

“ON THE EARTH ONE SEES ALL SORTS OF THINGS”

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The little prince went away, to look again at the roses. “You are not at all like my rose,” he said. “You are beautiful, but you are empty,” he went on. “One could not die for you. To be sure, an ordinary passerby would think that my rose looked just like you – the rose that belongs to me. But in herself alone she is more important than all the hundreds of you other roses: because it is she that I have watered: because it is she that I have put under the glass globe; because it is she that I have sheltered behind the screen; because it is for her that I have killed the caterpillars (except the two or three that we saved to become butterflies); because it is she that I have listened to, when she grumbled, or boasted, or even sometimes when she said nothing. Because she is my rose.”

Antoine de Saint-Exupery from *The Little Prince*

In 1967 I had not heard of “child care.” My job involved the care-taking of retarded boys in a state institution. Two of us – Finnucan, a 60-year-old grandmother and myself, a 19-year-old college dropout – tended to the needs of nearly 30 children, some of whom were blind, some crippled, some not yet mastering toileting. The work was exhausting – feeding, dressing, toileting and bathing 30 children left little time for anything else. After bathing the children and putting them to bed, there were bags of state clothing to be sorted into small, medium and large. The peaceful moments of sleeping children allowed time for me to get to know this very special lady who had been taking care of children like these for many years. She taught me the importance of helping children become self-sufficient. She helped me see their pride in mastering new tasks. She also taught me techniques to help a distraught child fall asleep. Finnucan remarked one day, “Imagine the changes for a child who has to leave his home, be with strange caretakers, and cope with the antics of 30 other children.”

After some time I became aware of how a number of kids in our dorm seemed to display skills one moment and appear totally helpless the next. They seemed to learn quickly, yet appeared preoccupied at

other times. Often they were aggressive with others, impulsive, or withdrawn in a corner for hours. There was a little boy who never spoke, sat in a corner, made a beep beep noise, twirled a button, and made webs with spit – until the day his mother came. Then he smiled at her and said, “Hi, Mom.”

“Hmmm,” I thought.

Finnucan said, “The doctors labeled him autistic.”

Autistic, I told a friend, “You should have seen what this little guy did while his mother was here.”

After listening to my story, my friend suggested, “Why don’t you check out this place I applied to last month? It’s a children’s center for disturbed kids. Sounds like you might be interested in what they do there. Personally, I could never work those kinds of hours, but you always liked a challenge.”

I arrived a half-hour late for the first interview at Lakeside Children’s Center. I hadn’t allowed time for traffic, and I think I was somewhat unsure of saying goodbye to those children who had taught me a great deal. Still, I made it through the first interview and several others, all of which were lengthy and personal. I was impressed. These people seemed to be interested in children in all the ways I thought important, and in many ways I had yet to discover.

Saying goodbye to Finnucan saddened me and evoked feelings of guilt. She had invested a lot of time and energy into my training – not formally – just a slow, steady investment. Without her guidance and sharing, I may not have pursued this career. Years later I could fully appreciate how difficult it was to see experienced child care workers move on, and to have to work continually with an influx of new, untrained workers.

As a new “counselor” I was working as a “visitor” for a six-week period, allowing both the agency and myself time to assess whether this was to become a permanent relationship between us. I would work side by side with a new mentor until I was able to work on my own. George, it seemed at the time, was as suspicious of me as the children were. I, in turn, had never met a grown man who had worn holes in the knees of his corduroys from playing on the floor with children.

The physical surroundings of this agency, in comparison to the state facility, was like going from rags to riches. But if the core of this line of work was heart and understanding, I couldn’t be fooled by surroundings. I had met people who worked for the state who cared about the outside and forgot about the inside. Somewhere in the first few months of being a “counselor,” my skepticism was put to rest. I felt honored to be with this group of people who were committed to meeting the needs of these very special children. Initially the unit I

was to work in had only one child. Six more little boys would join us over the next year. I was delighted upon the arrival of our second boy, because I had been feeling like an outsider, a spectator to the powerful relationship between George and Rob. Rob was a boy much like my small friend in the state program, who would talk only for his mother. Rob spoke in symbolic terms. Initially I wasn't very good at decoding red cabooses or fibble fibble. After working side by side for weeks with George, I was finally allowed to go for a walk alone, off grounds, with Rob. After we had walked two blocks, Rob started talking about his penis being fine, out loud, on a city street. In 1968 penises were not discussed on the street. Within another two blocks, Rob removed his shoes and threw them over the bridge into the Milwaukee River.

We returned to the agency. "He just took them off and threw them into the river while you stood there?" my supervisor asked with a tinge of sarcasm in her voice. "Impulsive" had taken on a new meaning. I began to understand the power and dynamics of a caring relationship, and how it acts as ego support to calm the fears and anxieties of an emotionally disturbed child. Rob didn't have the same problems when he was with George.

Over the next two years we welcomed eight more little boys into the unit. These years had a profound effect on my life, personally and professionally. Why was I attracted to these kids, who kicked, hit, spit, swore and had tantrums, who needed to be physically restrained for hours, turned a hose on me, bit me, pulled my hair and urinated on me? Could it be days off like Tuesdays and Wednesdays or the opportunity to work a 16-hour day if one of my co-workers was ill? I must have survived the first year by sheer determination and naivete, coupled with a tremendous amount of support and education provided by those who had more expertise than I. The rewards from this two-year period were inexpressible – my professional pride and personal satisfaction. These years will stay with me forever.

In 1971 I resigned. The process of saying good-bye had begun with my first pregnancy. It was incredibly difficult to say good-bye to the children, as well as my co-workers. These people had become even more than friends. A strong bond had developed between us. This was the beginning, and I still haven't found the end to the personal conflict – motherhood vs. child care. A career which takes me, "a mom," away from my own children to be with other children. This conflict kept me at home with my own two children for nearly three years.

In 1973 I received a phone call from my former supervisor offering me a part-time weekend position with a unit of girls. A child care worker's dream: back-to-back shifts Saturday night, Sunday morning. Good-bye, social life! Also, the beginning of a whole new set of expe-

riences with teenage girls. Oh, no! I worked with little boys. How could anyone expect me to work with teenage girls?

Unlike any previous group, this one was already set. They were a cohesive group, both staff and girls. I was the outsider. I was at square one with the new group. Gone was my status of the earlier unit. Didn't they know that I could be trusted, that I knew the rules, that I knew how to set limits?

Being employed as a child care counselor was something I was proud of and had a passion for. I had very little knowledge of an outside, larger community of child care workers. I knew that within my agency most people doing this job had college degrees. I knew many who left to return to school. I lacked that motivation. The bulk of my training had occurred through working with experienced child care counselors, my supervisor (a former child care counselor) and weekly unit meetings. Through the process of treatment planning, the teacher, therapist and counselors developed a treatment plan for each child. Although I certainly remember a hierarchy of sorts, I don't remember leaving unit meetings feeling that my ideas and opinions weren't heard. There was, however, a pattern of expectations that implied that even in the case of the most difficult, most severely disturbed child, there should be *something* the milieu, specifically the child care counselor, could do differently to help this child who was failing. It was required of Lakeside child care counselors to go an extra mile. This meant taking a close look at our own flaws as well as strengths. This was my education. It was here that I developed my own set of expectations for my profession – child care.

Some things were different when I returned to child care at Lakeside. I never quite invested in another group as I had in my first group of children. The pain of leaving was too great. I think perhaps the decision to work with the adolescent girls was a healthy move, and probably one that allowed me to shift into starting to train others. I could now step back and share with new co-workers what might be happening between them and a child, what technique might work better, when to be flexible, what worked for me. Yet, new child care workers always brought with them questions and challenges that kept me thinking. In 1975 those questions were: Why aren't we also working with families? Why aren't we included in professional workshops? Why aren't these kids mainstreamed into the community? What is the career ladder for child care workers? Again, the bond between coworkers in the unit was extremely strong. Without the professional dedication and continual support of my co-workers and my supervisor, these three years with the teenage girls might have been significantly less meaningful.

In 1978 our agency was planning to make some changes in the groupings of children, a periodic need, given the ebb and flow of ages and gender of children being referred. We were going to have a coed unit. I liked the thought of working in a unit with both boys and girls. In retrospect, the transition seemed like something that happened with ease after months of painstaking planning, and I have a great deal of respect now for the previous training I received in planning for transitions and moving disturbed children. My role again had shifted. I was older. Many of the newly hired child care workers were younger. They all had college degrees. I still had little motivation to return to school. However, on some level I knew I not only needed to finish three years of undergraduate work, but also a graduate program. I was now pregnant with my third child, working at a job that demanded a great deal of time and energy. It was easy to overlook returning to school. I wondered how long it would be enough for me to keep playing with trucks on the floor, or building castles in the sand, or climbing playground equipment or racing in a game of capture the flag. These were magical moments, but perhaps there was another role for me?

Accepting responsibility for training new child care workers happened gradually. This new breed of child care workers would ask, "Doesn't it bother you that so and so can tell you what to do when they've hardly worked with kids? All they did was get a master's degree." Up until that time, in all honesty, it did not. I suspect, with some arrogance on my part, that I knew coping with a group for eight hours daily was a significantly different task than providing individual therapy. Truthfully, I thought – and still think – I had the better job. However, there were changes that had an impact on my role as a child care worker. Within the agency, once again the director of milieu had changed. Politically, outside the agency, there was a growing emphasis on deinstitutionalization and short-term care. There were funding shortages. And at the same time there was a philosophical shift away from psychodynamics to the behavioral approach. I was becoming more and more aware of these forces affecting residential treatment that went beyond the healing component between child and child care worker.

In 1980 I was approached by the newest child care administrator to consider a position of "head counselor" (child care supervisor) in the unit with adolescent girls. Oh, no! Again the wrath of the adolescent female. The particular cottage unit had been without a direct supervisor for a period of time. In accepting the position, I inherited a staff with low morale, a program that was unstable, and eight acting out girls. In short, this was a unit that had been constantly draining the resources of the agency. I accepted the position because of the challenge. I wanted

to put back, share with others, all that I had learned. I was very reluctant to give up the gratifying direct line work. I began this new challenge coupled with my fourth pregnancy. The balancing act between my own family and my professional family was to continue.

My intolerance of mediocrity, rooted in my positive past experience, probably was one indispensable ingredient in the task of rebuilding this child care team. I charged ahead to rebuild and instill pride, maintain high standards of care and treatment, as well as provide leadership – leadership that was designed to instruct, to confront, to correct, to challenge, to support, while still managing a healthy, positive working relationship. These ingredients, I believe, are necessary for any supervisor to achieve success and respect. As this team grew stronger and the cottage program developed, the girls settled down.

A new issue now surfaced, one for which prior experience had not prepared me. Instinctively, to protect my team, I tended to isolate our unit from other units in the agency. Child care, because of its open 24-hour-per-day requirements, has historically been open to criticism by its sister disciplines, teaching and social work, and I became fiercely defensive initially of our team, later of all child care. There was a subtle acceptance of criticism directed at child care. And, given the high visibility of child care workers, there was always something to criticize – Jimmy needing a pair of new pants, Jeff needing a haircut, Carol late for a therapy appointment, or Marie not wearing her glasses to school. I fought to keep such things as these from becoming an issue, not to be used as reason for a lack of recognition for good child care. My supervisor labeled me headstrong. Perhaps, but attitudes were shifting. The issues of length of stay for treatment, cost factors, and the types of children referred for treatment were making headway.

A conflict arose within the agency around the role of the child care worker. What was intended as a move to place child care workers in the school for program enhancement (i.e., provide such skills as wood-working, photography, theatre) resulted in child care workers functioning merely as teachers' aides. I saw inherent problems with this system. Over time teachers were growing dependent on child care staff to settle acting out difficulties. New child care workers asked why two people were needed in a classroom when single coverage in the unit was common. In the unit the child care staff was responsible for every detail. In the classroom they felt told what to do. I remember a conversation at the time between myself and a previous co-worker, a woman dedicated to quality therapeutic caretaking of children. She described the demeaning feeling of being used to run and fetch, clean up, and even at times being verbally corrected in front of the children, the same children who on three other days in the week were entrusted

solely to her care. Perhaps the issue had more to do with personalities, or “two cooks in one kitchen” competition. Although the system was evaluated and sometimes even modified, I was unable to convince administration that this was a costly issue for the development of a strong child care staff within the agency.

The challenges of child care supervision are many. Middle management frequently is a lonely place. It is a lengthy process to learn the blend of skills needed to help create a competent child care staff. As time passed, I became more aware that child care workers need to be scrupulous in monitoring themselves. If therapeutic human interventions are the tools for healing disturbed children, we need to look at ourselves to understand our actions, our feelings, our thoughts in relationship to the children and to one another. In short, child care needs to monitor itself with caring and a critical eye. Perhaps this can reduce outside criticism.

I slowly emerged with an awareness that a strong unit milieu was only truly strong if it were part of a larger milieu program of equal strength. I paid a price in sacrificing my own comfort and security within one unit program, to look at the needs of the larger milieu. Facing the conflicts and differences among the child care supervisors was a painstaking task. Boundary issues were stirred up, and resolution was not easy.

It was 1982. I had been a supervisor for two years. The child care administrator, who was my mentor, resigned. This loss meant another change. Four child care administrators in five years.

Slowly my focus shifted from children to those responsible for their care. How could we create milieu teams where collaborative effort was as simple as breathing? How could we create a balance of strengths and weaknesses within the teams? What personality factors needed to be resolved? How could we schedule meetings for everyone to attend? How could we safely transition children in and out of the agency with the least amount of chaos? Who made the decisions regarding children who needed a more protective environment? How long did we struggle before discharging a child? How do we deal with the sadness and wrath when terminating child care workers who, try as they might, simply are not suited for this? With some arrogance and a great deal of professional pride, I can state I believe those who build a career in therapeutic child care are a very special breed.

Occasionally as a supervisor I had days of sheer fun. I recall a blizzard day when a cook was unable to get to work. I spent the day cooking and, of course, with all the laughs and teasing, I confirmed that cooking for 50 was not my calling. However, when mealtime came and an adolescent boy proclaimed, “What’s this shit?” I knew I had

arrived as a cook.

I had also arrived at another decision. It was time to return to school. I knew now that the issues were not lack of motivation or allotting the time. It was fear of failure that had stopped me from enrolling earlier. To all those who had kept encouraging and nagging, I say a sincere thank you. It was a long haul on a part-time basis, 100 undergraduate credits and 38 graduate credits. I couldn't allow myself to think about it. I just had to do it.

Throughout the early 80s there were constant changes for all of us in residential treatment. We were affected by many different trends and outside forces. However, closer to home, our executive director, who had run the agency for nearly 27 years, retired. He left me with a legacy of therapeutic treatment for children, and he left the agency with an heir apparent. This new executive director had been groomed for the job. I think these men – and note, they *are* most frequently men – exist in most agencies. They are slated to inherit the agency, provided the Board of Directors sanctions the move. This new executive director had a history in child care, an admirable credential. However, this move once again left a vacancy in the child care administrator position. I remember thinking, “O.K., now again, a fifth administrator in seven years.” I developed a certain resistance to this process. I resented it. By virtue of my years with the agency, I had provided more than one new child care administrator with the continuity, background, and child care traditions of Lakeside. Truthfully, I did not want to do it again. I wanted the job this time.

There were problems. My years as a supervisor had been few; I was still in school; and I think most importantly, although I was unaware at the time, I had yet to become proficient in the diplomatic handling of complaints toward the child care staff. I knew there would be a problem with acceptance in anyone with child care competency moving into an administrative position. There was anger, fear, and resistance to such a change in our agency's tacit, invisible norms. However, I became director of child care. Inevitably we all have growing pains. For me, with the acceptance of the new position, there was a clearer view for me of the struggle between child care, social work, educators and other persons being able to fully and deeply acknowledge one another as competent professionals. Child care seems to suffer from the most exposure, and consequently is open to all professional opinions and biases about what and what not, how and how not, when and when not to do this or that. Being director of child care was an awesome task.

I saw my role, initially, as providing a sense of direction and momentum for quality therapeutic (healing and nurturing) child care.

This is a basic. For nearly two years a subculture had been building in our unit of adolescent boys. It was nourished by staff from all disciplines and had been allowed to thrive to such a degree that newer child care workers took in stride that the “rules were just different” in that unit. There seemed to be negligence or a void in understanding the need for structuring the environment of the adolescent boy. Basically, all disciplines – teachers, therapists, child care workers – were unaware how empty, chaotic, confused, distorted and frightening the world could be to these boys, despite outward “normal” appearances. There had been a move to push the adolescent boys into independence, thus neglecting their emotional fragility. The major task was to rebuild a tight therapeutic culture, which attended to both the dependence/independence needs and other treatment issues of the adolescent. Although it took nearly a year, the change occurred.

To promote stability and growth for the child care staff, the child care supervisors and I created a step plan. It acknowledged, through increased responsibilities and financial gain, those in the field who excelled. As in other professions, there needed to be a career ladder on which one could move up but not out.

Having overcome big hurdles, the agency was ready to move forward. As things began to settle, our executive director, the “heir apparent,” resigned. It was hard not to feel betrayed. This time there was no heir apparent. The Board of Directors responsible for hiring a replacement had never had the full burden of recruiting for this position which required a special blend of skills. Perhaps they did not understand the immense ramifications of this decision. There were no transitional plans made.

Our new executive director dropped in one day to meet his administrators. One by one he explained to us that in a year we would hardly recognize our own agency. A year later I hardly recognized anyone at the agency.

Throughout the next year, the changes were constant and profound. His beliefs: child care is no longer to do therapeutic interventions. His words: “All that is old is bad, new is good.” These combined to create turmoil. In the 18 years I had spent in child care I had never seen the extent of acting out by children, nor had I seen a turnover of staff so great. One by one, the administrative team was fired, asked to resign, or demoted. Friends would remind me that in any business, when a new executive director is hired, he/she would prefer to have his/her own staff. Ultimately, the cost was very high for those previous kids entrusted to our care. They lost their caretakers, teachers and therapists. Some kids lost them all that year. I left the agency in January, 1986. My sadness is still stirred up as one of his messages echoes in

my memories: "You people have had a Cadillac of an agency, it is time you settled for an Oldsmobile." Three years later he gave the agency away, which was more painful than all his beliefs and words.

What a change from child care administration to full-time student. I had holidays at home, in exchange for the parking problems of a student at an urban university. Gone were the 24-hour-a-day crisis phone calls, but also my financial stability.

I had decisions to make regarding career planning. Where was my future? What part of it involved child care? I had planned to teach and train child care workers. It was time to assess that. Where was residential treatment headed? Will we continue to have treatment centers?

My process of evaluating where my career was headed was abruptly interrupted. One evening while crossing a street, I was struck by an automobile driven by a drunken driver. It took a year to recuperate.

That year offered plenty of time to evaluate what my major interests were and where my career was headed. I had begun to develop an interest in children raised in alcoholic homes. My master's program in social welfare offered some flexibility, allowing me to continue to study child care, treatment of children, and the effects of children raised in alcoholic homes.

In 1987 I started teaching a seminar for the Child and Youth Care Learning Center – a program at the University of Wisconsin Milwaukee which offers training to child care workers from all over Wisconsin. After a two-year break it was good to be back. I graduated the following spring with an M.S.W.

For the last two years I've been at the Learning Center, designing and implementing a program to prepare foster youth for independent living. The purpose of the program goes beyond teaching basic life skills, and attempts to provide the young people with the essential support systems which will help them live outside of agency care.

They are a vulnerable group of young people, with many emotional barriers. I've met these kids before. They've moved in and out of residential treatment centers, drug rehab programs, psychiatric hospitals, shelter care and foster homes. Unlike other 18-year-olds who have family for support, these kids will truly be on their own.

Aside from working with these youth, I continue to teach child care seminars, do consultation for family workers in a residential treatment center, facilitate a treatment group for young children living with alcoholic parents, and raise my own four children.

A few days ago a friend who is a child care administrator asked if I missed residential treatment. It's easy for me to become romantic and nostalgic when I look back. My challenge for the future is to take this rich career in child care and determine how to best advocate for

children. There is an absence of an affective voice for children. The voicelessness of today's troubled youth needs redress from unified child advocates. Those of us who will continue to pursue careers in child care have a moral and professional responsibility as primary caretakers of children to advocate for them.

“Goodbye,” said the fox. “And now here is my secret, a very simple secret: It is only with the heart that one can see rightly; what is essential is invisible to the eye.”

Antoine de Saint-Exupery from *The Little Prince*

