INVESTIGATION, DESIGN, AND IMPLEMENTATION OF A THERAPEUTIC MILIEU FOR CHILDREN AND YOUTH IN RESIDENTIAL CARE IN THE NEW SOUTH AFRICA

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ABSTRACT: An effort to improve the quality of life of clients and staff in a residential setting for emotionally disturbed children and youth focused on the essential elements, processes, and climate of a therapeutic milieu in post-apartheid South Africa. The process of working with children and youth was more important than the activities themselves, underlying the paradox of being and doing. Key elements in the redesign of the therapeutic milieu were: a focus on self-esteem, relationship building, realistic expectations, and planned daily activities. A pre and post test designed to measure self esteem in clients was used as an indicator of successful changes to the program.

BACKGROUND

The Community

Change and innovation in a country in transition is complex. The following factors were critical elements of the landscape, which in turn affected efforts to improve services for children and youth in our agency. First, the transformation of the child and youth care system was not grounded in the principles of systemic change. Second, the legacy of apartheid, where in the old South Africa the whites were a numerical minority, impacted attempts at transformation. Under apartheid, the white population, in order to guarantee its position in the power structure, subdivided the black majority into three typologies—Indian, Colored and Black—and promoted the idea that one was (just slightly) better than the other. This ideology was internalized, making one group subservient to the other and causing a tension that was neither acknowledged within our organization nor was understood by the international community. The result, overall, has been conflict, confusion, turbulence, tension, muted tribalism, high unemployment figures, a poor economy, high crime rates, and housing problems. Gang wars increased as did rape, murder, and car hijacking, and the mushrooming of vigilante groups held the previously disadvantaged community in the grip of fear and demonstrated that when people do not get what they want they will take it anyway. In spite of this, it was necessary to develop a clear vision of what the future should look like, so we were no longer prisoners of the past, but could become pioneers of the future.

The Work Setting

Leliebloem House is a registered private, non-profit residential care center for 84 sexually, emotionally and physically abused individuals, 4 - 18 years of age. The main characteristics of the clients in this agency are:

A. They come from single parent homes and fractured neighborhoods;
B. They are primarily from colored and black single parent families where, crime, violence, unemployment, alcohol and drug abuse is prevalent;
C. They have been neglected and abused either sexually, physically or emotionally;
D. They have been emotionally and physically deprived and are from homes where there has been poor parental control.

On the micro level, clients present in the following ways:

A. Younger clients have difficulty developing relationships of trust, particularly when the primary adult figure, the biological mother, has failed to be nurturing;
B. Clients exhibit low self esteem because they have a poor sense of belonging and are often vulnerable and insecure;
C. Rather than show their vulnerability, clients adopt defensive behaviors or attitudes such as swearing, stealing, and lying;
D. They usually present with learning problems;
E. They often wet their beds, sometimes well into their teens;
F. They often have difficulty in successfully negotiating each of their developmental stages;
G. They are often deemed to be developmentally slow;
H. They become low achievers. This seems to be linked to the subsequent development of dependencies such as alcohol or drug abuse, antisocial behavior, and gangsterism.

On the macro level the problems experienced are those of re-establishing and maintaining healthy relationships between the family and the child. The clients often seem frazzled and too afraid to trust again because they have suffered hurt and disappointment in their previous relationships.

THE PROBLEM

Problem Statement

The therapeutic content and value of the agency's program and daily activities were not well developed and therefore did not match the developmental needs of children and youth in care. What follows is a description of measures that were taken to improve our services.

Problem Description

Clients were admitted to the agency because of their personal circumstances, their societal stress-related situations, or both. They had the same primary developmental needs and goals as those of their peers who were in the care of their families. However, because of the events that lead to them being removed from their families (and which continued to influence them), their development was affected. Once placed in the agency, the focus of intervention was the deviance or psycho-social problems of the clients, not their normal development. Clients having difficulties were supposed to be supported to rework and to renegotiate or compensate for the adverse effect that these stress factors might have had on their development, through the use of clinical assessments and individual treatment plans. However, clients in this agency did not have access to their "own" clinician or therapist. The events and climate within the agency did not help or motivate them to make developmental progress. Because of their difficulties they were often viewed and treated as a different class, and were stereotypically labeled by staff and society at large. Any negative behavior on their part was simply a confirmation of being "true to their type." Staff simply complained about the "types" of children and youth in care without attempting to help them. Staff used race as a predictor of behavior and, as such, would generalize that certain behaviors were typical for children of certain races. Staff did not recognize and understand that many of the presenting behaviors of clients might be commensurate with the clients' age and stage of development. The staff were not able to suspend their judgement or to transcend the forces and factors that lead to the client's placement. In so doing the agency was not effectively meeting the normal developmental needs and goals of the clients. Also, staff had relied on the use of corporal punishment and physical restrictions as behavior modification strategies. However, corporal punishment has been banned by the new regime, so that other than talking to the clients, staff had no effective methods to deal with behavior, either in relation to the reinforcement of positive behavior or to the modification of negative behavior.

The discipline register of the agency indicted the agency for its ineffective program. Clients were disciplined on a daily basis for fighting, for being in conflict with their peers and with staff, and for aggressive behavior. This register also revealed that in one month, 50% of the clients were disciplined for misdemeanors. Focus groups conducted with clients revealed that the clients were not happy with the way that they were being treated by staff. They said that they got into trouble because there was nothing else for them to do. They stated that they were bored with the routines and rules and that they were frustrated with the mediocrity of the program. They stated that the monotony was, as one client put it, "killing me softly."

The maintenance budget of the agency had increased by 20% because the clients were willfully damaging fixed and movable assets

and equipment of the agency: scratches on vehicles and broken window panes were reported daily; and sewer drain covers were removed and gutters and down pipes were broken. The South African Police Services communicated their concern at the increasing number of clients who were being arrested for loitering, shoplifting, and other petty crimes. There were also numerous complaints from the community about clients' loitering, and in particular, about them hanging around on street corners. The schools expelled clients because they were disruptive in class. Staff were called upon to mediate between the schools and the clients on a daily basis. Problems were experienced at all schools attended by clients of the agency. A survey of other similar agencies revealed that they were having trouble keeping their clients occupied on a daily basis. Agency personnel were getting desperate.

Analysis

Interviews with staff revealed that they had very little knowledge about the developmental needs of clients as was evident in the disciplinary procedures used. The consequences that they imposed did not match the age and stage of development of the client. Staff acknowledged that they were not trained to deal with the more difficult youth. They listed the following factors as impediments to their work: (a) The staff/client ratio, (b) long hours, (c) excessive demands of difficult clients, (d) lack of privacy, (e) financial inequity, and (f) the negative image of care work that was broadcast by the media.

The assessment reports of clients were indicative of an emerging trend that the individuals coming into care were more troubled and therefore more troublesome. These more demanding clients seemed to be stretching the skills of staff. Staff were frustrated and demotivated because of the ineffectiveness of their treatment interventions. The reasons that staff often gave for the termination of their services were that they were no longer able to cope with the difficult behavior of clients. They said that they were stressed and experienced symptoms of burnout.

Observations of staff and client interactions highlighted the difficulties that staff encountered in dealing with large groups. The ratio of 14 clients per staff member per shift took its toll on staff. Clients lacked coping skills, social skills, and problem-solving skills. The clients' perceptions, attitudes, past experiences and socialization may have triggered their negative behavior. Their traumatic experiences had a significant impact and may even have arrested their personality development. Clearly, their experiences may have had an adverse effect on their psychological and social development. Clients may not have had the opportunities to "learn" about themselves and their behavior because of disrupted nurturing. They may have been deprived of the primary care. Their orientation to the program was often defective. They also absconded often because the milieu was not stimulating nor were the relationships meaningful. Clients may not have been motivated to seek

help, having had neither trust nor the verbal, intellectual and "introspectional" skills to take advantage of therapeutic interventions. Successive experiences of failure hardened them and made them difficult to reach. The directors of other similar agencies were unanimous in their belief that our programs did not meet the developmental needs of clients nor those of the staff.

Literature Review

The insights gained from the literature made it clear that most of the problems were spawned by the mismatch between our programs and the developmental needs and goals of clients. This seemed to have had an impact on the whole system of group care. Durkin (1990) stated that restructuring programs as a strategy for change appeared to be the quickest and most efficient way to improve the situation.

Organizational change and innovation.

Urgent measures were required to improve the quality of day-to-day residential care practice. Because children were (and continue to be) the voiceless majority in this country, residential programs had to start to listen to the voices of the children.

In addition, the system of residential care depends upon the commitment and ability of its staff, many of whom were poorly trained for the job they do. With residential care widely regarded as a placement of last resort, staff were not supported and had generally low morale. Residential care of children is commonly regarded as an unimportant activity. Staff also frequently complained of organizational factors as contributing to job stress. One should be mindful of the impact of these forces and factors on the clients whose placement in a residential treatment program is a new experience for them. It is of paramount importance that one accepts that there will be resistance to change. However those who have difficulty in accepting change, can help to create it. Bijl and van den Bogaart (1992) cautioned that changing an organization is, by definition, confronting it with new and very specific circumstances. They concluded that a generalized model would be less appropriate because each organization has its own peculiar circumstances, and standard innovations would have a destabilizing effect on organizations. The mere replication of other solutions or models would not be as effective as the development of an indigenous model based on the organization's uniqueness. The authors stated that a purely situationist position does not seem appropriate either, because organizational behavior cannot be conceived of as shaped exclusively by environmental influence.

Gournay, Birley, and Bennett (1998), in describing the evolution of mental health care, listed some of the important contributions from the "therapeutic community" to "milieu therapy" (p. 263). Democratization and communalism is the recognition that everybody is valued and should

be involved and that people should have responsibility for each other. Implicit in this approach is the flattening of the hierarchy. Their core message stressed the fact that an individual cannot be adequately" treated" without "treating" the social context and this means the treatment setting, usually the institution.

Epstein (1979), posited that organizational behavior is viewed as an interaction between the features of the agency and the features of the intended innovation, each influencing the other. One thing about which almost all educational theories agree is that environmental circumstances affect the developmental processes of children. Every child psychologist or educator emphasizes the importance of good circumstances.

Social climate/environment

The term, "therapeutic milieu" seems to conjure up all sorts of metaphors and explanations. It appears that the more it is explained the more it becomes confusing. Organizational culture or climate is to the organization what personality is to the individual. Commitment to service excellence or quality is an attitude of ownership. The binary mind is used to dividing into groups of "us" and "them." The end result is to deprecate those that are different or "other."

Wozner, Golan, Arad-Davidson, and Dekel (1997) referred to the quality of life of clients in an institution, saying it is a crucial measure of the process of institutional adolescent development and that it impacts on the achievement of clients.

Bijl and van den Bogaart (1992) stated that there is a relationship between social climate and treatment quality. A positive and growth-promoting climate has a favorable impact on treatment outcomes. The establishment of interpersonal relationships is fundamental in a therapeutic milieu where the physical environment, the security and affection offered and an atmosphere that is characterized by empathic warmth, understanding, and support are complementary elements. It is of vital importance to understand that, for any change or innovation to be successful, there has to be an atmosphere that supports the change process. Graves, Gargiulo, Sluder, and Holmes (1996) posited that it is generally conceded that the environment is very significant.

The environment is thus a very important feature of a therapeutic milieu because it impacts on the quality of life of clients and staff in an institution. How human beings relate to and interact with others impacts on the quality of life within an institution. Many research studies have concluded that the environment impacts on human development (Blyth & Leffert, 1995, Eccles, Early, Frasier, Belansky, & McCarthy, 1977; Eccles, et al., 1993).

Activities

The importance and role of activities are recognized in the literature. Schultz (1992) concluded that the likelihood that clients will be motivated

to engage in the program will be greater if the innovation fits the needs, attitudes, and values of clients. He underlined that the program should be attuned to the individual and his or her capabilities and choices and that the focus should be more on the inner problems than the external manifestations.

Clients

There is widespread agreement that the neglect, maltreatment, and abuse of clients and the fact that they did not have safe or stimulating contact with their parents warrants an innovative approach to helping them. According to Rogers (1961), a child's self-concept is central to social success.

Defining and conceptualizing the therapeutic milieu seems to be an elusive task. In the absence of knowledge about human development, clients can actually suffer psychological damage.

Child and youth care is interactive-intensive. Menzies (1970) questioned how staff handle the stress. He posited that staff develop social defense systems that are manifest in staff splitting off from their clients. This process may lead to depersonalization, categorization and to denial of the significance of the individual. Staff may also become emotionally detached from the work content through a process of denying their feelings. Menzies stated that task performance is likely to become ritualized with a consequent reduction in risk and the need for decision making. However, residential work requires much personal dedication and commitment, and an ability to retain some level of appropriate detachment to avoid the possibility of getting submerged. Not all workers will have healthy motivation.

Gournay, Birley, and Bennett (1998), in their study of the mental health of clients in institutions, found that the therapeutic environment of the whole institution had to be re-engineered simply because there were not sufficient staff to meet the needs of the increasing number of patients. Communication between staff and clients in institutions seemed to affect the mental health and well-being of clients and staff.

The organizational design of human services agencies in South Africa tended to be very pyramidal, hierarchic and "top-heavy." The literature supported the notion that flattening the organizational structure would be a more effective way of working with clients in residential care. This in itself would spawn a different kind of environment that would be more helpful and growth-producing for the clients as well as the staff. Activities would then also flow more easily and the clients and staff would experience more meaningful interaction.

Solution Strategy

The writer wanted to develop an indigenous model that could match the current political, social and economic forces and factors in the New South Africa. Clients grow up in multiple contexts and therefore one

cannot really design a sterile therapeutic milieu since clients are not with the agency or staff 24 hours per day. One cannot control for everything that happens to them outside of the agency. The influence of the external environmental contexts impact on their feelings, moods and mental well being. They go to school, to their families and to their hosts. They go to clubs and hangout with their friends. A therapeutic milieu should thus be the context that can accommodate an eclectic theory very easily, since the milieu should not be feasible for only one treatment modality but rather almost any viable approach should be applicable within such a milieu.

Maier (1987) stated that in program planning each day's activities stand out for their challenge and adventure, with routines built in as a matter of fact. He advised that program planning should serve the purpose of assuring each child ample private life in the inherent fishbowl existence of group living. The developmental perspective is presently gaining prominence in the other human helping fields and behavior studies, but also and more importantly, for its useful application in child and youth care and treatment. Bronfenbrenner (1977) emphasized that every child needs at least one person who is really crazy about him or her. Both the challenges and tasks in the therapeutic milieu or community are to effectively deal with the logjams and hiccups of individual clients. The healing however takes place in the design of, process and application in daily activities as well as in specialized treatment. The therapeutic milieu can in this sense be conceptualized as both a medium for clinical treatment as well as for working with clients developmentally. One of the fundamental principles is that both staff and clients are learners, both are subject to reciprocal evaluation. As much as staff can hold clients accountable, by the same token clients should be able to hold staff accountable.

The therapeutic milieu should therefore be one where clients can experience a sense of belonging, where there is a flow of affect and helpful activities. One key element is that even failure produces knowledge. Activities are the vehicle to meet the client's developmental and treatment goals. The activities should help clients to gain in competence and confidence.

The establishment of interpersonal relationships is key to a well functioning and effective organization where the quality of the service is of paramount importance (Brendtro & Ness, 1983; Garbarino, 1992; Krueger & Powell 1990; Maier, 1987; Schultz, 1992). Maier, in particular, posited that strong interpersonal relationship formation between care giver and care receiver is a prerequisite for any child care. Wozner et al., (1997) stated that within institutions, staff and youngsters are expected to form relationships, perform activities and engage in constructive (therapeutic/rehabilitative) interactions, all of which require a degree of motivation from the different actors involved.

One strategy that focused on the more difficult to reach clients was experiential education. Keulen (1992) conceptualized experiential education as a running start to social competence. He said that adventurous

activities can be an unusual but very effective in child care especially for young people who cannot benefit from more traditional forms of assistance. He stated that

> *an increasing number of young people were not profiting from our traditional forms of assistance : they could hardly (if at all) be treated in our institution. These were mainly youngsters with severe behavioral problems" (in DSM III terms, conduct disorders). (p. 87)*

Keulen (1992) stated that these clients caused problems in multiple contexts. They violated the rules, damaged property and they were aggressive and violent. They were actually very difficult to handle in closed institutions because of their incompetent social behavior. He further stated that they did not respond to and did not benefit from the help in a regular program. However, he found that they behaved in a more socially acceptable way in extremely primitive conditions.

Spiers (1998) advocated for face to face work and politeness theory. She asserted that daily social interaction depends on the individual's ability to successfully interact with others, both, verbally and nonverbally. There are many assumptions or expectations about how people should conduct themselves in different contexts. In psychology this is referred to as rule-following since these norms are culturally and socially derived and are meant to support the interpersonal cooperation, negotiation, and co-creation of meaning that is necessary to get things done in a way that maximizes satisfaction with the outcome and minimizes either threats to the self or other or to the product of the interaction. She stated that underlying these norms are assumptions about one's need to project and protect a social identity. In Goffman's (1967) theory the social identity is seen as "face."

Action Taken

Organizational change is a long and arduous task. The writer adapted, designed and conceptualized a developmental theory that underlined the activities that matched the developmental needs and goals of clients. The organizational design was also adapted to support the developmental needs of staff and clients

The following criteria were adopted for evaluating the success of the program innovations:

1. Forty of the 84 clients will demonstrate self-esteem and locus of control improvements.
2. The incidence and prevalence of acting out behavior of 30 of the 84 clients will be reduced.
3. 5 of the 9 residential staff members will report higher levels of personal and professional satisfaction and all staff and clients will report enhanced relational satisfaction.

Self-esteem, according to Harter (1990), is "how much a person likes, accepts, and respects himself overall as a person." (p. 255). Improvement in self-esteem was therefore the main focus of the processes and activities. The way staff related to clients therefore had to be non-judgemental, warm and they had to model positive regard in their activities with the clients. They had to work developmentally with clients and continually frame the processes and activities in such a way that the clients had a sense of being able or competent and lovable.

According to Rotter (1966), locus of control is a theoretical construct referring to the degree to which a person perceives a relationship between his or her own behaviors and the outcomes of those actions. Locus of control is usually described as consisting of two general types of expectations. An individual is perceived to be "internal" when he or she maintains a self-determination for positive social reinforcement and achievement and "external" when he or she believes reinforcement is dispersed by external forces beyond his or her control, such as fate, luck or destiny. Lefcourt (1981) stated that this construct is a personality characteristic that has been well researched and high positive correlations with academic achievement have been found. These constructs are considered to be strong predictors of the level of functioning of clients. A self-esteem questionnaire was developed and administered both as a pre-and posttest involving eighty four clients over an eight month period.

The more troubled clients were helped with attachment formation and relationship building. Staff had to model the behaviors they expected from the clients, they had to find novel ways of reinforcing such behavior, and in their communication with clients had to bear in mind that clients may have a preferred learning style. Some may be digital learners, some tonal learners, some visual learners and others kinesthetic learners. Working in a multi-cultural setting, this was very interesting since, for example, in Black cultures it is deemed to be a sign of disrespect if a child looks an adult in the eye. However this exercise underlined the fact that a client not looking a staff member in the eye may have nothing to do with respect but rather with the way they learn. Likewise there were those clients who always positioned themselves at the back of the line or room. This was due to the fact that they were visual learners who needed to see the picture, not that they wanted to be away from the front. Relationship was key. Clients were engaged through effective orientation. The milieu was stimulating, relationships were more meaningful and there was less reason for acting out behavior.

The writer had the initial "feeling" that the term "therapeutic milieu" did not match very well with the developmental model. He continued his research for a less judgmental, value-laden term. One possibility was to conceptualize it as a "co-creative environment." (Gaffley, 1998, p. 41). The co-creative environment is a space and moment in time when each is open to the other in such a way that they can put what they have in a melting pot and something new could be created. This implies taking a risk;

something that would not be possible if they did not trust each other enough to be open and honest with each other. In a co-creative environment there is no room for position or status power. There is no room to condescend or to act superior. Meaning is obtained through sharing. We learn who we are by interacting with others, unconditionally. A paradoxical integration of "being" and "doing" emerges. Spiers (1998) used the concept of co-creation of meaning. Relationships would seem to be the critical element of and in a therapeutic milieu since the quality of life, the quality of interactions and the possibility of clients achieving their developmental goals seem to be dependent on healthy, growth-producing relationships. One cannot have any sense of prosperity, performance, or planning, unless one has a purpose which emerges from relationships with others. In a country that is still bent on controlling children and youth and forcing them to obey, Erik Erikson's words of wisdom can make a world of difference to clients and staff of residential agencies: "if we will only learn to let live, the plan for growth is all there" (in Crain, 1992, p. 268).

RESULTS OBSERVED

Self Esteem and Locus of Control Improvement

Self-esteem improvements in the social, affective, academic and physical domains were significant. The more clients felt good about themselves, the better their behavior became. They were generally feeling good and doing well.

How we feel about ourselves has a profound impact on our behavior. The father of Rational Emotive Therapy, Albert Ellis (as cited in Corey, 1991) has a very simple explanation for human behavior when he says that cognition drives our feelings and our feelings drive our behavior. Experience has taught us that those clients who feel good about themselves, are generally the ones who perform better and whose behavior is less complicated to manage. The above results reflect features of significant self-esteem and locus of control improvements. Clients in residential care are often not assertive. It has become apparent that happy children, the ones who have good feelings about themselves, are the ones who are less troublesome. The results of the questionnaire supported this trend. The educators were in agreement that as the children's feelings about themselves improved, they identified evidence of intrinsic motivation which allowed the educators the opportunity to make a shift from external controls, discipline, punishment, compliance, control and the application of rules and regulations. Another subtle feature was the development of meaningful interpersonal relationships. These clients are in a prosthetic environment in the children's home and they are usually relationship-reluctant as a result of the loss of attachment to the primary care giver. This development of relationships, although a byproduct of activities and processes, are in actual fact the essential ingredient of working with emotionally disturbed clients.

Reduction in Acting Out Behavior

When we examined behavior in the classroom we found that significantly fewer clients disrupted the class instruction, refused to stay at school, had to be disciplined, destroyed or damaged property and refused or failed to complete homework

Once again it is evident that the behavior of clients improved as their self-esteem improved. They could move from external locus of control to internal locus of control.

In the beginning the clients displayed a "I don't give a damn attitude" since they had a lower self-esteem and in fact did not hold anyone else in high esteem. In fact they were saying: "I have been hurt so much because I care so much that I will no not allow anyone else to hurt me anymore." The posttest clearly underlines an attitudinal change. Experience has also taught us that the above behavior is not only an expression of self but also of a search for identity. Identity is basically a question about who I am and how I feel about myself. These clients all come from high risk environments where violence and conflict are pervasive and the only way to influence or prevent "stuff" from happening to you is by disrupting, destroying and refusing to be controlled. These clients were all out of control and in this change process they have been taught self-control as a means of ordering and directing their lives. These clients had a low frustration tolerance and have great difficulty in delaying gratification, making the decrease of acting out behavior even more significant. Since the agency did not really have any financial resources to acquire additional materials or equipment, the relationship and activities themselves brought about both incremental and second order or transformational change in the behavior of clients.

Increase in Staff Satisfaction

Whereas staff previously perceived their work to be meaningless and their contribution to change as insignificant, after the intervention all the staff perceived their work to be beneficial to the clients and themselves. The change was significant. The perception of staff had changed over time regarding their work with clients in the workplace.

If staff perceived themselves as doing better, they would be conditioned by a "success breeds success syndrome". Staff reported an 80% improvement in the number of days that they regarded as beneficial or successfully spent with clients in the workplace. At the same time the days that they regarded as average showed a 44% decrease and the days regarded as poor, decreased by 100%.

CONCLUSION

Establishing a therapeutic milieu or co-creative environment in an agency where workers have had no formal academic training and where they often lack in ambition, and where clients are victims of multiple

abuse, was a complex task. It was further complicated by a lack of understanding on the part of parents and educators. They had very little insight and understanding about the consequences of the disruption of normal development in the lives of clients from high risk communities where child abuse and neglect is the order of the day. Although all the outcomes were positive, it does not mean that the agency is ready to be totally successful as a social change agent.

Retraining of staff has its own merits, but transformation is preferred. Our children and youth should not become detached, or dropouts since they will come back and hold us to ransom later. Working for retirement security is not good enough in child and youth care. The child care worker has to be passionate and enjoy his or her vocation to promote a healthy client-staff relationship that is so vital in building self-esteem.

South Africa now has a post-apartheid model that is not based on dysfunction but on reinforcing strengths. The sooner we realize that as much as one cannot force a baby to sleep, one cannot sustain forced, coerced or external behavioral changes. Clients have the right to a context that can match their developmental needs and provide goals that are conducive to their growth as well as an environment that will be patient with their development. Clients do not always need "therapy". Sometimes all they need is to experience their humanness through a meaningful relationship with someone who is willing to help them with transition. My advice to front line workers is that often improving knowledge, skills and attitude and just being yourself, is the most effective way to help clients to become functional in a creative and cost-effective way. Have fun and hear the children laugh. The most effective way to promote change is to encourage it.

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