic unit. A group of three children also facilitates better opportunities for activities, play and above all, to work on interpersonal peer relationships. With concentrated attention to youngsters in groups of three, primary contact carework would have a better chance.

Empowerment of primary care led also to advancing the position of primary careworker as the coordinators for planning and decision making. For decades, careworkers have been pronounced on paper as the most instrumental "treatment agents" in children's institutions. In this pioneering carework model, they indeed became empowered and established as the critical component in children's lives while in residence. Quarterly reviews now are scheduled in the respective child's unit with the primary careworker chairing a meeting made up of other careworkers, social workers, teachers, supervisors, clinical and agency directors attending. Increased responsibilities combined with recognized authority was also recognized through a new and improved career ladder.

Primary carework and its corresponding empowerment of line staff had one particular innovative aspect. Programming became more decentralized and necessary "tools" were placed into the hands of the primary

careworkers. The actual daily program is seen as their responsibility. Also noteworthy in this scheme is that Jack places Bettelheim's dictum that "Love is not enough" into action. Effective care workers require the proper tools, and therefore a monthly cash kitty was allotted to each unit toward necessary expenses in support of activities with "families" and purchases of items immediately needed. Cash at hand creates empowerment and enriches a more spontaneous life experience. Primary careworkers utilize these "tools" of life to enhance opportunities for attachment development. Just to cite a few: having a newspaper each afternoon in the unit, deciding jointly to locate a popular new tape, taking a spontaneous walk for an ice cream cone, visiting town to mingle with the "outside" at the pizza parlor, and so much more. Again, we witness the emphasis on attachment development through doing things together, through exposure to strange as well as familiar encounters, through developing life skills in the community. These activities are in Jack's model, not just authorized but backed financially.

Jack personally advocated a reliance upon a psychodynamic (intrapsychic) attachment-building orientation. His model is anchored in his preferred psychological bent. (Redl, Trieschman and Wineman). However, most remarkable, the model is also operative with alternative attachment orientations such as M.D. Ainsworth (1982); Fahlberg (1991); Krueger (1991); Maier, (1994); Maier et al (1995) and others. Jack adopted Fahlberg's concept of "reparenting" for the model. Primary Carework is the healthy reparenting of children who have been parented in maladaptive ways.

We note the Primary Care Model does not just introduce new roles for careworkers, it also brings into the forefront vital issues that effect residential treatment such as normalization. Workers are asked to create for children or youth in their care what their age-mates would have through their ordinary home lives. This concept highlights not only close personal interactive experience over time with the same caring person, but natural life experience within their respective neighborhoods and communities. Permanency planning is also addressed as primary careworkers are envisaged as transitional persons on the way to re-establishing or assuring permanent family living as the goal of treatment. Jack saw group care as a transition to family connectedness. Primary careworkers are seen as instrumental treatment agents with natural or adoptive families. Additionally, the model is anchored in other contemporary welfare concerns, such as teamwork and explicit division of labor, as well as professional and personal accountability.

In closing, this author wishes to recognize Jack McElroy as an admirable, sensitive human being who wished to bring the best care to the children he served. Even more so, Jack was a pioneer in creating and demonstrating new effective paths within the groupcare field. Jack's model deserves careful review for its internal consistency. The Primary Carework Model is conceptually relevant for the day by day practice in caring for troubled children and youth.

To all these well-targeted adulations, Jack might appropriately smile, but he would also add a reminder he frequently used to challenge his colleagues at work: (1990, p. 3): "I know that staff is doing great, but let us explore together "WHAT IS STILL MISSING FOR EACH CHILD." It is that quality and drive for excellence and the best possible care for children, which made Jack special to me and consulting at The Children's Home a rewarding experience.

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## Jack McElroy: The Professional Child and Youth Care Worker and His Contributions

Mark Krueger

*Child and Youth Care Learning Center  
University of Wisconsin – Milwaukee*

Jack McElroy was truly a professional child and youth care worker. He had a strong belief in the importance of caring relationships and he acted upon his beliefs. He rose through the ranks, building his career on his passion for being with kids and the ability to articulate what they needed to grow. He also did everything he could to fight against one of the greatest injustices in services for children—the pressure to provide quick fixes.

Jack knew that severely abused and neglected children needed time and competent caregivers to form attachments and that through these attachments they could be empowered to grow. In a published letter to a colleague, he wrote:

“What I have been struck most with over the past ten years is that these children are unattached and have no significant person in their life....They need someone they can incorporate, who they can learn from and who they can become dependent on so they are able to develop from that person (through ego lending), a concept of self and the knowledge and desire to control themselves...”

Jack wanted each child to have a “parent figure” to take care of his or her daily physical and emotional needs. One person who the child could count on. One person who had the same spark in his or her eye that Jack had for kids.

He believed that every interaction had tremendous power. A child combing his hair with the help of a caregiver. A meal eaten together. A voyage into the play yard outside the cottages. A conversation at bedtime. A bounce pass. In Jack’s eyes, these were the drops of care that nourished children to health and helped them acquire the skills they needed to live in the world.

Using his experience, knowledge and the teachings of his mentors (Redl, Wineman, Parsons, Nagera) he developed the innovative Primary Caretaker model to demonstrate how this could be done at the Children’s Home. Then, he modeled the approach and tried to instill the same conviction and knowledge he had in the staff members.

For his creativity, insight, and dedication, he was awarded the esteemed Trieschman Award and inducted into the Academy of Child and Youth Care Professionals. Like most professionals he was very proud of the acknowledgement he received from his peers. But he was even more proud of how the Primary Caretaker approach helped empower children, workers and families the way he envisioned it would.



Jack fought against death and for kids with all his heart and soul. He is a true child and youth care hero — someone who stood up for what he believed and acted. Someone whose spirit lives now every time:

- A primary caregiver walks slowly into a room and touches a child gently on the shoulder. The child slowly opens his or her eyes and is grounded in a familiar caring face.
- The caregiver brushes the child's hair away from his or her face and raises the shade, moving at a pace and talking with tone that eases the child into the day.
- A child returns to the unit from school to an eagerly awaiting caregiver, who listens attentively as the child describes the events of the day, then, while helping the child get ready for the next activity, assures the child that they will do it together.
- A caregiver sits on a couch talking to a child about the child's fears and dreams.
- A caregiver engages him- or her-self in a new activity with a youth, creating a sense of safety and security by his or her presence.
- A worker stands up for care.
- And thousands of other moments and interactions such as this.

No professional can give more to children or the profession. Thanks, Jack. You did more in a short time than most people could in several lifetimes. I miss the phone calls and long conversations. Keep throwing hoops.