

RESPONSE TO: WHERE DOES TRAINING END AND TREATMENT BEGIN

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My strong reactions to "Where Does Training End—" have undoubtedly been shaped by my 16 years teaching at Austin Community College (ACC). Douglas College has a child and youth care training program whereas ACC's former Clinical Child Care Program has become a generic human service program that uses child and youth care literature and methods as a major curriculum component. We also regularly place students in group homes and residential treatment centers with children and youth during internships. It appears that Douglas' program focuses primarily on employment preparation whereas about 50% of ACC's graduates continue on to four-year programs. Many of the remaining graduates work in human services and a few use the program primarily to aid personal growth/parenting skills. Our placement rate is also about 80% and includes both human service employment and enrollment in a social science baccalaureate program. Douglas screens candidates, at least in part because they have far more applicants than slots available, unlike ACC. ACC has an interview which primarily is an information exchange session. Students not having the requisite grade point average can be conditionally accepted. Perhaps these screening differences lead to Douglas' low drop-out rate and ACC's high rate. While I suspect that the author of "Where Does Training End—" and I agree in many areas, there are several important areas of divergence.

One area of difference revolves around the author's stated concern about the number of dysfunctional people attracted to child and youth care work. Social work has recognized for years that people with their own issues, both resolved and unresolved, are attracted to that profession. In both cases the question is what do we do with these students once we have them? My belief is that we first must focus on their strengths, not their dysfunctions. In doing this, I would argue that focusing on personal growth is central to training programs, not incidental, since the ability to form healthy relationships with clients is the key to change. All students need nurturing, developmental learning, permission to risk making choices and aid in discovering their own strengths and incompleteness. The more aware they are of their strengths and insecurities, the less likely they will be to react with fears, judgments, enabling responses or power plays with clients or co-workers. Rather they are more likely to respond with empathy,

recognizing clients' needs, nurturing and guiding as well as structuring and limiting. In touch with their own unfolding developmental process, they will be more likely to learn from their mistakes. Less afraid of their conflicting feelings, they will be willing to seek help as the need arises rather than being overwhelmed by their fears. They will be prepared to use themselves to form healthy relationships, teach new skills and guide and manage behavior. The more students are actively engaged in their own growth process, the more likely it is that they will resolve some of their own issues and be able to focus on helping their clients. To some extent, as we work with others, we do some of our own healing too.

What about the student whose balance is toward the dysfunctional end of the spectrum and whose growth rate suggests caution? I believe training programs have the responsibility to structure coursework and internship experiences in ways that provide students with a variety of growth experiences while also protecting clients and agencies. At ACC, students have one year of skills training and developmental coursework (growth and development, empathy, group processes, intervention and treatment approaches, sexuality and introduction to human services) plus three highly structured 24-hour mini-internships focusing on observing and interacting under supervision prior to a long internship in the second year. As students are learning about "what's out there," faculty are learning about the students (both in courses and especially in field placements). I see it as my responsibility to help students identify their skills and interests and guide them toward working with clients and in settings less likely to hook their insecurities or unresolved issues. Just as it makes no sense to place the non-assertive young woman with older, aggressive male teens, it also makes no sense to assume that there is no place for her in human services. Frequently the "vulnerable" person can work exceptionally well with geriatric or developmentally disabled clients or in day care settings. There also need to be safeguards so the agency, student or school can intervene if the student gets into an internship experience that's over her/his head. In 15 years of placing students in internships, I recall only two instances when the internship was interrupted due to student issues (in one case at the student's initiative, and she was invited to finish the internship after some therapy). Based on my experiences, I am less concerned with unresolved issues being stirred up than I am with unrecognized chemical abuse issues, whether in students or current child/youth care workers.

Finally, I increasingly question to what extent child and youth care skills can be taught and how much is an art that can't be taught. Some people paint pictures and some can only draw stick figures. While nurturing and management skills can be taught (at least to some extent), the sense of judgment that helps determine when and how to use them and how to deal with our mistakes of judgment or timing doesn't seem to be greatly augmented by formal education. The role demands and conflicts inherent in child and youth care are continually identified, explored, resolved and reopened during ongoing experiences in the field. It is imperative that

agencies and workers see skill training and personal growth as an ongoing process needing continuing attention.

Some of the most creative students and experienced youth workers I've encountered do not fit well in agencies. They push boundaries in upsetting ways. In describing youth workers, Michael Baizerman, Professor in Social Work at the University of Minnesota (in the MN Association of Child and Youth Care Workers' Frontline, Volume 4, Number 4) states, "The playfulness of twinkling joined to their personal intensity can result in 'boundary troubles.' Boundary troubles is that state of being in which the self is not 'used appropriately' vis a vis the youth. It is when the worker blurs the distinction between self and youth and acts 'unprofessionally,' for example, takes a kid home, fights with an agency on behalf of a kid, or doesn't go home right after her shift. Such troubles often result from a misdirected sense of personal courage." Sometimes I wonder whether they would have lost their art had they adapted better to training. Training is not sufficient to develop skilled child and youth care workers. Personal growth permeates child and youth care work and training as well as treatment. Though we try to clarify them, the boundaries between these living experiences are not always clear. Perhaps that is their power.