

## **DEVELOPMENTAL STAGES OF CHILD CARE WORKERS**

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The Developmental Stages of Child Care Workers emerged from observations and discussions among supervisors at the Larkin Home for Children over an eight-year period. Unit supervisors had been repeatedly observing patterns of interactions, relationships, and behavior displayed by new child care workers. After members of a voluntary support group of child care workers indicated that they were sharing similar feelings and experiences, the supervisors began meeting with the Director of Residential Services, individually and in groups, to identify common characteristics, styles, reactions, and behavioral patterns that could be placed on a continuum. The Director of Clinical Services and the Executive Director were also consulted. This resulted in the following framework.

Upon hiring, each new Child Care Worker is given a copy of this framework. It is used in an on-going basis in formalized evaluations as well as during informal supervisory sessions.

The framework pinpoints possible problem areas, normalizes responses and allows for critical interventions to be made in a supportive and predictable manner. Both the Child Care Workers and the Unit Supervisor can anticipate that the Child Care Worker will react in probable ways along the continuum of growth. Thus, the level of frustration, anger and disappointment will be reduced and expectations can be adjusted in an on-going basis by both parties.

Tasks which Child Care Workers need to complete are identified in the second and third stages. By no means do the authors feel that this framework is all inclusive.

Child Care Workers will have "stuck points," and movement from one stage to another may not occur in an orderly fashion. Child Care Workers who are experiencing "burn-out" may regress to earlier stages in particular areas.

The framework is a useful tool for the supervisory relationship which includes an educational component. Child Care Workers often come into the Agency looking for answers on how to work with behaviorally disturbed residents. They are unaware that many of the answers are within themselves and are not to be found in orientation

manuals, textbooks, or handouts. Becoming aware of their own reactions, feelings, responses and impact, and using this awareness in a therapeutic way is often very effective.

It is hoped that other agencies will look at this framework, determine whether or not it is consistent with their observations and knowledge, and utilize whatever may be generalized to their situations.

### **Beginning:**

#### **The Child Care Worker:**

- “befriends” residents, e.g., shares personal information with them
- may be fearful of residents, i.e., their pathology or potential for violence
- learns his/her wishes aren’t always the Agency’s, e.g., the “need to rescue the child” syndrome emerges
- can be either over-permissive or too rigid in his/her interactions with the child
- begins a shift from innate skills (those brought in) to learned skills (Agency taught and sanctioned)
- displays an inability to see some things from a different point of view
- replicates his/her family or origin role within the team
- is either dependent on Supervisor for getting supervisory needs met (insecure when Supervisor is not around and/or may avoid Supervisor so as not to let him/her know how unskilled/unknow- ledgable he/she is)
- is getting used to the job and is finding out its limits
- replicates “shoulds,” “scripts” from their family or origin around residents’ expression of emotion
- attempts to enter the group, e.g., inclusion/exclusion issues sur- face
- expects the children to be egocentric, e.g., like me, make me feel successful, perform for me and Child Care Workers use familiar ways (scripts) to meet these needs
- gets caught up in power/control issues and is uncomfortable when the child challenges authority
- personalizes the child’s negative behavior

- displays confusion — feelings of being overwhelmed, at a loss to prioritize (around myriad of details to be absorbed and tasks to be completed)
- is reactive and not detached
- is easily distracted from the initial issue the child presents and has difficulty focusing both self and the child
- wants to solve child's problems by offering solutions, suggestions prior to eliciting child's own thinking
- sees "good" and "bad" child care, begins to formulate own values (may be unjustly critical of team members whom they consider "bad" Child Care Workers)
- feels uncomfortable saying "I don't know" and feels a need to give answers
- may get over-involved with team members and residents
- identifies with residents over common themes
- is learning to identify own interactional style

### **Critical**

#### **The Child Care Worker:**

- begins to incorporate "I messages," realizes "roadblocks" to effective communication and learns how to actively listen
- develops more refined language
- identifies/recognizes power control issues with residents and can begin to step back
- personalizes residents' lack of progress
- begins to figure out what meaning and experience child care has for him/her
- struggles with considering several aspects of treatment at the same time, e.g., learning not to resist adding new skills to repertoire or looking at situations from a different perspective
- begins to re-work unfinished/unresolved parental issues with his/her Supervisor
- is learning how his/her family or origin role is affecting the team
- begins to test structure and limits of the Agency
- is often angry with the Supervisor for his/her supervisory needs not being met—the Child Care Worker is learning how to resolve his/her own authority issues but may create havoc by playing it out on the residents or within the team

- begins to recognize projections (both positive and negative) and struggles to deal with these projections
- solidifies role in team
- is learning how to prioritize, structure the day and work as a team member
- is beginning to pick up on verbal/nonverbal cues of residents and team members
- is beginning to see residents as a group that interacts in predictable patterns
- becomes more opinionated, may collude with team members who share same point of view (positive or negative)
- avoids direct confrontation, yet may be a catalyst in problem areas
- begins to rationalize why he/she can deviate from Agency standards and procedures
- begins to withdraw from the over-investment with resident of Beginning Phase, yet does not explain this to the children, therefore replicating abandonment themes the children have experienced

### **Consolidation**

#### **The Child Care Worker:**

- copes with his/her own individuality within the framework of the team
- is aware of how gender roles interfere with therapeutic responses/modeling
- develops "self" boundaries (no longer personalizes the child's response)
- develops a high degree of awareness of his/her own issues and emotions and either acts on or backs off appropriately
- develops a sense of initiative; has ability to take effective action without being told
- effectively thinks through a problem, recognizes and secures relevant information and reaches sound conclusions with input
- can identify program weaknesses including skill and knowledge areas that need to be developed
- presents self as a healthy role model and therapeutic tool
- is flexible in style and open to ideas and suggestions

- takes responsibility for getting supervisory needs met by asking for feedback and by sharing personal information and feelings relevant to job with his/her Supervisors
- develops a persona as a team member
- accepts his/her role as an adult and relinquishes his/her determination to be gratified by the residents
- is resolving his/her own issues that interfere with delivery of therapeutic treatment
- is learning that Agency standards/procedures come first and they will no longer cover for/avoid confrontation of team members
- is involved in programming for the unit on a more global basis (sees beyond his/her shift)
- supports team decisions even if he/she doesn't personally agree
- has developed an awareness of his/her own expectations/needs and utilizes his/her own support system to see that the expectations remain realistic and his/her needs are met/gratified in a healthy way
- is able to address conflicting areas without fear of loss of acceptance by team members
- accepts where a child is, emotionally

