# IN MEMORIAM

August 13th, 2011

Professor Jerome (Jerry) Beker
Editorial Advisor, *Journal of Child and Youth Care Work* (1985-2011)

Scholar, Mentor, and Friend

Sometimes it is said that scholarship brings knowledge into the light. Throughout the years, Jerry Beker was the light of our lives in the field of child and youth care!

Many of us made the journey to his comfortable home in St Louis Park, Minnesota, where many of the faculty from the "U" lived. The place was full of tasteful art, mostly of children playing, from his many trips to Israel, Europe, China, and around the world. And oh, the books, they were everywhere.

He would pull his chair close to yours in excitement to see you, sit eye to eye, even closer and say "now tell me the story" as he asked for the recent update of your work with children and youth. Presciently, he would remember the smallest detail of challenge and social growth from the last exchange, always encouraging you to see the opportunity in the next development of the relationship.

And from her well kept kitchen in the other room, Jerry's dear wife, Emily, while cooking a kosher feast for us, would call out her wisdom about the latest situation shared about the youth workers.

Jerry was a scholar, mentor, and friend. The depth and breadth of his work in child and youth care founded a whole new line of inquiry about how we use the knowledge of relationship to help and heal one another in community. It began with Jerry's father, who brought into publication, *Camping and Character: A Camp Experiment in Character Education*, a seminal work which undergirded the advancement of the American camping movement in the 1930s and 40s. This thinking imbued group life with the power to teach teamwork and self-care within the support of civic behavior and conscience.

Following his father's footsteps, Jerry wrote two classics that changed the course of our field. First as a young scholar soon to be brought to the University of Minnesota by Gisela Konopka, he led the development of *Critical Incidents in Child Care: A Case Book*, together with a team from the agencies which birthed residential treatment, the Judge Baker Guidance Center, the Hawthorne Cedar Knolls School, and the Berkshire Farm for Boys. Jerry and his youth work colleagues were 50 years ahead of their time in proposing strength-based methods for reporting and understanding the behavior of youth. Jerry saw the youth in relationship to their experiences and promoted care strategies to guide healthy change. His case study method is at the core of the treatment team meetings and case staffing sessions we do today in contemporary work. Then as a kernel of his Fulbright Fellowship to Israel, and latter in

its most mature version, Jerry demonstrated the power of knowing one another and sharing understanding through relationships in *Knowledge Utilization in Child and Youth Care Practice*, which he edited with Zvi Eiskovits.

Perhaps as the ultimate scholar in child and youth care work, Jerry will always be remembered for his magnificent editorial work on the *Child and Youth Care Quarterly*, *Child & Youth Care Forum*, *International Journal of Child, Youth, and Family Studies*, *Journal of Child Care, Child and Youth Services*, and *Journal of Child and Youth Care Work*. This work covers a prolific span of more than 50 years. He gave me a copy of every edition, and the collection fills the shelf space of a double story faculty office wall. To Jerry, each and every volume represented the relationship he had with the author in bringing their story of care for children and youth to light. He edited and published the work of more than 200 fellow youth work authors over time. It is the most significant comprehensive body of work in our field. In my early youth work days, I asked him once what his favorite article was. With one of the few frowns he ever gave me, as if I had violated a principle of fairness and trust that all the authors were his favorite, he said I would have to read them and decide for myself what might be the best work.

Jerry's last great project, as he prepared his archive for the University of Victoria School of Child and Youth Care Work, was to organize a taxonomy for the subjects and topics of our still emergent field. This effort remains inestimably valuable to future youth work scholars.

It was a gift for all of us to have known Jerry—the smile, the tease with the truth in it, the deep introspection and encouragement. If one could sum up so great a life, it would be to say that Jerry Beker was a magnificent editor and youth worker. He most wanted for all of us to get along with one another as we put children and youth first. Jerry had a calling. We were all in his care! He brought our story into the light!

Andrew J. Schneider-Muñoz, Editor

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Taxonomy for the Field. *www.cyc-net.org/taxonomy*

## PROFESSIONAL CHILD AND YOUTH WORK PRACTICE—FIVE DOMAINS OF COMPETENCE: A FEW LESSONS LEARNED WHILE HIGHLIGHTING THE KNOWLEDGE BASE

In 1992, with leadership from Mark Krueger at the University of Wisconsin, Milwaukee, North American child and youth work (CYW) leaders established the International Leadership Coalition for Professional Child and Youth Care (ILCPYC) and created an initial action plan for professional development of the field. The development of universal credentialing standards was identified as one of six strategies to further promote the development of the profession. The development of a Code of Ethics for North American practitioners and a certification process were two objectives emphasized (ILCPYC, 1992). A second meeting of the ILCPYC with additional leaders from the field of youth development in 1999 and a third meeting in 2003 resulted in the development of a plan to build upon the completed Code of Ethics and identify and delineate CYW competencies that underlie the varied fields of practice in North America. This provided a foundation for the development of a certification program and served as a guide for other professional development activities (e.g., personnel recruitment and selection, and curriculum development). This initiative was known as the North American Certification Project (NACP).

A major undertaking of the NACP was a meta-analysis of existing competencies. Under the leadership of Martha Mattingly at the University of Pittsburgh, 87 sets of competencies from various practice sites across North America were reviewed. In 2001, the identified competencies were organized into five broad domains: (1) professionalism, (2) cultural and human diversity, (3) applied human development, (4) relationship and communication, and (5) developmental practice methods (Mattingly, Stuart, & VanderVen, 2002; revised 2010). An abridged version of the competency document is included in this journal issue.

In 2008, the NACP, sponsored by the Association for Child and Youth Care Practice (ACYCP), created the framework for a national certification process for professional CYW practitioners and established the Child and Youth Care Certification Board (CYCCB). Frank Eckles was elected as the initial president of the CYCCB. Establishment of the CYCCB was the culmination of more than 15 years of work by more than 100 dedicated CYW professionals in the U.S. and Canada and a continuing effort to unite the varied fields of CYW practice based on a common underlying knowledge base that transcends work setting. For more complete description of the certification development process see Eckles et al., (2009). For an overview and description of the major certification components and information pertaining to the validation study of the certification exam see Curry, Eckles, Stuart, & Qaqish (2010) and Curry et al., (2009). This special journal issue intends to build upon these accomplishments and identify key pieces of CYW literature across practice settings that are central to each of the five competency domains. This article will attempt to further

conceptualize the CYW fields of practice as one united profession and highlight a few learning points acquired while coordinating the development of this issue.

## UNDERLYING COMPETENCIES OF CHILD
## AND YOUTH WORK PRACTICE

Discussions with leaders across the varied fields of CYW practice have led to the recognition that a common core of knowledge, skill, and value exists across practice settings. Most established professions have developed from a common body of knowledge, skills, and values rather than the setting in which work is conducted, the age group of who receives services, or characteristics of the type of population served (e.g., mental health or child maltreatment) (Curry, Eckles, Stuart, & Qaqish, 2010).

Recognizing the similarities of CYW practice across the varied fields while also valuing the diversity provides the opportunity to develop and sustain the CYW profession in unprecedented ways. With the addition of indirect practice (e.g., administration, supervision, training, research, and evaluation), the five domains provide a comprehensive taxonomy for organizing the knowledge base. When defining the profession by this common knowledge base, CYW becomes the largest human service profession (Annie E. Casey Foundation, 2003; Curry et al., 2010). This provides a greater opportunity to affect policy on a local and national (and perhaps international) level. As the broader field and emerging profession develops opportunities to promote multiple pathways into the profession and to support career development opportunities will emerge. As a united profession, we can determine the needs of the CYW workforce (common competencies and credentialing) and influence the development of higher education programs to better address these needs. In the current economic climate, higher education is significantly influenced by classes and programs that have numbers (the higher the number of students, the more tuition or revenue for the university). Similarly, a united advocacy effort can influence legislation and policies to support child and youth development. United as one profession we can influence higher education and policy development. As separate fields of practice, we will most likely continue to have limited influence.

## THE DEVELOPMENT OF THE CHILD AND YOUTH WORK
## PROFESSION—A NEW LOOK AS A UNIFIED PROFESSION
## ACROSS VARIED PRACTICE SETTINGS

If the varied fields of CYW practice united as one profession, where would we stand relative to professional status? The etymological roots of the word profession mean to proclaim publicly—a commitment to an ideal (Pelligrino, 2002). Although there is no uniformly agreed-upon formula for status as a profession, several elements have been consistently identified, including (1) commitment to higher calling or service, (2) altruistic purpose, (3) public profession, (4) rigorous and extensive training, primarily intellectual in nature, (5) systematic body of knowledge, (6) ethical code, (7) professional culture or association, and (8) professional autonomy and

self-regulation over work recognized by society (Dunkerly, 1975; Greenwood, 1966; Lieberman, 1956). From the medical profession, Cruess, Johnston, and Cruess (2004, p. 75) propose a definition that incorporates most of these elements as follows:

> *Profession: An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity, and morality, altruism, and the promotion of public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice, and the privilege of self-regulation. Professions and their members are accountable to those served and to society.*

So, how would a unified field of CYW practice stand in relation to this definition and the eight elements that define a profession?

**Commitment to Service and Altruistic Purpose**

Individual workers and organizations throughout the varied CYW practice settings attempt to promote the development of the children and youth they serve. Many intend to prevent or remediate individual and societal problems. A united CYW field would seem to clearly meet this requirement. However, well published concerns about the state of the workforce across the varied fields of practice highlight the need to improve the overall quality of the workforce to achieve these altruistic purposes. Many leaders have referred to these concerns as a workforce crisis (Alwon & Reitz, 2000; Krueger, 2007a, 2007b; Mattingly & Thomas, 2006). The quality of care varies widely from setting to setting. Some advocates for children and youth point to concerns about the increasing number of children being cared for by nonfamily members. Doek (2008, p. V) states that "there is a convincing body of research data showing that children in residential care and/or treatment—and that can be the case for various reasons—are subject to violence, including torture and cruel, inhuman and degrading treatment."

Overall, we meet the commitment to service and altruism criteria. But we all have encountered workers who are not or are no longer committed to this purpose and we are familiar with program and system elements that unintentionally cause harm. What responsibilities do we have to promote professionalism and perhaps police the profession? Are we familiar with the existing standards of professional practice within the varied fields of CYW? What system issues do we need advocacy efforts to focus upon? How can we best mobilize the potential influence that the largest human service profession might provide to promote positive outcomes for all children and youth?

## Public Profession

Professional identity confusion has presented many challenges to publicly professing who we are and what we do. Numerous job titles exist. Dennehy, Gannett, & Robbins (2006) cite a survey conducted by the Academy for Educational Development Center for Youth Development and Policy Research and the National Institute on Out-of-School Time, that resulted in 207 different job titles reported from 350 survey out-of-school time workforce respondents when questioned about their job title.

We have sometimes attempted to define who we are by who we are not (similar to how some adolescents begin their journey towards healthy adult identity formation). By defining ourselves as not teachers (out-of-school time) or not traditional therapists (emphasizing *"The Other 23 Hours"*), but instead doing nonformal education and using daily life events to teach life skills, we have moved closer to a clearer definition of who we are.

Continuing efforts to define the essence of CYW based upon its knowledge base and methods rather than what it is not will help us to better publicly profess who it is that we are and what we do. Perhaps Garfat & Fulcher (2011, p. 16) help us to understand this best: Our work with children and youth "… represents a way of being and working in the world. It is, therefore, about how one does what they do, not a question of what one is called or where they are located." We can publicly profess our way of working with children, youth, families, schools, communities, and other life spaces and contexts in which relationships are built and development occurs.

## Common Knowledge Base and Other Profession-Building Accomplishments

This special issue is one important effort to further articulate the growing CYW knowledge base. The issue is organized according to the five domain taxonomy identified by the North American Certification Project (Mattingly, Stuart, & Vanderven, 2002). This taxonomy helps to categorize both the content and the methods of the CYW knowledge base. The taxonomy also provides a common language that can transcend the CYW fields of practice.

Additional progress in defining the "how" or methodology of CYW has recently been articulated by Garfat & Fulcher (2011). They consolidated much of the CYW literature including the work of Krueger, Garfat, and others and describe 25 characteristics of a CYW approach. This article is part of a special issue of the *Relational Child and Youth Care Practice* journal focusing on delineating a CYW approach in various areas (e.g., professional development and training, activity programming, intervention—addressing bullying). Developmentally, it is interesting to note that both this journal (volume 24) and volume 24 of the *Relational Child and Youth Care Practice* journal (special issue 1-2) make milestone contributions to defining the "what" and "how" of professional child and youth work.

Highlighting key contributions to the knowledge base with this special issue has reaffirmed the significant knowledge building that has accumulated in the

CYW fields. This initiative has, however, brought to light the fact that many of us are unfamiliar with much of the knowledge and profession-building activities that exist across the fields. The varied fields of practice serving children and youth (e.g., early childhood, afterschool, residential treatment, and juvenile detention services) have made significant progress pertaining to implementation of successful professional development conferences (promoting a professional culture), development of codes of ethics, dissemination of knowledge through journals and other practice and scholarly publications, and development of education and training programs. Still lacking, however, are effective mechanisms of integrating these significant developments into a unified profession (the largest human service profession) that can optimize these combined resources to more effectively promote child and youth development. We currently have an invisible or ghost profession. Most practicing child and youth workers are not members of these professional associations or are even aware that these professional associations and their resources exist. There is a need to better engage workers in professional development activities that extend beyond their immediate practice areas and help connect them to the profession at large.

**Education, Training, and Certification**

As indicated by Eckles, Mattingly, and Stuart in this issue, substantial accomplishments have occurred in North America pertaining to education, training, and professional certification, including the accreditation of CYW higher education programs in Canada. For more information regarding the accreditation initiative see Stuart et al., (2012) in this issue. For a summary of certification efforts in the afterschool and youth development areas see Gannett, Mello, & Starr (2009). The development of the competencies for professional child and youth care practice provides a foundation for which education and training programs can build upon. Curry, Richardson, and Pallock (in press) describe how Kent State University modified its Child and Youth Development Concentration (Human Development and Family Studies major) to better align with the competencies.

Also, based upon these underlying cross-field competencies, the Child and Youth Care Certification Board developed a comprehensive professional-level certification program targeted for CYW practitioners from the varied fields of practice who provide services to children and youth in both community-based and out-of-home settings. Initial research indicates that certification is associated with higher performance on the job across practice settings. Significantly better funded assessment initiatives in other professions (e.g., social work) have yet to demonstrate the effectiveness of their certification and licensing programs (Albright & Thyer, 2010). The CYCCB certification program has the potential to promote a common professional identification with the broader field of practice. See the Eckles, et al., article within this special issue.

Even with these accomplishments in education, training, and certification, significant developments must occur before we can say that we have a systematic ap-

proach to introducing practitioners to the profession and providing ongoing professional development. We have limited information about the most basic demographic information describing the CYW workforce. It is estimated that within the U.S., the CYW workforce could be as large as 5.5 million (Annie E. Casey Foundation, 2003). Although research across the fields of CYW practice indicates that the quality of workforce is one of the most important factors determining the quality of care for children and youth, the workforce quality varies considerably from setting to setting (Burchinal, Howes, & Kuntos, 2002; Cost, Quality, and Child Outcomes Study Team, 1995; Gable & Halliburton, 2003; Knoche, Peterson, Pope Edwards, & Jeon, 2006).

In Canada, higher education programs range from diploma-level to the doctoral-level. However, within the U.S., few programs exist that specifically prepare students for CYW. Still, many high quality CYW-related programs are widely available. These programs could be modified and built upon to provide a continuum of educational experiences to better prepare students for the field of CYW practice. Kent State University (mentioned above) provides one example of how to do this with a Human Development and Family Studies major. The competencies for professional child and youth care practice model and the CYCCB certification initiative provide a common framework for university programs and comprehensive CYW organization training programs to guide their education, training, and professional development activities. Unifying as one profession, can provide what Dana Fusco (2011, p.118) refers to as "quantitative heft" to influence higher education to help better prepare students for CYW.

### Professional Autonomy and Self-Regulation

There are limitations to professional autonomy in a profession that mostly practices within organizations. However, to progress toward professional autonomy, self-regulation, and recognition by society, we must first find a way to awaken the invisible sleeping giant profession of CYW work that currently exists and more visibly advocate for best practice standards of care for children and youth.

## CLOSING THOUGHTS TO OPEN THE SPECIAL ISSUE

There is no one organization that speaks for the broader field of CYW. Within CYW separate but congruent codes of ethics, competencies, and professional associations have developed. Within the U.S., the counseling profession emerged from a somewhat similar route. In 1952, four counseling-related organizations merged and eventually became the American Counseling Association. While leaders within the counseling profession recognize that progress as a profession is still needed, the counseling profession has made significant strides since uniting almost 60 years ago (e.g., licensing recognized in all 50 states in the U.S. and establishing the Council for Accreditation of Counseling and Related Education Programs).

Recent developments such as the competency taxonomy and certification program of the CYCCB can help create a mechanism to bring together the fields of

CYW and provide a national (and perhaps North American) voice to advocate for high quality workforce standards and high quality care for children and youth.

It is our hope that this special issue on the five domains of professional child and youth work competence will make more transparent the depth of the child and youth work knowledge base and illustrate many of the commonalities that exist within the fields of CYW. Perhaps this issue will jump-start a cross-field dialogue about and movement toward a unified profession.

Invited domain editor teams were asked to select articles that best capture the spirit of each of the five competence domains: professionalism, cultural and human diversity, applied human diversity, relationship and communication, and developmental practice methods. Each team was instructed to choose these articles from three categories:

1. **Classic**–an article that has or the editors predict will be able to stand the test of time. An article that is a must read for every professional CYW practitioner.

2. **Research**–an article that contributes to the development of new knowledge to the field pertaining to the competency domain.

3. **Conceptual or practice-oriented**–an article that provides a conceptual framework for professional practice in the domain (e.g., use of an ethical assessment and decision-making process; theory of change).

Needless to say, this task made for lively discussion and debate within each domain team as well as across the domains. The final articles came from a variety of sources. The editors chose to maintain the original integrity of these articles so the reader may notice some style and formatting differences. The original publication citation is included in each of the articles.

It has been an honor to be involved with the esteemed cross-field cadre of CYW scholars who accepted the challenge to construct this very special issue which highlights key contributions to the CYW knowledge base. Let us all take advantage of their contributions to advance the far-reaching CYW field and emerging profession.

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## COMPETENCIES FOR PROFESSIONAL CHILD & YOUTH WORK PRACTITIONERS

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*Editor's Note:* This article provides an overview of the NACP, as well as a summary of the competencies necessary for fully professional practice across the various settings in which child and youth care professionals work. *Competencies for Professional Child and Youth Work Professionals,* (Revised 2010), with a complete description of the project can be found at *www.acycp.org* or *www.cyccb.org/competencies.*

This document is the result of many years of work by North American Child and Youth Care Professionals. Initial development was undertaken by the North American Certification Project (NACP) and, sponsored by the Association for Child and Youth Care Practice (ACYCP). The NACP arose from a broad opinion that North American certification for child and youth care practitioners was urgently needed.

### GUIDING FOUNDATIONS OF THE PROJECT

The project was guided by the following description of the field and guiding principles.

### Description of the Child & Youth Care Field

Professional child and youth care practice focuses on infants, children, and adolescents, including those with special needs, within the context of the family, the community, and the life span. The developmental ecological perspective emphasizes the interaction between persons and their physical and social environments, including cultural and political settings.

Professional practitioners promote the optimal development of children, youth, and their families in a variety of settings, such as early care and education, commu-

nity-based child and youth development programs, parent education and family support, school-based programs, community mental health, group homes, residential centers, day and residential treatment, early intervention, home-based care and treatment, psychiatric centers, rehabilitation programs, pediatric health care, and juvenile justice programs.

Child and youth care practice includes assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive, and therapeutic requirements into the life space, contributing to the development of knowledge and practice, and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation, and advocacy.

## Guiding Principles

1. **Inclusion:** All national, state, and local organizations, as well as persons concerned with setting standards for child and youth care practitioners are invited and encouraged to participate.

2. **Credibility:** The process is based on standards which are professionally recognized and established by respected assessment methods.

3. **Generic Standards:** The standards are based on standards applicable to all child and youth care practice areas.

4. **Reciprocity:** The credential is designed to support and encourage reciprocity

5. **Ethics:** The certification process and standards are based on the Standards for Practice of North American Child and Youth Care Professionals developed by the Association for Child and Youth Care Practice (ACYCP) and the International Coalition for Professional Child and Youth Care Work (ILC). Other ethical statements can be included as the collaboration develops.

## LEVELS OF CERTIFICATION NEEDED

Discussions in a variety of professional forums have led to the conclusion that three levels of certification in child and youth care work can be considered: entry level, professional level, and advanced level. The focus of this article is the professional level.

## WORK OF THE COMPETENCY GROUP

### Clarification of the Task

This was an unfunded project with all participants, who were mature practitioners and academics in the profession, volunteering their time. Documents related to standards and competency in the field were collected and reviewed.

The task of the domain teams partly resembled a meta-analysis. The database reflected the wisdom of our past, but the field has changed and continues to evolve. The domain team members had an understanding of these changes and at least an educated guess about future directions. In a sense, we stood on these documents in order to look ahead.

The task was to use the documents as useful, but to also include our interpretation of meaning, fill in gaps, remove what was not useful, articulate new directions, make the language clear and direct, and establish congruence with current scholarship.

The field of child and youth care operates within a developmental ecological perspective. As such, this perspective is also applicable to the practice of the art and science of child and youth care. The domains of practice have application in a range of contexts. Organizing the competencies into discrete elements is useful for observing, assessing, and testing specific areas and for the design of training curricula. Professional practitioners have fully integrated the attitudes, skills, and knowledge components into any action they engage in and they adjust their practice according to the context. Skills are demonstrated within a context in a manner that demonstrates the practitioner's awareness of the meaning, atmosphere, and nature of the activities in that context. Communication with a supervisor, for example, is different from communication with a youth, yet the basic skills would be described in the same manner. It is the context within which the action occurs and the integration of the appropriate attitudes and knowledge that differentiate the application. While the skills and knowledge within a particular subcategory of a domain are described in a generic manner, when they are integrated with the foundational attitudes for each contextual layer, their unique qualities emerge. It is intended that each domain be developed by the professional practitioner at the professional level through the contexts of application: self, relationship, environment, organization (system), and culture.

The original competency document was updated in 2010 in an effort to adjust the competency language to better represent the wide diversity of settings within the field.

## EDUCATIONAL REQUIREMENTS

The objective of the NACP is to set credentialing standards for North America. However, it is important to recognize that there are significant differences between the United States and Canada, particularly in relation to educational programs.

In the United States, the baccalaureate degree from a regionally accredited college or university will be the minimal educational requirement to engage in the certification process at the professional level. The educational requirement will be waived for an applicant who can document five years or more of experience in the field for a 7-year grandfathering period that ends December 31, 2012.

Educational standards for engaging in the certification process for Canadians will be determined by the professional child and youth care community in Canada, using the structures in place. In Canada the educational requirement to engage in the professional level will include a minimum of one of the following:

1. Diploma (2 years or more) from a program in child and youth care studies at a provincially accredited college.

2. Baccalaureate degree in CYC or a related field from a provincially accredited college or university.

For a 7-year period (2006 -2012) following the implementation of NACP certification, the educational requirement will be waived for anyone with 5 years experience who was employed as a CYC practitioner at the time of, or prior to, implementation. This period ends December 31, 2012. It was further understood, that the credential planning and implementation group could specify whatever specific coursework and training may be deemed appropriate. Such requirements would be for those applicants not using the waiver of the educational requirement.

## FOUNDATIONAL ATTITUDES FOR PROFESSIONAL CHILD AND YOUTH CARE WORK

The child and youth care professional demonstrates the following attitudes which underlie all professional work:

- accepts the moral and ethical responsibility inherent in practice

- promotes the well-being of children, youth, and families in a context of respect and collaboration

- values care as essential for emotional growth, social competence, rehabilitation, and treatment

- celebrates the strengths generated from cultural and human

- diversity

- values individual uniqueness

- values family, community, culture and human diversity as integral to the developmental and interventive process

- believes in the potential and empowerment of children, youth, family, and community

- advocates for the rights of children, youth, and families

- promotes the contribution of professional child and youth care to society

## THE COMPETENCIES

**I. Professionalism**

Professional practitioners are generative and flexible; they are self-directed and have a high degree of personal initiative. Their performance is consistently reliable. They function effectively both independently and as a team member. Professional practitioners are knowledgeable about what constitutes a profession, and engage in professional and personal development and self-care. The professional practitioner is aware of the function of professional ethics and uses professional ethics to guide and enhance practice and advocates effectively for children, youth, families, and the profession.

*A. Foundational Knowledge*

- History, structure, organization of child and youth care work

- Resources and activities of CYC

- Current and emergent trends in society, services, and in CYC

- Structure and function of Codes of Ethics applicable to practice which includes the Code of Ethics, Standards for Practice of North American Child and Youth Care Professionals (*www.acycp.org*)

- Accepted boundaries in professional practice

- Stress management and wellness practices

- Strategies to build a professional support network

- Significance of advocacy and an array of advocacy strategies

- Relevant laws, regulations, legal rights, and licensing procedures governing practice

*B. Professional Competencies*

1. Awareness of the Profession

2. Professional Development and Behavior

3. Personal Development and Self Care

4.  Professional Ethics

5.  Awareness of Law and Regulations

6.  Advocacy

## II. Cultural and Human Diversity

Professional practitioners actively promote respect for cultural and human diversity. The Professional Practitioner seeks self understanding and has the ability to access and evaluate information related to cultural and human diversity. Current and relevant knowledge is integrated in developing respectful and effective relationships and communication and developmental practice methods. Knowledge and skills are employed in planning, implementing and evaluating respectful programs and services, and workplaces.

### A. Foundational Knowledge

The professional practitioner is well versed in current research and theory related to cultural and human diversity including the eight major factors which set groups apart from one another, and which give individuals and groups elements of identity: age, class, race, ethnicity, levels of ability, language, spiritual belief systems, educational achievement, and gender differences.

- Cultural structures, theories of change, and values within culture variations

- Cross cultural communication

- History of political, social, and economic factors which contribute to racism, stereotyping, bias and discrimination

- Variations among families and communities of diverse backgrounds

- Cultural and human diversity issues in the professional environment

### B. Professional Competencies

1.  Cultural and Human Diversity Awareness and Inquiry

2.  Relationship and Communication Sensitive to Cultural and

3.  Human Diversity

4.  Developmental Practice Methods Sensitive to Cultural and

5.  Human Diversity

## III. Applied Human Development

Professional practitioners promote the optimal development of children, youth, and their families in a variety of settings. The developmental-ecological perspective

emphasizes the interaction between persons and their physical and social environments, including cultural and political settings. Special attention is given to the every day lives of children and youth, including those in high risk situations and with special needs, within the family, neighborhood, school and larger social-cultural context. Professional practitioners integrate current knowledge of human development with the skills, expertise, objectivity, and self-awareness essential for developing, implementing and evaluating effective programs and services.

### A. Foundational Knowledge

The professional practitioner is well versed in current research and theory in human development with an emphasis on a developmental-ecological perspective.

- Life span human development

- Child/adolescent development (as appropriate for the arena of practice), including domains of

  – Cognitive development

  – Social-emotional development

  – Physiological development

  – Psycho-sexual development

  – Spiritual development

  – Exceptionality in development including at-risk and special needs circumstances such as trauma, child abuse/neglect, developmental psychopathology, and developmental disorders

  – Family development, systems, and dynamics

### B. Professional Competencies

1. Contextual-Developmental Assessment

2. Sensitivity to Contextual Development in Relationships and Communication

3. Practice Methods that are Sensitive to Development and Context

4. Access Resources that Support Healthy Development

## IV. Relationship and Communication

Practitioners recognize the critical importance of relationships and communication in the practice of quality child and youth care. Ideally, the service provider and client work in a collaborative manner to achieve growth and change. "Quality first" practitioners

develop genuine relationships based on empathy and positive regard. They are skilled at clear communication, both with clients and with other professionals. Observations and records are objective and respectful of their clients. Relationship and communication are considered in the context of the immediate environment and its conditions; the policy and legislative environment; and the historical and cultural environment of the child, youth, or family with which the practitioner interacts.

### A. Foundational Knowledge

- Characteristics of helping relationships
- Characteristics of healthy interpersonal relationships
- Cultural differences in communication styles
- Developmental differences in communication
- Communication theory (verbal and non-verbal)
- Group dynamics and teamwork theory
- Family dynamics and communication patterns, including attachment theory as it relates to communication style

### B. Professional Competencies

1. Interpersonal Communication
2. Relationship Development
3. Family Communication
4. Teamwork and Professional Communication Skills

## V. Developmental Practice Methods

Practitioners recognize the critical importance of developmental practice methods focused in CYC practice: Genuine Relationships, Health and Safety, Intervention Planning, Environmental Design and Maintenance, Program Planning and Activity Programming, Activities of Daily Living, Group Work, Counseling, Behavioral Guidance, Family (Caregiver) Engagement, and Community Engagement. These are designed to promote optimal development for children, youth, and families including those in at-risk situations and with special needs within the context of the family, community, and the lifespan.

### A. Foundational Knowledge

- Health and safety

- Intervention theory and design

- Environmental design

- Program planning and activity programming

- Behavioral guidance methods

- Behavior management methods

- Counseling skills

- Understanding and working with groups

- Understanding and working with families

- Understanding and working with communities

### B. Professional Competencies

1.  Genuine Relationships

2.  Health and Safety

3.  Intervention Planning

4.  Environmental Design and Maintenance

5.  Program Planning and Activity Programming

6.  Activities of Daily Living

7.  Group Process

8.  Counseling

9.  Behavioral Guidance

10. Family (Caregiver) Engagement

11. Community Engagement

The full article was originally published in the *Journal of Child and Youth Care Work (2002) 17,* 16-49.

## COMPTETENCY I: PROFESSIONALISM

Professional practitioners are generative and flexible; they are self-directed and have a high degree of personal initiative. Their performance is consistently reliable. They function effectively both independently and as team members. Professional practitioners are knowledgeable about what constitutes a profession and engage in professional and personal development and self-care. The professional practitioner is aware of the function of professional ethics, uses professional ethics to guide and enhance practice, and advocates effectively for children, youth, families, and the profession (Mattingly, Stuart, VanderVen, 2010, p.7).

The child and youth care (CYC) community in North America has lived out the above listed characteristics of professionalism in moving the field forward. Through significant professional volunteer effort and without any significant project funding, the substance and scope of CYC practice has been described (Stuart, 2009). The meaning and implication of the concepts of craft and profession have been discussed (Gharabaghi, 2010). Interaction among arenas of practice is underway.

The CYC knowledge base has developed significantly through practice descriptions, research findings, and theory building. Means for applying the knowledge through education and training have increased dramatically. CYC has developed significant expertise in transfer of training research and implementation. Educational credentials available in Canada range from a diploma through an undergraduate degree up to graduate training at the Ph.D. level. College and university programs are available in every province.

Mechanisms for professional communication have been developed and sustained. There is a strong set of CYC local, regional, national, and North American conferences. These are serious learning environments with depth of content and shared participation by practitioners, supervisors, trainers, and academics. There are active international CYC connections beyond North America. Field-specific journals publish work directly related to child and youth care. CYC-NET is a remarkable international child and youth care network with a list serve which makes the resources of the field much more readily available. Social networking sites facilitate practitioner discussions with an expanded array of colleagues.

Ethics discussions are active. Ethics sessions at conferences are becoming more common. The Texas Certification Institute has a process for practitioner ethics training and the training of ethics trainers. The Association for Child and Youth Care Practice (ACYCP) has just initiated a project to review and revise the ACYCP ethics code.

CYC has been active in writing and training focused on self-care and well-being. Field-specific stress and burnout research and writing exist. Responsibility for maintaining one's physical and mental health has been identified as both as an ethical responsibility and a competency of professional practice.

Competencies for professional CYC Practice have been developed. The Child and Youth Care Certification Board (CYCCB) has in place a professional-level practitioner certification process based on the competencies. Pilot project results on the certification assessment process and the effectiveness of certification for practice

quality have been published (Curry, et al., 2008). Certification for professional CYC practitioners has been available in Ontario and Alberta since 1980.

For this presentation the domain team has selected both foundational and cutting edge work from Canada and the United States. Magnuson addresses the necessity for establishing the moral foundation for CYC ethics work. He argues that such a moral vision provides the essential foundation for the effective application of ethics in practice. Standards for education, training and practitioners are central to a professional identity. Canadian CYC academics are engaged in a project to establish academic program accreditation standards. The CYCCB has just released a workforce report which incorporates CYC practitioner certification in the United States. These two seminal reports have been adapted for first publication here.

CYC in North America is marked by a rich productive relationship between colleagues in Canada and the United States. Through collaboration and mutual enrichment, significant strides have been made for both professional communities. Let us celebrate these achievements and turn our attention to the challenges of the future.

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# ESSENTIAL MORAL SOURCES OF ETHICAL STANDARDS IN CHILD AND YOUTH CARE WORK

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ABSTRACT: *It is proposed that an ethical framework for child and youth care practice should take into account the differences between descriptive ethical inquiry on the one hand and normative and analytical ethical inquiry on the other. This will help us avoid the error of deriving our ethical principles from our practices, when in fact what we need is a moral criterion originating outside our practice that is not based on efficiency. Mattingly (1995) suggests this in recommending that we "Develop an ethical vision." This ethical vision should take into account the domains of morality proposed by Taylor (1989), including respect for human life, issues of what makes a rich, meaningful life, and ideas about dignity. Doing so may provide a moral foundation not just for a code of ethics, but a moral framework for evaluating the entire range of our practice with children and youth.*

Garfat and Ricks (1995) rightly point out that a guide for ethical decision making in child and youth care work should be more than a prescription of rules. Following the rules, according to Kohlberg (1972), is a lower level of moral thinking. It has also been characterized as "bad faith," similar to losing the self in a role and thereby avoiding responsibility (Sartre, 1947). With this in mind, Garfat and Ricks say, "Ultimately ethical practice is moderated through and driven by the self as opposed to being driven by external variables."

To this I want to say yes, and let us remember that ethical practice is "dialogical." There are existing frames of reference, or horizons, that can help us choose wisely. Ethical practice is driven by the self in engagement with others. Ethical practice is not a self-referential conversation with the self; it is a "conversation" between the self and the "other(s)." In our case, the others are clients, other staff, the rules and organizational values that Garfat and Ricks refer to, and it is also a conversation with the tradition of ethical decision making within the child and youth care field. Mattingly (1995) points out that this conversation is impoverished. That impoverishment may lead one to believe that the ethical decision making experience is lonely.

Given the substance and content of our field, Mattingly's observation is striking. Why is it this way? One answer is that the moral sources of our practice have not been clearly articulated. In other words, discussion of ethics is uncomfortable because the origins of and justifications for our ethical beliefs are unclear to us, so

to talk about ethics is to expose ourselves. Does the emperor really have no clothes? Second, we have been not been trained to think about our practice in moral terms. Instead, we think about our effectiveness.

Garfat and Ricks frame two questions that it is important to keep separate: "Am I doing the right thing?" "Am I being effective?" (p. 393). It is likely, although unfortunate, that in practice the former comes to mean the latter. In the process, moral frameworks are pushed aside. The worthiness of the goal is unquestioned. (The meaning of "effectiveness" is often unclear as well.)

I want to propose frameworks, borrowed from others, first for the task of understanding ethical thinking in its historical settings, and second for articulating moral sources for our practice. The former should help us articulate what an ethical code or standard is about and the latter should help us articulate what moral practice is about.

## WHAT IS MORAL THINKING ABOUT?

Frankena (1973) distinguishes between three kinds of moral inquiry, each of which is connected to the other.

1. There is descriptive empirical inquiry, historical or scientific, such as is done by anthropologists, historians, psychologists, and sociologists …

2. There is normative thinking of the sort ... that anyone does who asks what is right, good, or obligatory. This may take the form of asserting a normative judgment like:

   • "I ought not to try to escape from prison,"

   • "Knowledge is good," or

   • "It is always wrong to harm someone," and

   • giving or being ready to give reasons for this judgment …

3. There is also "analytical," "critical," or "meta-ethical" thinking … It asks and tries to answer ... questions like the following: How can ethical and value judgments be established or justified? Can they be justified at all (pp. 4-5)?

What Garfat and Ricks (1995) have described is of the first sort: Descriptive empirical inquiry. They provide a very good description of the kinds of phenomenological considerations that contribute to the experience of ethical decision making and can often be difficult or painful. The goal of their contribution is to make ethical practice "authentic" and responsible, which are crucial considerations. The field is in great need of more empirical description of the ethical decision making process. Doing so in both general and concrete terms, as they have done, is a wonderful contribution toward reducing the loneliness of the decision maker.

To provide a complete moral framework, however, the self-driven model needs to be complemented by a moral criterion, for "… authenticity itself is not a criterion … But rather an ideal which stands in need of criterion" (Conn, 1986, p. 5). This becomes clear in the Garfat and Ricks discussion of the Jones family. Their list of questions is an excellent guide to the necessary considerations for authentic and re-sponsible decision making, but in the end the actual choice is unique to this case. Not only that, but they imply that the choice is ultimately not only personal, but private. This can only be true if 1) each decision making situation is so unique that it cannot be compared with any other, and/or 2) the situation is impossible to articulate.

It is proposed here that in practice this descriptive difficulty is a consequence of a lack of a moral criterion (without suggesting that it is immoral!). Moral criteria are not equivalent to rules, but they serve the same purpose of providing a guide to the decision maker. In the language introduced above, the decision maker is in conversation with explicit moral criteria order to make an authentic and responsible decision. Each situation may in fact be unique in some way, but it is probably unique in ways that can be articulated.

Toward this end, Mattingly (1995) introduces some projects that are developing the second component of moral inquiry, normative ethical standards. One of the vital steps in doing so, as she points out, is "Developing an ethical vision: guiding practitioners to the recognition that there is, in fact, an ethical universe and more specifically a professional ethical viewpoint that is distinct from personal beliefs, law, and regulation" (p. 389). In other words, she is pointing to the fact that there are domains of ethical conversation that can and have been articulated. Taylor (1991) calls these "horizons of significance" (p. 39). This is the framework that makes ethi-cal thinking meaningful. Without these horizons there is little point to ethical discussion, since we have no basis for making value decisions.

As noted earlier, questions of morality tend to be framed as questions of ef-fectiveness. Establishing a moral framework for our work places the criterion of effectiveness in its proper place. But MacIntyre (1984) says that effectiveness is really about "successful power" (p.26), an inappropriate moral criterion. What is needed is to "reconnect the *processes* of therapy in company with thinking about the *goals* of therapy (Kegan, 1982, p. 288). When these are disconnected from each other, as MacIntyre (1984) points out, the therapist"… represents in his *character* the obliteration of the distinction between manipulative and nonmanipulative social relations ... In the sphere of personal life" (p. 30). This is so because,

> The therapist … treats ends as given ... his concern is with technique, with effectiveness in transforming neurotic symptoms into directed energy, maladjusted individuals into well-adjusted ones. [The therapist does] not engage in moral debate (p. 30).

The goals of our practice and our interventions must become part of our sub-

stantive conversations about morality and ethics. To reconnect the processes with the goal, Kegan (1982) says that" ... psychology must be able to address what should be considered its two most important questions: What are the processes on which the therapist attends? Why is that attention justified?" (p. 288). In our contexts, we must ask ourselves, "What are the processes on which our programs attend? Why is that attention justified?" The justification must be extra-psychological; to be valid it must originate from another source, a moral source, and it must address the goals of our programs. That will allow us to apply those criteria to the means as well.

The warning for us here is that many of the activities we are involved in, such as developing lists of professional values, ethical dilemmas, and other descriptive work, will be incomplete unless we also developed an ethical framework (in Frankena's [1973] language, "normative" and "analytic") that has its origins outside this important descriptive work. For our values cannot be justified or validated by consensus or by simple description.

Garfat and Ricks (1995) use several apt metaphors to suggest how ethical decisions are made, including the self as the "driver" and the "filter" in the decision making process. Their information-processing based model describes the phenomenological experience of ethical practice. They also say that the practice of ethics must strive for the well-being of the self. This, I think, is problematic, but not because ethical practice does not lead to the well-being of the self. There are at least two other difficulties. One is that "well-being is an extraordinarily difficult quality to define, and it includes many non-moral issues such as physical health or feeling of happiness which, however worthy or helpful they may be, are not necessary for ethical reflection or action. The second is that there are situations in which the practitioner must put his or her own well-being aside for the sake of the well-being of the youth.

For example, engagement with a suicidal or hostile youth is almost never "good" for one's well-being. In these situations we do it because we are putting our own well-being aside with the goal of enhancing that of the youth. Let me suggest that in making an ethical or moral choice, our well-being is enhanced by the result of the choice, not as a criterion of the choice. Authentic and responsible ethical decision making requires that we "transcend" (Conn, 1986) ourselves by putting the best interests of others first and by choosing moral values that originate outside ourselves. Garfat and Ricks (1995) recognize this, by pointing out the importance of stepping outside one's framework (p. 400). Doing so means looking at the situation from other ethical perspectives. When we ignore those perspectives, we become blind to our self-serving motivations and actions.

## THE DOMAINS OF MORAL PRACTICE

An ethical code serves the function of protecting children and youth by clearly outlining practices that are harmful. The overt nature of the code puts the responsibility on the practitioner and agency to publicly justify any deviations. This negative function is important, but it is also not enough, as Garfat and Ricks implicitly point

out. It is their "rule-based" decision making that is equivalent to the application of a code, and as they point out, a code or a rule cannot cover all of the potential situations and applications. But does ethics need more than simply this negative function, and if so, can ethics be helpful in the development of the field?

Taylor (1989) says that there are three "axes" of morality. One is the domain of "moral beliefs which cluster around the sense that human life is to be respected and that the prohibitions and obligations which this imposes on us are among the most weighty and serious in our lives" (p. 14). Second, there are issues of what constitutes a "rich, meaningful life" (p. 14). Third, morality is concerned with the "range of notions concerned with dignity" (p. 15). The first category is usually what underlies ethical codes, but it is the latter two that may have the most profound implications for our practice, especially for those domains that have to do with "Quality of Care," the subtitle of Mattingly's article. Quality of care has much to do with the "good life" and with dignity.

One reason why this is important is that it is possible to have good programs that do not follow all of the rules and to have bad programs that follow all the rules but provide an impoverished human life and repeatedly violate the dignity of children. We have a moral obligation to challenge these problematic programs and we need a moral foundation for doing so. Presently, we are only able to critique them on the grounds of efficiency, as in "That is an inefficient way of serving children." Many program evaluations are based on criteria of efficiency, without reference to moral criteria. But as noted above, efficiency is not a morally adequate criterion. An ethical statement that explicitly addresses all three domains would challenge services on all levels, not just on their ability to follow the rules.

Programs that serve children and youth, especially residential programs have special moral obligations because they control and structure the entire environment and life space of the child, at least for a little while. With control comes responsibility. Their moral obligation is to provide the healthiest, most developmentally appropriate environment possible; in so doing it will meet the obligations of dignity and a good life. Ethical standards ought to be explicit about how to do this.

Legislative and judicial attempts to regulate the human service domain have largely failed. It is impossible to write enough rules to ensure a quality program and, in fact, it is widely lamented that the time and resources devoted to document rule-following takes away from service to youth and takes away from creative responses to the needs of youth. Here in Minnesota, it has reached the point where programs are frequently not known by their ideological orientation but by their legal classification, such as, "A Rule-Five program," or "A Rule-40 program." An ethical code that explicated the domains of what it means for a child to have a rich, meaningful, dignified life would decrease the need for legislating every trivial behavior.

This would, of course, be viewed as objectionable by some, who would see it as unconscionable interference with their autonomy. But I would argue that our autonomy is largely illusory. We are not free to do whatever we want. We work with

and for persons, and persons make moral claims and demands on us. We are only free to do whatever we want if our moral criterion is that of "efficiency," a criterion that has been rejected here. If we accept moral sources for our work, than we are bounded by notions of respect, the good life, and dignity.

While it is not my purpose here to explicate just what all the implications are, an example may help. In most states, child and youth care practitioners are required to undergo training in physical restraint. This is important, but it has been observed that once learned, physical restraint can easily become a program intervention tool rather than a protective mechanism for staff and children, and frequently does.

It is intuitively clear to most people that physical restraint is harmful to kids. The ethical principle of "dignity" might help us explain why. The experience of being restrained as well as the experience of providing restraint violates the principle of dignity for both staff and youth. It is impossible for the youth or the worker to have any pride in the experience of restraint. Restraint undermines the dignity of all parties.

This example is not speculative. My personal experience is that direct care workers, including myself when I had that position, find restraint distasteful and feel that it makes their work unsatisfying. These are aesthetic and consequential reasons for not approving. But I recently discussed physical restraint with a youth-worker from Holland, and her objection rested on moral grounds. She refused to do it, not because she was not capable, not because she thought it was inefficient, but because she thought it was immoral. And if you accept the moral premise, it is difficult to argue. That she had a moral premise for her argument was refreshing.

Does this mean that we can never do restraint, even if she would not? Of course not. The practical demands of our work may make it necessary at some point to protect other people. In those cases, other moral values supersede the principle of dignity. It means, though, that our moral obligation is to seek ways to avoid it. Some programs violate their moral obligations by ignoring evidence that their programs use physical restraint too much, by not searching for alternative ways to handle situations, and by ignoring other programs working with the same type of youth who do not need to use physical restraint.

These three dimensions—respect for life, meaningfulness, and dignity—require us to think about the ethical implications of everything we do, not just the situations in which we experience conflicts among moral demands. The entire program can be evaluated not just by whether it works or is efficient, but by whether it enhances the dignity and quality of life of children.

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# EDUCATIONAL ACCREDITATION FOR CHILD AND YOUTH CARE IN CANADA: AN APPROACH TO PROFESSIONAL STANDARDS AND QUALITY OF CARE[1]

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To understand this report it is perhaps best to begin with the end. Or rather, the current end as this journal goes to publication. Since this article is about a professional process–developing standards–which is ongoing, what you read here captures only the moment in time that occurred in May of 2010 when the Task Force on Child and Youth Care Educational Accreditation made its final report and recommendation at the preconference educator's day held at the Canadian National Child and Youth Care Conference in Winnipeg, Manitoba. Therefore, the current end of the story is that the founding members of the Child and Youth Care Educational

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1  This article is based on the final report of the Task Force on Child and Youth Care Educational Accreditation for presented in May 2010. The original documents and updated information on the progress toward implementing the model are available at http://cyceduaccred.pbworks.com

Accreditation Board (of Canada) have incorporated as a nonprofit association and begun the process of recruiting membership from the educational and professional sector to determine how best to move forward and implement the model described in this article. Some of the authors of this report and the model for accreditation have remained with the new Board, and others have joined them to move this process forward. In a difficult economy with a climate of increasing regulation and decreasing funding for services for children and families, creating additional standards and costs for programs is challenging but essential. As you will read, the vision is that this model will lead to a standard of quality practice for young people and families based on relationships and reciprocity.

## BACKGROUND

Over the course of convening the National and International Child and Youth Care conferences in 2000 through 2006, the Council of Canadian Child and Youth Care Associations (CCCYCA) hosted a series of preconference meetings on professional regulation and the setting of standards for practice in child and youth care. These meetings, in St. John's, Victoria, Calgary, and Montreal, included people from government, education, front-line practice, and the agencies employing the workers. Each event discussed a variety of options for standard setting including certification and educational accreditation.

The task force on Child and Youth Care Educational Accreditation was created in 2006 at the request of Child and Youth Care educators in Canada who attended the International Child and Youth Care (CYC) conference in Montreal. A flexible model of accreditation for postsecondary CYC programs in Canada was suggested as a mechanism to further the work of enhancing quality of care and service for children, youth, and families in need of social, educational, and health interventions. The leadership of this initiative was delegated to Roy Ferguson at the University of Victoria and Carol Stuart at Ryerson University and the initiative is fully supported by the CCCYCA through a motion of support from the Board. Subsequently, a brief questionnaire was developed and emailed to 119 educators located in CYC programs in postsecondary institutions across Canada. The survey was designed to assess the views of educators in regards to developing an accreditation model for CYC and whether the respondent would be interested in being involved in the process. General comments, thoughts, and suggestions about a CYC accreditation process were also invited.

Forty-nine replies to the survey were received. This represents a 42% response rate, which is reasonably good for an email survey of this type, especially one occurring at the end of an academic year when educators are particularly busy. The support for exploring the development of a CYC accreditation model was unequivocal, with 96% of the respondents indicating that work should begin immediately. Further, 65% of respondents indicated a personal interest in being involved in exploring accreditation options for the CYC, field and virtually all indicated that their own program would be interested in participating in an accreditation process. The survey

response indicated strong support for proceeding in the establishment of a small task group to explore options for CYC educational program accreditation. The development of a substantive proposal and model for accreditation began in 2008 and was finalized at the National CYC Conference in May 2010 when the final report of the task force was presented and adopted.

Accreditation of educational programs is but one part of professional regulation. In most regulated professions, authority to practice is legislated through a college of practitioners which licenses individual professionals. Typically a requirement to be licensed is graduation from an education program that is accredited by a body that is recognized with the authority to monitor the quality of educational programs for the profession. The accreditation board may be separate from, or embedded in, the college that legislates practitioners. Both nursing and social work (for example) have national bodies that accredit educational programs, and in those provinces with legislation and/or boards of certification for practice, all professionals who apply to be registered as social workers or nurses must graduate from an accredited program. Inter-provincial differences in scope of practice, legislation, and certification are extensive for CYC, but educational preparation is well developed, extensive, and based on a relatively common understanding of competency for practice.

## ACCREDITATION VALUES

The following ideals were developed through the annual discussions and consultations with educators at national and international conferences between 2000 and 2009. Consistent with the beliefs and values of CYC as a profession, the proposed model of Accreditation includes the following:

- a transparent and inclusive process

- efficient and cost effective

- graduated process starting with program self-evaluation

- implementation in conjunction with existing program review structures within academic institutions

- representative of an accreditation process that is facilitative and supports capacity building within the academic programs

- close and reciprocal connection between academic and practice sectors within the CYC field

## MISSION OF CHILD AND YOUTH CARE ACCREDITATION

The mission of CYC accreditation is to establish and implement a process of continuous assessment of postsecondary CYC education programs in Canada. Accreditation is both a process and an outcome, such that graduates of accredited programs will hold an important credential that will be recognized by licensing bodies,

employers, and the public. The primary objective of the accreditation process is to promote the highest standards of training and pre-service education for the field. These standards will constitute a living document that will be updated regularly to reflect cutting edge advances in CYC, the input of accredited programs, as well as changes to provincially defined norms, including relevant legislation.

## PRINCIPLES OF CHILD AND YOUTH CARE ACCREDITATION

Accreditation in CYC will be guided by the following principles:

- Accreditation involves self-reflection and builds upon existing program review structures, to be both iterative and prescriptive in its approach.

- Accreditation is a process guided by the principles of empowerment and engagement.

- Accreditation recognizes the breadth of experience in practice, research, and teaching. An accrediting body should consist of a balance of educators and experienced CYC practitioners who provide an independent review, and thus the overall process includes both self-evaluation and peer review.

- The review process focuses on practical components of educational programs, including field experiences, which promote individualized student outcomes on three levels: development as a learner, development as a practitioner, and development as a professional.

- There will be strong links in the accreditation process to provincially defined standards and licensing requirements in provincial settings.

- Accreditation involves both a quality improvement process to build program capacity as well as minimum standards of accountability for student outcomes.

## CROSS-CANADA CONSULTATION

The model developed by the Task Force received wide consultation and feedback across Canada. The background information (above) and the proposed model were distributed through email and posted on a Wiki (http://cyceduaccred.pbworks.com/). Task Force members initiated contact and in-depth feedback from the following groups and associations:

- British Columbia Educators Consortium meeting in January 2010

- The Alberta Educators Consortium and the Child and Youth Care Association of Alberta (CYCAA) in August 2009

- Manitoba Educators at Red River College and the Child and Youth Care Workers Association of Manitoba (CYCWAM) in January 2010

- The Colleges of Applied Arts and Technology (CAAT), Child and Youth Work (CYW) Program Coordinators and Ryerson University (Ontario) through teleconference and individual program written submissions between October 2009 and January 2010

- The Ontario Association of Child and Youth Counselors (OACYC) Board in November 2009

- The Quebec Educators Association in November 2009

- Two-year ongoing discussion and feedback from the Council of Canadian Child and Youth Care Associations (CCCYCA)

- Feedback from educators at publically funded community colleges in New Brunswick and Nova Scotia

- A meeting with the Educateur Specialize program at Vanier College, May 2010

The feedback from these consultations is summarized below. Areas were identified that required further discussion and development. Members of the task force felt that these areas should be dealt with in the planning for implementation of the model. Additional feedback led to some specific changes in the accreditation model (included here).

**General Comments**
Provincial Associations (CYCWAM, CYCAA, OACYC) and the Canadian Council of CYC Associations (CCCYCA) fully supported, in principle, the accreditation model. The OACYC voted to endorse the process of developing and finalizing the model. The professional associations support the principle of a close and reciprocal connection between academic and practice sectors. Strong links to provincially defined standards and licensing requirements are also considered essential. In addition, professional associations are concerned with program credibility and the use of practical competencies and good supervision to ensure the graduation of quality practitioners. Questions were raised such as: What is real and relevant CYC curriculum? Who has the input into curriculum competency outcomes, and how are these linked to certification? There was also some concern about the implications of supervisor qualifications for student supervision when supervisors do not have the appropriate education.

Professional associations suggested that the model be discussed and vetted with the Child and Youth Serving Ministries in various provinces. MCYS in Ontario indicated some positive support, but there was no formal mechanism to express this. The Task Force felt that government support could be elicited when the timing is right, given the current government scrutiny on quality and

validity in the postsecondary educational sector. However, in a cost constrained postsecondary environment accreditation can be an impediment to participation and budgets for postsecondary are reducing. Additional commentary stated that, if the process was not owned by the Academic institution, it could diminish administrative buy-in. How would institutional buy-in be approached? It was recommended that consideration be given to system-wide uptake, which would have more impact. One approach to the task might be to form a National Sector Council recognized through Human Resources and Social Development Canada (HRSDC), and that sector Council could promote and develop the accreditation program as its first task.

The consultation identified the need for preliminary discussion of implementation while the model was developed, since many questions and comments during the consultation related to implementation rather than the model. While the model identified that an accreditation peer review team would be integrated with the regular institutional process of program review, this was not apparent throughout the consultation and needed ongoing emphasis. The consultation also recommended that the final review processes and who would participate be clarified. Additional explanation about how this process layers on top of existing program review processes is required as the model was moved forward. An outline of different models (internal review team with community consultation and an external and internal review team) and how an Accreditation Board or organization would participate in those different processes and make an independent decision about quality would be beneficial. There were also many questions about the structures of accreditation:

- How do the program and Accreditation body interact to agree to decide who the external review representing accreditation is?

- Can the program release their self-study and final review reports and recommendations to the Accreditation Board for review?

- Does the external review team complete a report, which is part of the package, or does the program take notes from a group feedback session and incorporate that into the review package? (This is a college model)

For people unfamiliar with the self-study process, it is important to describe in the introduction that the self-study is a process of demonstrating and describing how the program meets these standards, and how they intend to improve based on their self-evaluation. It is less like a final judgment and more like a commitment to the quality enhancement process.

During the consultation the originally proposed model was revised to reflect specific comments about the nature of the standards that were outlined and the revised model is included here.

## SUMMARY OF OUTSTANDING ISSUES

This section describes issues that still need to be resolved as the CYCEAB moves forward. Some issues require discussion and additional changes to the model, and in such cases a decision needs to be made about what the standard is. The model needs to be revised to reflect this standard. These types of issues are identified under nomenclature and definitions, curriculum, and outcomes. The Task Force did not feel ready to make specific recommendations on these issues in May 2010, and where additional discussion is warranted there was often conflicting feedback during the consultation. Other feedback was clear, and changes were incorporated in the model outlined here and presented in May 2010. The accreditation model was revised and approved in principle by educators and other professionals who were present in May 2010. Implementation issues that are outlined below need to be resolved by the CYCEAB when they establish the authority to implement the model and define the standards.

### Nomenclature, Definitions, and Regional Variation

- *Terminology*. Define: "Practitioner", " Worker", "Child and Youth Care", "Child and Youth Worker", "Child and Youth Counsellor".

- *Meaning of CYC education*. Which scope of practice statements is appropriate (or is there only one), and how does this translate into curriculum?

- *Impact of regional variation*. The program inputs, 7.4 and 7.5, describe the use of competency measures. Program structure and course sequencing is based on those competencies. Currently, different regions or provinces use different competency-based outcomes to guide curriculum. What are these competencies? How do these competencies compare to each other? Some regions (e.g., Manitoba) are not connected with a broader educator's consortium that has defined competencies for their membership.

- *Defining the accreditation board*. Who will sit on this board, and how will it interface with the self-study report and the accreditation peer review report. These things need to have some preliminary description, as discussed in previous conferences.

### Curriculum Issues

- *Admission requirements*. Standards for admission are a point of conflict with the administration for many educational programs. Some educators would like to require experience and personal suitability for entry to the program. Can accreditation be used to require additional nonacademic expectations, such as volunteer hours, police record checks, and reference letters?

- *Residency.* There is a statement that students must complete a half of their program or semester hours at the institution providing the graduating credential. In several circumstances, for example, Ontario colleges, British Columbia and Alberta universities with a college history—the minimum residency is 25-35%. Discussion is required. How can students maximize credit for their past education and still learn the competencies expected? Should there be an expectation that students finish within a certain amount of time in order to be current?

- *What is an appropriate practicum or internship?* Should the standards specify what an appropriate practicum entails, for example, direct work with clients that is clinically supervised. Or is it acceptable to leave that decision to the program and ask for justification in terms of the program's particular specialization or orientation?

- *Graduate program requirements.* Can students exit a master degree without doing any practicum or a research project? Can the program consist of course work only? Discussion is required.

- *Minimum hours.* Courses and practicum needs to be standardized to fit with multiple institutional methods of describing the time requirements of courses and field experiences. The use of hours as a unit of measurement also assumes that time in the classroom is a standardized measure of student learning efforts.

- *Flexibility.* How can programs construct curriculum based on an agreed to set of competencies? Competencies and the general outcomes (domains) they fall under should not need to be translated to coursework in an identical manner by each institution, even within the same region. If the program is required through the self-study to show how each of the competencies is measured, they will need to develop competency crosswalks that demonstrate how that competency is assessed, for example, by means of a field experience, test, or assignment, and within which courses. (Section 7.4). An accrediting body could provide the tools to do this.

- *Preparation of diploma students for university work.* How can this be done within the current curriculum?

## Outcome Standards

- *Measurement of outcomes.* The proposed model uses outcomes, (i.e., how well students do after graduation) as well as process and program standards (e.g., entry-level grades, academic preparation of faculty, and minimum hours of curriculum content). Outcomes can be difficult to gather data on (Alberta), and questions have been raised about whether they are appro-

priate in the beginning phases. Other feedback indicates that gathering student outcomes, (Ontario, British Columbia) is easy to do and essential to demonstrating quality programming. Student surveys are already built into institutional program reviews. (7.1, 7.12 to 7.17). With respect to the outcome-based focus of the model, at what point is student and graduate performance addressed independently of employer satisfaction and graduate satisfaction and the other measures outlined? Self-report or independent measures? Self-report data is most common, and examples of the types of questions to ask to get this information, as well as whom to survey, are essential. Is self-report data acceptable? How can one measure outcomes of Distance Learning? Discussion is required about the focus on outcomes as well as inputs and processes.

- *Varied pathways of graduates.* Outcome measures can be affected when graduates do not enter directly into the field but go on to further education or take a break for parenting or other lifestyle related reasons. The collection of outcome information on employment, job advancement, and employer satisfaction could be significantly affected.

## Implementation Issues

- *Motivation.* For programs to become accredited, motivation could be minimal if the local employers are not responsive to hiring practitioners from accredited programs only. Work needs to be done with government and employers so that they support the accredited programs. Work also needs to be done with educational programs to outline the value of accreditation to the field and to the individual program.

- *Institutional support.* At the college level, the chair and the dean must first approve the implementation of an outcomes assessment accreditation model, and senior academic support is required. At the university level, the approval for departmental participation in accreditation tends to be directed to the department, but the senior administration may not support the budget required for the costs of applying for accreditation and bringing in peer reviewers, and hence, departments would then be forced to fund this from operating dollars.

- *Private colleges.* Graduates who are not recognized by the Ministry of Advanced Education in the province cannot receive advanced standing in university programs. It is unclear whether a graduate of a private college would receive credit for prior learning in a publicly funded college. The question of whether private college programs should be able to participate in CYC accreditation requires further discussion. (7.1)

- *Interprovincial Labour Mobility Agreements.* The Task Force reviewed the agreement which enable people to move between provinces and expect to be eligible to apply for similar positions based on educational qualifications in the province in which they graduated. Some issues may need to be identified and discussed relative to curriculum competencies (e.g., Child protection competencies that are currently part of curriculums in British Columbia).

**Recommendation**

The final recommendation of the Task Force was to create a founding board to incorporate an organization responsible for educational accreditation. The founding board should consist of eight members, who should represent an equal balance of colleges and universities. At least one member should have a graduate program, and six educator members with regional representation from West, Atlantic, Central, and two professional members representing the CCCYCA. The founding board was charged with creating the initial bylaws for membership of the organization, governance structure (i.e., board of directors) incorporating and guiding the initial work of the organization.

The founding board membership was expanded slightly in May 2010, and the current members of the board are:

**Chair:** Carol Stuart, *Health and Human Services, Vancouver Island University, Nanaimo, British Columbia*

**Secretary:** Dawne MacKay-Chiddenton, *Red River College, Child and Youth Care Program*

**Members of the Board:**

- Heather Modlin, *Key Assets Newfoundland and Labrador, Memorial University of Newfoundland, CYC Development Committee*

- Varda Mann-Feder, *Quebec Association of Educators, Department of Applied Human Sciences, Concordia University, Quebec*

- David Connolly, *Council of Canadian Child and Youth Care Associations, Child and Youth Worker Program, Seneca College, Ontario*

- Wendy Weninger, *Child and Youth Care Diploma Program, Lethbridge College, Alberta*

- Rob Bates, *British Columbia Child and Youth Care Association, Douglas College Child and Youth Care Diploma and Degree Program*

- Doug Magnuson, *School of Child and Youth Care, University of Victoria, British Columbia*

- Kelly Shaw, *Nova Scotia Child and Youth Care Association, Nova Scotia Community College, Child and Youth Care Diploma*

- Anne Black, *Ontario, George Brown College, Child and Youth Work Diploma*
- Margaret Sullivan, *New Brunswick, New Brunswick Community College, Child and Youth Work Diploma*

## OUTCOMES ASSESSMENT ACCREDITATION MODEL FOR CHILD AND YOUTH CARE PROGRAMS[2]

### Preamble and Rationale

In Canada all publically funded postsecondary educational institutions are accredited according to a set of standards, which are set provincially through legislation for postsecondary education. In addition, British Columbia, Alberta, Ontario, Quebec, Nova Scotia, New Brunswick, and Prince Edward Island have a second-level quality assurance authority for publically funded degree granting colleges and universities. (*http://www.aucc.ca/qa/_pdf/reg_prov_overview_e.pdf*).

The quality assurance process requires that all new degree programs for any profession or discipline be reviewed by the qualifications authority prior to admitting students and again on a regular program review cycle (5 to 7 years). The Association of Universities and Colleges of Canada (*www.aucc.ca*) and the Association of Canadian Community Colleges (*www.accc.ca*) do not play a specific standard setting role but various professional disciplines, such as nursing, education, medicine, engineering, social work, law, health services, etc., have separate educational accreditation boards that set standards and review programs for compliance to ensure that professionals in the field are trained to a specific standard of competence. CETAC licenses private career colleges across Canada and has just released a new set of standards for licensing these colleges. There are several private colleges offering CYW programs (e.g., Eastern College), but with the exception of Newfoundland, private colleges are not reviewed by the same qualifications authority and do not meet the same standards and expectations as publically funded programs. There are over 50 different publically funded postsecondary institutions offering Child and Youth Care (CYC) and Child and Youth Work (CYW) education in Canada. CYC and CYW educators believe that quality of care and service to young people and their families will be enhanced by setting standards for educational programs and thereby assuring both the public and aspiring professionals that graduates of those programs will have a common base of knowledge and skill.

To that end, the Task Force on Educational Accreditation recommended the adoption of the following model for accreditation of CYC and CYW postsecondary programs. The specific standards and model had an extensive, comprehensive

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2  This outline is based upon the "Outcomes Assessment Accreditation Model for Industrial Technology Programs" (revised December 2008) available at http://www.nait.org/ The model follows the trend in the United States towards outcome assessment in postsecondary program accreditation as well as outlining a logic model for accreditation that provides a structure for identifying the standards that are important and assessable. The specific standards are a framework for language and areas to include that is relatively comprehensive.

review and adjustment based on the feedback of educators and professional associations across Canada. The model is intended to be implemented in conjunction with existing provincial and institutional program approval and program review processes. As new CYC programs develop and as existing programs undertake their regular cycle of review and evaluation, the model may define additional data that needs to be collected or inputs and processes that must be documented within a self-assessment process.

Outcomes assessment as part of accreditation means that programs must demonstrate that their institutions have plans in place for assessing educational outcomes. They must show evidence that the results of these assessments have led to the improvement of teaching and learning processes and improved preparation of program graduates to enter professional positions upon graduation. Accrediting bodies are moving away from input models that prescribe specific courses, credit hours, etc., to the examination of output that has been validated by advisory committees and program graduates. They must have operational processes that ensure that students have demonstrated competence and will be safe and successful in their professional work following graduation. The proposed accreditation model needs to be supported by tools and specific guidelines developed by an accreditation council. Given the extent of additional work required for implementation, the formation of a council to undertake the development of structures and processes for implementation is essential.

## Definition of Terms

*Program title.* The official, approved title of the degree program being considered for accreditation.

*Program mission.* A general statement that identifies the broad purpose of a program.

*General outcomes.* A list of general expectations for what you expect students to achieve in the form of knowledge and skills that can be demonstrated in the field. These outcomes exist already in many regions of Canada and consist of certification competencies, vocational outcomes, and field-based competence or standards documents that define the domains of practice and performance standards.

*Competency measures.* The activities used within the educational program to determine if students have achieved a competency such as written tests, demonstrations & observations, case studies & discussion groups, exemplars, peer reviews, self assessments and work placement portfolios, presentations, mock events, and monitors.

*Outcome measures.* A series of activities, using instruments such as surveys, undertaken after students have completed a program, to determine the overall effectiveness of the outcomes and competencies identified and covered in the program.

## Outcomes Assessment Accreditation Model

### Program Inputs

| | |
|---|---|
| **1.1** Program Title, Mission & General Outcomes | |
| **1.2** Competency Identification & Validation | |
| **1.3** Transfer Course Work | |
| **1.4** Identification of Competency Measures | |
| **1.5** Program Structure & Course Sequencing | |
| **1.6** Student Admission & Retention Standards | |
| **1.7** Student Enrollment | |
| **1.8** Administrative Support & Faculty Qualifications | |
| **1.9** Facilities, Equipment & Technical Support | |
| **1.10** Program Goals | |

### Program Operation

**1.11**
Program Operation
Motivation of Students
Scheduling of Instruction
Instruction
Observance of Ethical Standards
Availability of Resource Materials
Teaching & Measurement of Competencies
Supervision of Instruction
Placement of Graduates

### Program Improvement

### Outcome Measures

| |
|---|
| **1.12** Graduate Satisfaction with Program and Identification with the CYC Profession |
| **1.13** Employment of Graduates |
| **1.14** Job Advancement of Graduates |
| **1.15** Employer Satisfaction with Job Performance |
| **1.16** Graduate Success in Advanced Programs |
| **1.17** Graduate Success in Passing Certification |
| **1.18** Development of the Profession |
| **1.19** Advisory Council Approval of Program |

**1.20**
Outcome Measures Used to Improve Program

[2]For a new program proposal the proposal must address inputs and describe operational methods to receive provisional accreditation.

*Figure 1:* Outcome Assessment Accreditation Model for Child and Youth Care

The objective of accreditation is to ensure that programs in CYC meet or exceed established standards for service in the field and that outcome measures are used to

continuously improve programs. The Outcomes Assessment Accreditation Model outlined in Figure 1 requires that consideration be given to both the qualitative and quantitative criteria set forth in these standards.

The Self-Study Report shall follow the guidelines established by the Accreditation Council and be completed by a Program Review committee which includes a representative portion of the institution's administrative staff, teaching faculty, and students. In addition to meeting the institution's requirements for reviewing program quality, the Self-Study Report shall show how each program and program option meets each standard[2].

## Standards for Accreditation
### Program Inputs:

**1.1 Program Title[3], Mission, and General Outcomes:** The program or option title, definition, and mission shall be compatible with the definition of Child and Youth Care described by either the provincial professional association or the CCCYCA. Outcomes will ensure that graduates are capable of the scope of practice required in the province. The program or option shall lead to a diploma (community college) or a degree at the bachelors, masters, or doctoral level. Definitions for programs are as follows:

a) *Diploma:* Two- or three-year programs or options that prepare individuals for front-line positions to work with children, youth, and families.

b) *Baccalaureate Degree:* Four-year programs or options (including post-diploma or degree completion tracs) that prepare individuals for front-line positions as well as those that involve program design and evaluation, management, clinical work, and preparation for advanced degrees related to clinical intervention and research.

c) *Master Degree:* Programs or options that prepare individuals for career advancement that involving advanced clinical intervention, postsecondary teaching or research.

d) *PhD:* Programs or options that prepare individuals for postsecondary teaching or research.

General outcomes shall be established for each program or option that provides a framework for the development of specific measurable competencies. Validation of the general outcomes may be accomplished through a variety of mechanisms. In provinces where educational or vocational outcomes or certification boards exist, the general outcomes for the educational program should match local norms. In jurisdictions where there is no formal body or consortium that has agreed to general

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3 Each program of study or program option shall have appropriate titles consistent with the definition of Child and Youth Care.

outcomes, then a combination of external experts, program advisory committee, and, after the program is in operation, follow up studies of graduates should review and validate the defined general outcomes.

Only institutions legally authorized under applicable provincial law to provide diploma or degree programs beyond the secondary level and that are recognized by the appropriate provincial postsecondary institutional accrediting body are considered for CYC accreditation. Evidence must exist that the programs are understood and accepted by the university or college community, as well as the human services community.

**1.2 Competency Identification and Validation:** Methods for assessing practice competencies shall be identified and validated for each program or option. These competencies must closely relate to the general outcomes established for the program/option and validated in a similar manner. Assessment methods could include practicum evaluations, case studies, skill-based assignments, and written assignments throughout the course of the program. Professional identity is encouraged through an exploration of the value-base that CYC holds as important and communication of those values to students. Students are expected to assess and explore professional and personal values within their coursework. Programs should lead the field in developing new competency in practice (see outcome measures).

**1.3 Transfer Course Work or Prior Learning Assessment:** The institution shall have policies regarding coursework transferred to the program from previous postsecondary education. Previous coursework should be evaluated and approved by faculty or instructors knowledgeable in the courses for which credit is provided. Elective courses should be approved within the appropriate departments.[4] All transfer credits must meet the minimum course requirements for the program (hours of instruction and assessment methods).

Accelerated diploma programs, articulated or collaborative undergraduate degree programs, and undergraduate degree completion programs have mechanisms in place to determine how previous education is recognized and to assess the relevance of previous education to the portion of the program recognized for prior learning. Prior learning assessment follows a standardized process that provides recognized credit for work experience and prior learning when transfer credit is not possible. Students must successfully complete 50% of their program at the institution providing the graduating certificate.

**1.4 Identification of Competency Measures:** Assessment measures exist for each of the measurable CYC outcomes identified for the program or option and the program or option is able to demonstrate how competence is assessed.

**1.5 Program Structure and Course Sequencing:** Each program or option shall meet minimum foundation requirements. Programs or options may exceed maximum foundation requirements specified in each area, but appropriate justifica-

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4 Transfer Credits may be assessed on a student-by-student basis, or institution-to-institution basis or, a combination of these.

tion should be provided. A specific list of courses and hours of classroom time that are being counted toward each course shall be included in the Self-Study Report. Minimum and maximum foundation requirements for degree programs or options are listed below:

a) **Diploma:** Programs shall be a minimum of 2 years (equivalent 20 single semester courses averaging 36 hours per course), and shall meet the following minimum to maximum foundation requirements:

| | |
|---|---|
| Communications and Counseling (oral and written) | 2-3 courses |
| Therapeutic Activities and Group Work | 1-3 courses |
| Family Studies | 1-2 courses |
| Theory* | 1-2 courses |
| Practicum or Internship | 750-1500 hours |
| General Electives | 1-3 courses |

*Theory may include study in other disciplines such as psychology, or sociology.

Students must successfully complete 50% of their program at the institution providing the graduating certificate.

b) **Bachelor Degree:** Major programs or options shall be a minimum of 4 years (equivalent to 40 single semester courses averaging 36 hours), and shall meet the following minimum to maximum foundation requirements:

| | |
|---|---|
| Communications and Counseling (oral and written) | 2-3 courses |
| Therapeutic Interventions and Group Work | 2-4 courses |
| Family Studies | 1-3 courses |
| Theory* | 4-6 courses |
| Practicum or Internship | 750-1500 hours |
| Research and Evaluation (could include thesis work) | 2-4 courses |
| Liberal Arts | 4-6 courses |
| Professional Electives/Specialization | 2-4 courses |

*Theory may include study in other disciplines such as psychology or sociology.

Appropriate skill-based laboratory activities shall be included in the program or option, and a reasonable balance shall be maintained between the practical application of "how" and the conceptual application of "why." Focus is on praxis. There shall be evidence of appropriate sequencing of courses in each major program or option to ensure that advanced-level courses build upon concepts covered in beginning level courses. Students must successfully complete 50% of their program at the institution providing graduating certificate.

c) **Master Degree:** Major programs or options shall be a minimum of 1 year (equivalent to 10 single semester courses), and shall meet the following

minimum to maximum foundation requirements:

| | |
|---|---|
| Research Methods | 2-4 courses |
| Communications or Therapeutic Intervention | 2-4 courses |
| Professional Theory | 3-6 courses |
| Major Research Project or Thesis | 2-4 courses |

Students must successfully complete 75% of their program at the institution providing graduating certificate.

d) ***Doctoral Degree:*** Major programs or options shall be a minimum of 2 years (equivalent to a combined total of 15-20 single semester courses), including the dissertation requiring independent research and an oral defense. The program shall meet the following minimum to maximum foundation requirements:

| | |
|---|---|
| Research Methods | 2-4 courses |
| Professional Theory | 2-4 courses |
| Dissertation | 5-7 courses |

**1.6 Student Admission and Retention Standards:** There shall be evidence showing that the quality of CYC students is comparable to the quality of students enrolled in other programs at the institution. Admission standards must include a minimum entering average from the prerequisite standard (high school, undergraduate degree, etc.) with the provision for an alternative method of demonstrating academic potential. Sources of admission information may include test scores and grade rankings. Student retention and graduation from the program is comparable to institutional standards. Sources of retention information may include general grade point averages and average length of time to completion for CYC students compared to majors in other programs.

**1.7 Student Advising:** Students have access to academic advising to help them complete the program in a timely fashion. Advising is provided regarding career and future educational opportunities. Students are adequately prepared for the demands of advanced educational programming within the program curriculum, and competency measures (1.4) demonstrate how this preparation is accomplished.

**1.8 Administrative Support and Faculty Qualifications:** There must be evidence of appropriate administrative support from the institution for the CYC program or option including appropriately qualified administrators, an adequate number of full time faculty members, and budgets sufficient to support program or option goals. Financial and personnel resources should not be significantly different from the institutional standard and should be comparable to the standards of similar institutions and programs or options. Full-time faculty assigned to teach courses in the CYC program or option must be appropriately qualified. Faculty qualifications shall include an emphasis upon the extent, currency, and pertinence of (a) aca-

demic preparation, (b) professional experience, (c) membership and participation in appropriate professional organizations, and (d) scholarly activities. The following minimum qualifications for full-time faculty are required:

a) *Diploma:* The minimum academic qualifications for a regular full-time faculty member are a bachelor's degree CYC or a bachelor degree in a related discipline with a diploma in CYC. For documented reasons, a combination of education and experience plus professional certification as a CYC practitioner may be substituted. Membership and participation in the provincial CYC association is expected. A minimum of 75% of full-time faculty members should meet this qualification.

b) *Bachelor Degree:* The minimum academic qualifications for regular tenure track or full-time faculty members shall be a master degree in CYC or a discipline closely related to the instructional assignment with practice experience. A minimum of 50% of the regular tenure track, or full-time faculty members assigned to teach in the program of study content area(s) shall have a PhD in a related field. Membership and participation in the provincial CYC association is expected. Active professional involvement or scholarly activity in CYC is expected. Exceptions may be granted to this standard if the institution has a program in place that will bring the faculty demographics into compliance within a reasonable period of time.

c) *Master Degree:* A PhD in a discipline closely related to the faculty member's instructional assignment. Membership and participation in the provincial Child and Youth Care Association is expected. Active professional involvement and scholarly activity in child and youth care is expected.

d) *Doctoral Degree:* A PhD in a discipline closely related to the faculty member's instructional assignment and an active research program contributing to the knowledge base in CYC. Membership and participation in the provincial CYC association is expected.

Variation from these standards must be explained and justified, and the need for such variation should consider a balanced equivalent of education and experience, and demonstrate that faculty members are supported to upgrade their qualifications. Policies and procedures for faculty selection, appointment, reappointment, and tenure shall be clearly specified and shall be conducive to the maintenance of high quality instruction. Faculty teaching, advising, and service loads shall be reasonable and comparable to the faculty in other professional program areas.

**1.9 Facilities, Equipment, and Technical Support:** Facilities and equipment, including the technical personnel support necessary for maintenance, shall be adequate to support program or option goals. Evidence shall be presented showing the availability of library resources, student support and counseling, audio and video

equipment, computer equipment, and software programs to facilitate student success in each program area. Facility and equipment needs shall be included in the long-range goals for the program.

**1.10 Program Goals:** Each program shall have current short- and long-range goals, and plans for achieving these goals.

## Program Operation:

**1.11 Program or Option Operation:** Evidence shall be described in the self-study, showing the adequacy of instruction including (a) motivation and counseling of students, (b) scheduling of instruction, (c) quality of instruction, (d) observance of ethical standards, (e) availability of resource materials, (f) teaching and measurement of competencies (specific measurable competencies or outcomes shall be identified for each course along with the assessment measures used to determine student mastery of the competencies), (g) supervision of instruction, and (h) placement services available to students for work experience. Course syllabi must be presented which clearly describe appropriate course objectives, content, references utilized, student activities, and evaluation criteria.

## Outcome Measures:

**1.12 Graduate Satisfaction with Program or Option:** Graduate evaluations of the program or option shall be sought on a regular basis. These evaluations shall include questions related to the importance of the general outcomes and specific competencies identified for the program or option. Summary data shall be available for graduate evaluations of the program or option. (Graduate Survey)

**1.13 Employment of Graduates:** Information on job placement, titles, and salaries of graduates shall be collected on a regular basis. The jobs held by graduates will be consistent with program or option goals and outcomes. Summary data shall be available for the employment of graduates. (Graduate Survey, Employer Survey)

**1.14 Job Advancement of Graduates:** Information on the career advancement of graduates shall be collected on a regular basis to demonstrate promotion to positions of increasing responsibility. Summary data shall be available for the career advancement of graduates. (Graduate Survey, Employer Survey)

**1.15 Employer Satisfaction with Job Performance:** Information on employer satisfaction with the job performance of graduates shall be collected on a regular basis including employer attitudes related to the importance of the specific competencies identified for the program. Summary data shall be available showing employer satisfaction with the job performance of graduates. (Employer Survey)

**1.16 Graduate Success in Advanced Program:** If a goal of the program or option is to prepare students for advanced studies, then the success of graduates in applying to, being admitted, and completing advanced study programs shall be tracked and confirmed. Summary data shall be available showing graduate success in advanced programs (Faculty Member Survey, Graduate Survey.)

**1.17 Graduate Success in Passing Certification Requirements:** If a goal of the program or option is to prepare students to pass certification requirements, then the success in passing these (examinations) shall be tracked and confirmed. Summary data shall be available showing success in achieving certification. (Graduate Survey, Professional Association Survey)

**1.18 Development of the Profession:** Dissemination of current and new knowledge to the field occurs through students as they graduate. Research productivity of some faculty will focus on field competencies and faculty members will demonstrate a leadership role in the field through community outreach. College and teaching focused university programs are linked to research-based universities, and summary data is provided, which demonstrates how the faculty members contribute to the development of knowledge and skill in the profession. (Faculty Member Survey, Graduate Survey, Employer Survey, Professional Association Survey)

**1.19 Advisory Council Approval of Overall Program:** An advisory council shall exist for the program or option and shall have responsibility for general outcome and competency validation and the review and evaluation of overall program success. Guidelines for the advisory council shall exist that include (a) criteria for member selection that demonstrates representative expertise in the field and student participation, (b) procedures for selecting members, including student or graduate membership, (c) length of member appointment, (d) council responsibilities, (e) frequency of meetings (at least one per year), and (f) methods of conducting business. Minutes of advisory council meetings shall be available which will demonstrate that the council has reviewed and approved the program or option and any changes. (Faculty Member Survey, Student Survey, Advisory Council Meeting minutes)

**1.20 Outcome Measures Used to Improve Program:** Evidence shall be presented showing how outcome measures (identified above) have been used to improve the overall program or option. (Quality Enhancement Plan and Goals for the Future)

# WORKFORCE CRISIS AND OPPORTUNITY: THE EVOLVING FIELD AND EMERGING PROFESSION

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*ABSTRACT: Child and youth care (CYC) practice significantly contributes to the well-being of children, youth, families, communities, and businesses in the United States. Research conducted over the past 15 years has documented systemic problems that limit the availability of a well-prepared, competent workforce to meet the needs of the rapidly expanding field of CYC. Recent practitioner-led efforts have focused on field building by defining the field of practice, describing the body*

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*of knowledge and skills, establishing professionally sanctioned ethics and practice standards, and implementing a national professional credentialing system. This article describes the current state of the field and proposes a vision of a national effort to unify professional development across the field, highlighting current trends, milestones, challenges, and priorities. The current evolution of the CYC profession holds great promise in creating a unified approach to workforce development that can significantly impact the emergence of a competent workforce.*

*Key Words: Certification, credentialing, child and youth care (CYC), standards, child and youth work (CYW), competency assessment, workforce development, competencies, certification programs, education programs, advocacy, professionalism, childcare, professional development, professionalization, and field building.*

## WORKFORCE CRISIS

Child and youth care (CYC) is a significant contributor to American communities and society. CYC services are offered through a multitude of systems that include early care and education, community-based child and youth development programs, parent education and family support, school-based programs, community mental health, group homes, residential centers, day and residential treatment, early intervention, home-based care and treatment, psychiatric centers, rehabilitation programs, pediatric health care, and juvenile justice programs. There are more CYC practitioners serving the community than all of the other human services professionals working with children, youth, and families combined according to Curry, Eckles, Stuart, & Qaqish (2010).

The U.S. Bureau of Labor Statistics estimates that there are currently 1.7 million practitioners nationally (U.S. Department of Labor, 2005). Given the limitations of the Bureau's classification and tracking systems, the Annie E. Casey Foundation Workforce Study (2003) found the actual number is significantly higher (ranging between 2.3 and 6 million), depending on the source and the job titles included in the estimate.

The U.S. Bureau has reported that CYC work was among the fastest growing occupations for the decade 1998–2008, and that it must increase by 26% to keep up with demand. It is clear from any of these workforce estimates that CYC practitioners are a large and growing group that are significantly involved in promoting the well-being of children, youth, and families in American communities.

The number of children and youth in the U.S. population has grown from 64.2 million in 1990 to 73.7 million in 2006 (an increase of 9.5 million). Children and youth comprise approximately one quarter of the total population. Over the past 100 years the prevalence of single-parent families has risen substantially. The U.S.

Census Bureau estimates that 20.6 million families are currently single parent families. Increasing economic demands require that an estimated 69% of all families include a single parent or both parents working outside the home (U. S. Department of Labor, 2005). These and other societal and economic forces have dramatically increased the need for out-of-home CYC. This trend is expected to continue in the foreseeable future and will drive the need to expand the number of CYC practitioners available.

Over the past 10 years increasing numbers of studies have demonstrated the connection between CYC services and economic productivity. A Cornell University research project (2004) reported that "Child care breakdowns leading to employee absences cost businesses $3 billion annually in the U.S." Research has documented that almost 30% of employed parents experienced a breakdown in their child care arrangement, which was associated with employee absenteeism, tardiness, and reduced concentration at work. The average American working parent misses nine days of work per year (Carillo, 2004). As children move through day care and into elementary school, the number of days missed by parents increases to 13. These absences are costly for employers, as is turnover (often child care related). These costs are estimated as one and a half times the annual salary for an exempt employee and three-quarters of annual wages for hourly workers (Phillips & Resiman, 1992).

Increasing numbers of large corporations are funding child care and child care referral services to increase worker productivity. Recent research from a variety of industry and academic sources is quantifying the connection between investments in CYC services and increasing return on business investment. This is demonstrated through improved worker performance and commitment, benefits of being an employer of choice, increases in employee retention which relate to customer retention, and other benefits gained when reliable, competent CYC services are available, thereby increasing worker well-being, satisfaction and productivity. The lack of quality CYC services has economic impact and costs employers billions of dollars annually.

Initiatives to study and address the workforce crisis that exists in the child welfare field are being undertaken by such groups as the Child Welfare League of America (CWLA), Annie E. Casey Foundation, Alliance for Children and Families (ACF), Association for Child and Youth Care Practice (ACYCP), American Public Human Services Association (APHSA), National Staff Development and Training Association (NSDTA), National Association of Public Child Welfare Administrators (NAPCWA), Forum for Youth Investment, Children's Defense Fund (CDF), National Association of Social Worker (NASW). Since the quality of the workforce is considered by many workforce leaders to be a significant, if not the most important, determinant of outcomes for children and youth (Eckles et al, 2009; Gannett, Mello, & Starr, 2009), promoting a competent workforce through certification can potentially improve the quality of care and promote positive outcomes for millions of children and youth.

In 2003 the Annie E. Casey Foundation conducted an extensive study of the problems facing the human service workforce. They concluded that "Frontline social service workers are the heart and soul of our nation's publicly funded human services system" (p. 1). Research led them to define eight key factors that pose the greatest challenge to this workforce including: "Nonprofit, government, and for-profit employers cannot find sufficient numbers of quality staff; when they do, too many of those workers do not stay; workers are paid less than those in other jobs at comparable levels; there is limited opportunity for professional growth and advancement; workers receive poor supervision, and little guidance or support; rule-bound jobs leave little latitude for discretion and drive out the most entrepreneurial workers; the education and training these workers receive do not match the roles and demand actually encountered on the job; and workers are paid less than those in other jobs that require comparable skills" (pp. 22-23*)*.

The Alliance for Children and Families observed, "There are many variables necessary to create successful child welfare outcomes, but none is as important as workforce quality … The child welfare workforce must be supported and invested in, even during times of fiscal constraint" (Dreyfus & Hornung, 2006, p. 1).

The Child Welfare League of America, American Public Human Services Association, and Alliance for Children and Families (2001) noted "The greatest concerns for the child welfare field are the increasing number of children needing services and the lack of qualified staff" (p. 1). They further noted that turnover often exceeds 50% per year and position vacancies often surpass 12%. A listing of key challenges for staffing included: increasingly complex demands for services and workloads, lack of resources for clients, insufficient training, inadequate financial compensation, safety and liability concerns, and poor physical and organizational working conditions.

The findings of these three studies are typical. Many of the studies echo similar themes and concerns. It is becoming widely apparent that much information is missing from our understanding of the depth and size of the problem with the child care workforce. What we do know is that the current workforce is not well prepared to meet employer and community needs.

It is widely believed that a multitude of problems are related to the failings of the CYC workforce. Current trends indicate that the need for out-of-home developmental and educational programs (i.e., early care and education, afterschool, recreation, and community youth services) will continue to increase in the foreseeable future. The lack of a competent, well-prepared workforce that employers can depend on to supply the increasing numbers of workers needed in CYC programs is having a significant impact on types of services available, access to these services, and the quality of services. Lack of adequate training and preparation is a significant contributor to high staff turnover and safety concerns that often lead to poor service outcomes, litigation, and program closure due to regulatory violations.

Many studies report that the failure to provide adequate early developmental and supportive services leads to increased costs to society as welfare and incarcera-

tion costs that are paid out over the span of a lifetime. Experts estimate that the country saves between $1.7 and $2.3 million for each high-risk youth prevented from adopting a life of crime (Newman, Fox, Lynn, & Christiansen, 2000). Child development researchers believe that the national cost of failing to provide at least two years of quality early childhood education for poor children under five is in excess of $400 billion (Barnett, 1995). The failings of the child care workforce are costing the U.S. billions of dollars.

Workforce research clearly demonstrates that the problems which impact the CYC field are not limited to a particular practice setting or geographic region. There is a commonality of problems across the entire system irrespective of regional location and practice setting. The failings of the CYC workforce have a significant social and financial impact on individuals, communities, and society as a whole, in the present and far into the foreseeable future.

One of the consequences of the evolution of the CYC field as separate practice settings is that national organizations addressing workforce development have all limited their work to a single setting. Given the commonality of problems across settings and regional areas, it is clear at this juncture, that a concerted national effort working across settings and geographic areas is needed to address the problem. Until recently, no national organizations have taken the lead in creating a priority for this type of work.

### WORKFORCE OPPORTUNITY

The Association for Child and Youth Care Practice (ACYCP), working in concert with national and international partners, established the Child and Youth Care Certification Board (CYCCB) in 2007. This organization is a collaboration of practitioners, employers, and educators to address critical needs of the workforce. The formation of CYCCB establishes an organization composed of key stakeholders, with national and international scope, whose mission is to promulgate a unified profession with integrated credentialing and education systems that promote widespread workforce development, independent of setting or geographic location. This has not existed previously. Many believe that leadership from an organization of this scope holds the key for future workforce development and integration.

CYCCB will undertake the most comprehensive and widespread effort to date to address key issues that have previously limited the emergence of a well-prepared and stable workforce in the CYC field. This effort, focused on extending the field building activities previously accomplished by ACYCP, is expected to make a significant contribution to improving the developmental, educational, recreational, correctional, and treatment programs available to children, youth, and families in American communities. To accomplish this goal, CYCCB will provide leadership to (1) promote a unified vision of the field of practice, (2) increase collaboration between stakeholders across practice environments, (3) promote higher standards of practice, (4) increase and coordinate research efforts to explore the impact of sys-

tem change on the workforce, employers, and communities, and (5) expand public awareness of the contribution of CYC practitioners, and expand practitioner participation in advocacy.

## Unified Vision of the Profession

The needs of young people and families have been addressed by a multitude of service providers that have developed in relative isolation from each other. Professional CYC in the U.S. has developed over the last 100 years. Programs typically emerged out of a local need to provide for the young people in a community. This led to regional variation in priorities, philosophies, and approaches. As state and federal funding was used to enhance programs, many programs evolved following the requirements of these funding streams. Typically this funding only addressed needs within a specific practice setting with little consideration for the overall workforce. This has led to the current divisions within the field where each practice setting generally views itself as unique and isolated (Charles & Garfat, 2009; Morgan, 1998).

This view of the field offers serious limitations within the workforce. Practitioners coming into the field are only prepared for work in one practice arena. Many never recognize the opportunities offered by jobs in other settings, and if they do attempt to change employment settings, many face the disappointment of starting over at the bottom of the employment ladder when their credentials are not recognized. These are significant deterrents to people who are seeking career employment with opportunities for increasing pay and career advancement. The vision of CYC as irreconcilably divided practice settings has served to establish the current field of practice, but in no setting has it led to the emergence of an adequate workforce.

Many of the major practice arenas (early care and education, afterschool care, residential, and youth development) have developed competencies that describe practice and have established credentialing programs. In 1975 the Council for Professional Recognition began issuing the competency-based Child Development Credential to entry-level early care and education practitioners. In 1989 the Military Child Care Act established a competency-based credential for afterschool practitioners in military settings. The competency-based Youth Development Associate credential for afterschool and youth development practitioners was piloted in Boston beginning in 2003. Residential practitioner credentialing has been available through the Ohio Association of Child and Youth Care Professionals, CYC Certification Institute in Texas, Wisconsin Association of Child and Youth Care Professionals, Wyoming Association of of Child and Youth Care Professionals beginning in the 1970s. Many of these programs are competency-based. Credentialing programs for afterschool workers exist in 14 state affiliates of the National AfterSchool Association (Dennehy, Gannet, & Robbins, 2006; Eckles, Thomas, Gonzales, & Fedke, 1995).

Until recently it was widely believed that the differences between practice settings made it impossible to train practitioners in foundational knowledge and skills to prepare them for work in multiple settings. Analysis of competencies drawn from across service settings carried out by the Child and Youth Care Certification Institute in Texas and the North American Certification Project in the 1990s confirms that fundamental knowledge and skills exist that cross the boundaries between practice environments. These competencies provide a significant foundation that can be used to unify training, education, and credentialing programs across practice arenas (Mattingly, Stuart, & VanderVen, 2002; Eckles, Thomas, Gonzales, & Fedke, 1995).

Further validation of this idea was found when a panel of experts compared the *Competencies for Professional Child and Youth Work Practitioners* (which describes practice across settings) to the recently adopted *Nationally Recognized Core Competencies For Afterschool and Youth Development Professionals (2011 draft)* (which describes afterschool and youth development practice). They found the competencies from both documents were "significantly congruent" (p. 3). The documents clearly describe a similar body of knowledge, skills, and values even though they were developed independently (Child & Youth Care Certification Board, 2011a).

CYCCB credentialing is based on the professional certification program developed by the North American Certification Project (NACP) and the Association for Child and Youth Care Practice (ACYCP). This program, developed over a seven-year period by over 100 practitioners in the U.S. and Canada, was pilot tested on 775 practitioners in six states and two Canadian provinces. It is based on competencies that were compiled from the review of 87 competency sources drawn from the major practice settings in the CYC field. The assessment process includes performance on a 75-item, scenario-based exam, supervisor assessments, and a portfolio. The certification program reflects the best thinking of the professional community on the skills and knowledge necessary for professional practice and how to best conduct cost-effective competency assessment. Perhaps more importantly, the program is based on competencies that span practice settings and prepare practitioners for employment in a variety of settings (Curry, Eckles, Stuart, & Qaqish, 2009; Curry, Schneider-Muñoz, Eckles, & Stuart, 2011; Eckles et al., 2009).

The competencies, reviewed by an international panel of experts, reflect the most comprehensive analysis conducted to date to identify the core knowledge and skills involved in professional CYC work in the U.S. They clearly demonstrate that foundational concepts and practices exist across practice environments. These competencies represent a major paradigm shift and provide a platform for unifying workforce development, education, and credentialing across practice environments.

Members of the CYCCB believe there are many advantages to the unified view of the field. Practitioners will benefit from education and credentialing that prepares them for employment throughout the field, thereby increasing access to employment. Unified training and education programs will create pathways for pursuing

career development over the span of a lifetime, thus increasing employment opportunities, career motivation, and retention.

Employers will have access to a workforce that is grounded in professional practice and prepared with the basic tools to deliver high quality developmental care. Fewer organization resources will be needed to prepare employees with basic practice concepts and approaches. Hiring from a workforce pool that has already invested in job preparation will decrease the number of failed hires. An integrated credentialing system will provide a dependable means for assessing previous learning and competence when employers make hiring decisions.

Educators will have a blueprint for expanding content offered in their academic programs that will increase class sizes and better align educational programs to the needs of employers, communities, and the workforce. Articulation between college programs and other sources of quality instruction will increase access to education. Training and credentialing organizations will have a model for how to fit their contributions into the larger context of the overall workforce. As the system integrates, increased unification of training content and opportunities for in-service and community-based training to articulate to college degree credits are expected to occur.

The community will benefit from an increased prevalence of well-prepared practitioners to staff the many CYC programs needed by children, youth, and families locally. All of these benefits taken together are expected to have a significant impact on creating a career-oriented, well-prepared workforce that has access to critical professional development opportunities and wide employment.

The CYCCB is implementing the national professional certification program as a framework for understanding what a fully prepared practitioner knows and can do, independent of setting. CYCCB will establish wide access to testing services through agreements with training entities, universities, employers, and the professional community. Over time, summit meetings will be held with key stakeholders to explore the benefits and challenges of creating an integrated education and credentialing system. Specific training in aligning competencies and assessment methods will be undertaken to support wider understanding of the characteristics and benefits of this integrated system.

CYCCB leaders believe that this is a critical time in the evolution of the CYC profession. The credentialing and education programs that support the workforce are expanding.  Without national leadership with a vision of a unified profession and professional development system, it is likely that divisions between settings will continue to produce short-sighted solutions to the overall workforce crisis. Prioritizing a unified vision of the profession at this time can go a long way in focusing limited resources to produce results that better serve the entire profession and the diverse needs of American communities.

CYCCB members recognize that success in unifying the field of practice will require a sustained effort to promote a unified professional vision. This infers a need

to establish opportunities for collaboration across practice settings, stakeholders, and regional areas.

## Collaboration

The emerging professional identity that embraces commonalities between practice settings is opening the door to true collaborative action. Practitioners in many settings are realizing that all are working to maximize developmental outcomes, and all are using core methods and approaches.

The workforce studies are creating a pathway for increasing collaboration. Although each of the studies focuses on a particular segment of the total workforce, the problems identified and solutions indicated point in a common direction. No segment of the workforce has been successful in creating an adequately trained and available pool of potential employees. No segment has developed training, education, or credentialing programs that adequately address needs. Failures in recruitment and retention are widely experienced. Problems are widespread and require large scale intervention to create a response scaled to address the need. All of the workforce studies point to a preparation system that is broken and in need of fundamental reform. The emerging understanding of the commonalities of the problems faced by all of the practice settings is opening the way for increasing collaboration.

Collaboration is increased when groups identify common needs and themes that are mutually beneficial. This typically creates a platform for mutual support and collaborative action. Many of the organizations sponsoring workforce studies have identified the need for policy reform, increased public understanding of workforce needs, increased funding, better access to relevant training and education, and recruitment and retention. Many of these workforce studies were undertaken by groups working together. Many groups have already responded to their study recommendations by expanding their collaboration agendas. The recognition by each of these groups of the benefits of working collectively and thereby increasing their influence is expected to further drive collaboration.

The CYCCB promotes a collaborative environment that supports cooperation, exploration of challenges and benefits, and understanding of the field as a whole. The collaborative environment seeks to create a shared vision with shared resources and benefits. This vision provides an important link for acting together for the benefit of all children, youth, families, and the workforce as a whole.

The CYCCB is prioritizing the development of a protocol for linking existing certification programs. As collaboration moves forward, there will be a need for a methodology for comparing the competencies that various certification programs are based upon and arriving at a way to demonstrate the breadth and depth of each program relative to other programs. It will also be necessary to compare credentialing requirements and methods for demonstrating competence. Once this is available, the groundwork will be laid for integrating all certification programs to expand recognition across practice silos and increase reciprocity. This

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significantly benefits the workforce by increasing the value of credentialing and professional recognition.

The CYCCB has implemented a revenue sharing program that provides a model for distributing revenues and benefits through collaboration. Certification fees collected from practitioners are shared with key stakeholders to provide funding for the emerging professional community and groups that share CYCCB's vision. As participation in credentialing expands, this revenue stream is expected to become a significant funding source to support organizations and programs that have had difficulty in the past finding funding to advance their contributions. Revenue sharing based on collaborative involvement will increase motivation for working together.

The CYCCB is composed of representatives drawn from major practice settings, employers, certified practitioners, credentialing organizations, professional associations, training providers, and educators. Combined with the CYCCB's Advisory Committee and Advisory Network that expand this representation exponentially, and CYCCB's goal of unifying the field of practice, CYCCB is in a unique position to share information across a broad spectrum to promote mutual understanding and collaboration. CYCCB is active in joining existing collaborations and establishing new collaborations to fill gaps. As this process moves forward, it is expected to increase contact between siloed groups and promote collaboration around a unified vision of the field.

Over the past 4 years the CYCCB has prioritized creating collaborative partnerships with major national organizations in various practice arenas. This included the Next Generation Workforce Coalition (Next Gen), National AfterSchool Association (NAA), American Association of Children's Residential Centers (AACRC), and National Partnership for Juvenile Services (NPJS). Each of these organizations is collaborating with CYCCB in the integration of credentialing and workforce development across settings. Representatives of each of these organizations participated in the revision of the *Competencies for Professional Child and Youth Work Practitioners* to assure that the document described practice in current language accepted in each practice arena (CYCCB Competency Review Committee, 2010).

NAA, the National Institute for Out-of-School-Time, the Florida AfterSchool Network, and CYCCB completed a comparison of the Nationally Recognized Core Competencies for Afterschool and Youth Development Professionals to the CYCCB competency document to assure that the newly adopted national afterschool competencies aligned with the CYCCB credentialing initiative. Work is underway to link the 14 existing state level afterschool credentials to the CYCCB credential, offer CYCCB testing at NAA events, and partner in the development of an afterschool leadership academy that offers competency-based training, and education that supports national credentialing.

AACRC now offers CYCCB testing at their national conferences. Some AACRC member organizations are offering training based on the CYCCB certification requirements. A study is underway in California to explore the impact of high quality

training and certification on practitioners, the organization, and youth and families receiving services. Work is beginning with the national accrediting bodies for residential organizations. The Council on Accreditation (COA), the Commission on Accreditation of Rehabilitation Facilities (CARF), and the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) are exploring the incorporation of CYCCB professional development and credentialing requirements into national accreditation standards.

In 2010 the NPJS passed a resolution in support of CYCCB's national credentialing effort and began offering CYCCB testing at their national conferences. A national initiative funded by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) is gearing up to develop a national curriculum for detention and corrections workers based on the CYCCB competencies which will lead to CYCCB credentialing.

The CYC professional associations in Ohio, Wisconsin, Wyoming, Maine, and Texas operate certification programs. In 2009 CYCCB conducted meetings with these organizations to explore the possibilities of creating a unified credentialing system. This led to each certification provider committing to support a national unified credentialing system, offering reciprocity to practitioners credentialed in other states, using the same competencies and code of ethics, and participating in the revenue sharing program.

CYCCB members believe that opportunities for collaboration are increasing. This is reflected by workforce studies that reveal commonalities of needs, overlapping professional development competencies and similar challenges faced across practice environments. It is strengthened by the increasing recognition by diverse groups of the need to work collectively to increase the impact of policy initiatives. CYCCB brings to the table an agenda based on creating a unified vision that adds models for revenue sharing and a leadership that understands the needs of the entire field of practice. These factors acting together are expected to significantly increase opportunities for collaborative action.

**Higher Standards of Practice**

The evolution of many professions reflects much of the same history as that of CYC. Social work, a profession that has very recently established itself, has similar roots. In the early days of the social work field anyone could represent themselves as a social worker irrespective of their competence or preparation. Over time the members of the social work field realized the importance of their contribution. This led them to unify their efforts to establish practice standards, create education and training programs, and promote their profession to the public. Over the past 40 years legislation has been enacted in most states so that a professionally sanctioned definition of social work practice and competence has been adopted. Social work now requires completion of extensive education and supervised practice. Most states require licensure or certification by the state to assure that practitioners are adequately prepared and cognizant of relevant laws and standards of practice.

This evolutionary path is common to the professions of education, counseling, medicine, engineering, and nursing. In each of these cases, a point was reached where the practitioners in the field and the public realized the importance of the field's contribution and took action to assure that practitioners met reasonable requirements before being allowed to offer services to the public. These actions taken by the professional community in conjunction with regulatory bodies significantly improved practice and created a workforce capable of meeting community needs.

The members of the CYCCB believe that the CYC profession is arriving at the stage where significant numbers of practitioners are recognizing their contribution to society and their responsibility to promote and regulate competent practice. Codes of ethics have been established in many of the major arenas of the field. The Standards for Practice of North American Child and Youth Care Professionals created a widely supported statement of values, principles, and beliefs across practice settings. The *Competencies for Professional Child and Youth Work Practitioners* (the basis of the CYCCB program) established a set of knowledge and skills competencies at the fully professional level that reflect the complexity of practice and the foundational knowledge and skills needed for practice in a multitude of environments. The CYCCB certification program adds a well-researched, standardized, and normed approach for determining when practitioners meet standards of practice set by the professional community. These developments herald the field's arrival as a true profession ready to move forward with an agenda to establish professionally sanctioned practice standards.

The emergence of CYCCB as a vehicle for implementing national professional CYC regulation is a sign that the profession has reached a new stage of evolution. The fact that CYCCB is an outgrowth of and widely supported by major CYC professional associations (e.g., the Association for Child and Youth Care Practice and the International Leadership Coalition for Professional Child and Youth Care) demonstrates that the professional community is coalescing to support this new vision of a unified profession based on practice standards promulgated by the professional community.

The most successful and widely recognized credential in the child care field is the Child Development Associate (CDA) credential. This is widely used in early care and education to establish competence as an entry level practitioner. Carol Brunson Day, Director of the Council on Professional Recognition during the early development of the CDA, reports that it took 10 years, over $120 million dollars provided by the federal government to create the sponsoring organization (Council for Professional Recognition), federal program guidelines that required all Head Start programs to hire practitioners who had completed the credentialing process, and federal subsidies to support employers, to establish the credential (C. Day, personal communication, August 30, 2007). To date, 200,000 practitioners have been credentialed. These same standards are now used throughout military child care programs and provide a basis for child care regulation in 49 states and

the District of Columbia (Gannett, Mello, & Starr (2009). The military and Head Start child care systems are not perfect but are available across the U.S. and are recognized as higher quality than services available in most American communities. This demonstrates that credentialing supported by government regulation and funding can be enacted to raise practice standards, expand the workforce, and address large scale needs of employers and communities (Florida Afterschool Network, n.d.). The Council on Professional Recognition has documented that the CDA program has significantly impacted wages, working conditions, turnover, motivation to complete additional professional development, and public policy (Gannett, Mello, & Starr, 2009).

Contrast this with the experience of CYC certification programs sponsored by the professional community in Texas, Ohio, Wisconsin, Wyoming, and Maine. All of these credentialing programs exist in states that do not require credentialing and have minimum requirements for workforce preparation. None of the employers impacted are federally subsidized. State professional association certification efforts have existed for more than 30 years, and fewer than 4,000 CYC practitioners have been credentialed. This is an insignificant number when compared to the 1.7 to 2.3 million CYC practitioners that the Bureau of Labor Statistics estimates exist in the U.S. (U.S. Department of Labor, 2005). It is also insignificant when compared to what has been accomplished by the CDA program with governmental policy and funding support.

Interestingly, both the credentialing programs sponsored by state professional associations and the CDA program suffer from similar limitations. These same limitations are prevalent in many other credentialing programs that are emerging to address local community needs. Because the need for entry level employees has traditionally been the focus of workforce initiatives, most credentialing programs focus on this population. Although these programs offer some benefits to employers and communities by offering a system for training, credentialing, and ultimately hiring an expanded workforce, they fail to address practitioner needs for access to increasing levels of responsibility and pay, true career development, and access to jobs across practice environments. Although the CDA credential is widely recognized in early care and education, it is almost unknown in corrections, treatment, recreation, community services, or residential care. State professional certification programs are more widely recognized by residential, afterschool and community youth services employers but are not generally recognized in the early childhood community. This makes it difficult for workers to find employment outside of the practice community in which they started because their credentials are not recognized or valued by employers in other practice settings. Additionally, none of these programs are well integrated into an overall career development model that helps practitioners move from entry to more advanced practice. These disconnects within the professional development system discourage workers and make it difficult to sustain a career in the child and youth care profession.

The CYCCB certification program begins with a vision of what a fully prepared practitioner, ready for work in a variety of settings, knows and can do. This allows for employment across practice setting boundaries and creates a natural pathway to move from entry to more advanced practice. As more credentialing programs emerge, CYCCB members believe that it will become increasingly important to have in place a unifying context to address problems of limited benefit to practitioners offered by workforce preparation programs and credentials. The existence of credentialing and education programs offers some benefit, but many believe that until licensing standards require completion of education and credentialing programs, the overall impact on the field will continue to be limited.

Over the past 30 to 40 years most states have enacted some form of child care regulation. Most states have responded by creating regulatory and licensing standards that describe minimum requirements. These standards are widely used to establish the boundary between acceptable and unacceptable practices. Although regulations exist in many states (not all) to specify minimum standards that must be met by child care programs and administrators, no states have standards that encompass the depth and breadth of knowledge and skills that the professional community believes is essential for competent practice across the profession.

Most states now require a criminal history background check to verify that practitioners are not convicted of certain offenses against children and families. This, coupled with minimum requirements of a high school education, basic literacy, and maturity of at least 18 years, is considered adequate preparation for work with most children. Some states require limited training in child care practices, first aid, and cardiopulmonary resuscitation (CPR). But even in these more advanced states, required preparatory training rarely exceeds an 8- to 15-hour orientation. For example, in Texas, early childhood practitioners working with small children must complete CPR training and complete an 8-hour orientation before supervising children. This orientation must include developmental stages, age-appropriate activities, positive guidance, self-esteem exercises, supervision and safety practices, positive interactions, and the prevention of the spread of communicable diseases. For practitioners working with children younger than 24 months, an hour of the preservice training must cover: shaken baby syndrome, sudden infant death syndrome, and early childhood brain development.During their first year of employment, these practitioners are expected to complete an additional 15-hours of professional development training (Texas Department of Protective and Regulatory Services, 2010). Although these requirements seem thorough, one might wonder how much depth of information can be included in this limited time-frame. What benefit does this actually provide to practitioners entering the field with little or no previous preparation? The public mandate to ensure safe environments for children often leads to increasingly restrictive rules with little consideration for addressing fundamental practitioner preparation. It is little wonder that much regulatory action is aimed

at limiting abusive and negligent practices. It is hard to imagine that a workforce that meets these minimum standards and that is largely paid minimum wage would attract the kind of practitioners that can skillfully and thoughtfully prepare young people for adulthood. Time has shown that, at best, this approach promotes a care system minimally capable of meeting the needs of children, youth, and families. This approach has done little to address the needs of the overall workforce and has codified the belief that practitioners need little or no preparation before working with children, youth, and families.

CYCCB members and many others recognize that the impact of training, education, and credentialing will continue to be limited until regulatory standards are enacted that require adequately prepared practitioners. Until there are widely used standards to drive the need for training, education, and credentialing, there is little reason for practitioners to invest in them. Until salaries are aligned with these requirements, there will be little motivation to complete preparation programs and engage in ongoing career development. As in the case of the CDA program, it took hiring mandates and subsidies to employers to create an environment that motivated employers and practitioners to meet higher practice standards (C. Day, personal communication, August 30, 2007).

Child care regulation is the responsibility of each state, unlike the CDA program, which is a federal initiative. Since state regulatory requirements are generally low, organizations seeking to set themselves apart by meeting higher standards typically pursue accreditation through national accrediting bodies such as National Association for the Education of Young Children (NAEYC), Council on Accreditation (COA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Council on the Accreditation of Rehabilitation Facilities (CARF), etc. Increasing standards of practice will necessitate raising both the state regulatory requirements and the national accreditation standards.

The CYCCB will establish collaborations with other influential groups to pursue public policy initiatives to raise standards of practice. Several factors offer encouragement that this can be accomplished. Maryland recently became the first state to mandate practitioner certification in residential care. Assuming that the evolution of the CYC field follows the example of other professions, participation by other states typically expands relatively rapidly once any state has stepped forward to lead the way. Accounts of abuse and neglect throughout the child care, foster care, mental health, residential, and correctional systems have brought much public attention to the failings of the child care system. Many states have already increased standards while other states are poised to make changes. Workforce studies are highlighting the connection between the availability of quality child care services and economic impact on employers. The plethora of articles published by practitioners relating to the failings of the child care system denotes an increasing consciousness that the child care system is not meeting community needs and action must be taken to improve it. Increasing regulatory standards is an approach often used.

CYCCB members believe that as this movement is taking shape, it is important to promote regulation that takes into consideration the needs of the many stakeholders involved and the workforce. State regulatory bodies tend to focus on safety with little understanding that a workforce, well grounded in skillful practice is better able to meet the needs of children and youth and are, therefore, able to create safer environments. It will be important to encourage regulators to increase requirements for training, education, and credentialing. Raising these standards will provide the momentum needed to drive the expansion of training, education, and credentialing programs that will serve to make career development accessible to the workforce.

Employers are typically saddled with the responsibility to offer programs that meet higher standards with little consideration to the economic impact that higher standards have on salaries and operating costs. It will be important to promote realistic discussions of the fiscal benefits that can be expected when hiring, training, and turnover costs decrease. It will be equally important to help employers during the transition period through subsidies and by incrementally raising standards over time. Increased practice standards will lead to higher program costs as wages increase. Wages must increase to expand practitioner motivation for staying in the field and engaging in career development and advancement.

At this juncture in the proliferation of regulatory standards CYCCB members believe that a national initiative that encourages regulatory standards be implemented that span practice silos is imperative. State standards are currently evolving in piece meal fashion with little consideration for the quality of the overall workforce. Most states have regulations relating to early childhood practice and residential programs, some have standards that relate to school-age settings, others have regulations for disabilities and youth development programs. Many of these requirements are in conflict and leave significant gaps in requirements. No state has regulations that cover the entire CYC workforce. Time, effort, and funding can be significantly economized if a CYC regulatory system can be adopted that describes practitioners in all service delivery settings. This would support workforce development as a whole with the additional benefit that workforce development through training programs and institutions of higher education will better prepare future practitioners for sustainable careers in the field.

Educators and trainers will need time and support to realign their programs so that the workforce need for additional higher learning can be met. Realignment is already underway in leading universities. The Kent State University Human Development and Family Studies (Child and Youth Development Concentration) has already conducted a review of its coursework and realigned courses to better support the national certification competencies. The department is in process of establishing a national certification testing center. Students are encouraged to sit for the national exam upon completion of their studies and to seek Provisional Certification (Curry, Richardson, & Pallock, in press).

The University of Pittsburgh Department of Psychology in Education has developed courses specific to the national competencies, established a national testing center, helped students access scholarships to support certification, and also encouraged its students to become certified upon completion of their degree requirements. NOVA Southeastern University includes academic tracks in their masters' and doctoral level programs specific to youth work and leadership based on the national competencies. The University of Wisconsin's Youth Work Learning Center has created a series of continuing education courses based on the national competencies, has established a testing center, and encouraged its students to complete national certification. Similar work is beginning at Western Washington University. Indiana University has relocated its youth work degree tracks into the School of Public Health and is implementing coursework to support bachelors, masters, and doctoral degrees in youth development and leadership based on the national competencies.

These leading programs are creating a template that will be used by others as higher education in youth work becomes more available. As more programs align with the national competencies, possibilities for coursework and degree articulation increase, credits transfer more easily, and the workforce increases its access to relevant higher education and learning (Curry, et al., 2009; Curry, Eckles, Stuart, & Qaqish, 2010).

Additional workforce gains may be possible by adopting the approach currently emerging in Canada. Leading colleges and universities have collaborated in creating a national accreditation process for institutions of higher education. This is expected to provide national standards that will promote consistency in educational approaches to workforce development within the CYC profession in Canada.

CYCCB members believe that increasing regulatory requirements, while realistically considering the needs of stakeholders and the workforce, is key to addressing the immediate and future needs of the workforce and community.

**Research**
Many of the workforce studies cited previously point to the dearth of information describing the child care workforce. Workforce estimates range from 1.7 to 6 million because not all practitioners in the field are being counted, and therefore who should be counted? Little is known of worker demographics and motivation for example who is in the workforce? How do they typically find employment? How much are they paid? How long do they stay? How often do practitioners work across practice settings? What motivates workers to stay in the field or leave? How many are interested in training, education, and credentialing? What is the impact of supervisor and management support on retention? What is the role of self-efficacy and employer expectations? Little is known of the actual impact of education and certification on program outcomes, safety, and retention (Annie E. Casey Foundation, 2003).

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Sound public policy initiatives must be based on research that describes the problems to be solved and then provides clear guidance as to whether an approach has adequately addressed a need. Information describing the child care workforce is, at best, spotty. Expanded research will need to be prioritized, funded, and carried out to answer basic questions.

Research in the CYC care field has not been widely prioritized. No one has ever attempted to study the entire workforce as a group. The profession is only now reaching an understanding of what is included in the field. Most funding that supports research is narrowly focused on a specific program, geographic region, or practice setting. It has only been within the last 20 years that service outcomes were considered important enough to track and analyze. Evidence-based practice is just beginning to have an impact. CYCCB members believe that the development of the field must be accompanied by a strong, well-funded research effort. The CYCCB certification effort is founded upon a solid research effort (Curry et al., 2009; Curry; CYCCB, 2011b) and upon plans to continue to facilitate research collaborations in the workforce area.

The CYCCB will expand university-based research programs that focus on CYC workforce development. This will be done by creating research initiatives, collaborating with others who sponsor research, and providing technical assistance to groups who need help designing and carrying out research. This will include efforts to validate and improve credentialing programs, document practitioner demographics, explore the impact of credentialing, document interest in and access to higher education and training, and identify methods for encouraging young people to pursue careers in CYC.

Collaborations of researchers will be formed to expand the expertise available to produce more scientifically rigorous studies. Coordination of research agendas will be undertaken to reduce redundancy of effort and wasted funding. Sharing of information, results, and research opportunities will be coordinated to increase the scope of investigations and provide more useful results.

In 2009 CYCCB and Kent State University established the International Institute for Human Service Workforce Research and Development. This institute, guided by an advisory committee of researchers from universities worldwide, established an international university-based research consortium. It has begun the task of seeking funding for research initiatives and working collaboratively to identify and carry out coordinated workforce research. Research is viewed as an important cornerstone in promoting the unified vision of the field, promoting higher standards, and addressing key workforce issues. Creating opportunities for collaboration is expected to help reduce redundant efforts, better focus research efforts on relevant issues, and increase visibility for CYC research.

**Advocacy**

Many believe that the public is largely uninformed about the state of CYC ser-

vices in the U.S. They suffer the consequences of the current state of the field, but few realize what is driving the problems or what action can be taken to improve the system. No field has attained professional status before the practitioners within the field engaged in campaigns to inform the public about the importance of their work or their needs as a professional group. This has probably not occurred in the CYC field due to the current developmental status of the field. CYC practitioners are only now recognizing the scope of the field and beginning to act collaboratively. There has never been a sustained, collaborated effort by CYC practitioners to inform the public of the contributions of the field and promote higher practice standards on a national scale.

This lack of knowledge regarding the state of CYC services is, unfortunately, equally true for many practitioners within the field. Many do not have a shared vision of the field, understand the forces limiting movement, or have a vision of what might effectively address dilemmas. The CYC workforce is the largest group serving children, youth, and families. A collaborated, informed effort by this group to support needed reforms could have a dramatic impact.

As collaboration among organizations and groups increases and creates a unified vision of the field, it will be increasingly important for the public and practitioners to step forward to support development. Mechanisms will need to be established for distributing information. Connections between existing networking systems need to be strengthened so that ideas and events in one practice setting become available to practitioners in other settings. As people within the profession receive increasing information about other settings, it is believed that this will increase understanding of the field as a whole, and such issues as job opportunities, training, and education.

New information dissemination systems need to be developed. Over the past several years, the CYCCB has identified key information networks within each practice setting. These have been linked to the CYCCB electronic network so that information can be shared nationally across settings. This work is in its infancy but promises to produce a vehicle for information distribution that many believe is key to unifying the field.

CYCCB members recognize the importance that advocacy plays in shaping perception and channeling resources. The CYCCB, working through its partners, Advisory Committee, and Advisory Network, will create a more integrated system for disseminating information and creating dialogue. It will create opportunities for practitioners and the public to be involved in system change and to work with policy makers to identify solutions and improve services.

CYCCB promotes a vision of hope that working together, so that the public, practitioners, employers, and educators can create a system of CYC that will adequately address current community needs and create a foundation for future expansion of the workforce.

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## CONCLUSION

The current workforce crisis cries out for serious and concerted efforts to address the current lack of common vision, standards, and resources. The changes in the social fabric of American culture and the complexities of maintaining healthy children, youth, and families demand that a unified approach emerge. Unless a new vision takes shape, the increasing needs of young people and communities will overwhelm society's ability to provide the developmental, educational, and social support required. This portends serious consequences for a nation that needs its young people to create a foundation for its future in an increasingly competitive world. The children of today are the citizens of tomorrow. It is not an unreasonable expectation that the adults providing for their care and development create systems and approaches that will adequately support and prepare them.

Much work has been accomplished in each of the field's practice areas to implement programs to meet community needs. A rich international literature has emerged describing CYC practices and approaches. The recent identification of positive youth development principles, solution-focused interventions, and assets-based approaches hold great promise in advancing practice. A wealth of new approaches are making their way into the field. But this relies upon a field populated by practitioners who are educated in these approaches and skillful in the complexities of delivering these services, a field of practitioners who are engaged in child care longer than the average 18 months that many practitioners stay employed, a field where there is a future that extends beyond minimum wage and an early ceiling on advancement.

The CYCCB is an effort by the professional community to address these workforce issues. We have chosen a collaborative approach that is expected to pull together key stakeholders and groups to identify ways to work together to address the overall needs of the workforce. We believe that the CYC profession and our nation have reached a moment where the contributions that the CYC workforce offer will find acceptance and be valued. The need is clearly evident. We recognize that as value for children, youth, families, and the CYC profession increases, additional resources will become available. The CYC profession is a critical resource whose time has arrived.

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# PROFESSIONALISM: DOMAIN GUEST EDITORS

**Martha A. Mattingly,** *PhD, CYC-P*

Dr. Mattingly, Professor Emerita, Applied Developmental Psychology, University of Pittsburgh, is a member of The Academy of Child and Youth Care Professionals (invited) and past vice-president of The Association for Child and Youth Care Practice (ACYCP). She has been instrumental in the development of the *Competencies for Professional Child and Youth Work Practitioners*, the international code of ethics for child and youth care, and served as reviewing editor for the *Child and Youth Care Forum* and the *Journal of Child and Youth Care*.

Martha has written and presented on stress, ethics, certification, and professional standards in child and youth care at regional, national, and international levels. She has received the Frances Vandivier Award for the "Support and Education of Child, Youth and Family Workers" from the Child Care Association of Pennsylvania (CCAP), the Outstanding Child and Youth Care Award "For Outstanding Service and Dedication to the Profession of Child and Youth Care Work" from the Inter-Association Child and Youth Care Conference, and the Distinguished Service Award from Association for Child and Youth Care Practice.

Dr. Mattingly is a licensed psychologist (PA) and certified child and youth care practitioner (CYC-P). She received her PhD in psychology from Duquesne University.

**Carol Stuart,** *BA, BPHE, MEd, PhD*

Carol's career began in residential care in Ontario, Canada and she has 35 years of experience across three provinces. She has worked within residential and community-based child and youth care organizations and been a faculty member at the Schools of Child and Youth Care with Grant MacEwan Community College (now University), University of Victoria, and Ryerson University. She is currently the Dean of Health and Human Services at Vancouver Island University.

Carol is the author of *Foundations of Child and Youth Care* (Kendall/Hunt Publishers, 2009) and the co-author of *Right Here, Right Now: Life-space Intervention for Children and Youth* (Pearson, Canada, 2011). She is the managing editor for the *Relational Child and Youth Care Practice* journal and has had a major role in developing the competencies and certification exams for child and youth care. She is a certified CYC in Alberta, Ontario, and internationally with the Child and Youth Care Certification Board (CYCCB), Inc. She was a founding board member for CYCCB, Inc. and is the founding president of the Child and Youth Care Educational Accreditation Board (CYCEAB) of Canada.

**Frank Eckles,** *BA, CYC-P, LCCA*

Frank has been working with young people since 1970. Currently, he divides his time between direct practice, working with other professionals to raise practice standards, and providing professional development to practitioners.

Frank is the training director for the Academy for Competent Youth Work offering credentialing-based training to afterschool, residential, corrections and youth development practitioners across the country.  He is the board president of the Child and Youth Care Certification Board (CYCCB) and executive director of the CYC Certification Institute.  In 2006 Frank received the President's Award for "Special Achievement in the Field of Child and Youth Care" from the Association for Child and Youth Care Practice (ACYCP) and in 2009 the award for "Outstanding Achievement in the Field" from the Academy of Child and Youth Care Professionals.

Frank is certified as a child and youth care practitioner at the professional level (CYC-P), and has been a licensed child care administrator in Texas since 1993. He serves on a variety of board of directors including: Association for Child and Youth Care Practice, Texas Youth and Child Care Worker Association, Child and Youth Care Certification Board, and the Texas Early Care Professional Development System Advisory Committee. Frank has a bachelor degree in psychology from Texas A&M University, and is currently enrolled in the education and human resource development master's program.

# COMPETENCY II: CULTURAL AND HUMAN DIVERSITY

Considering the plethora of research literature in this domain, we had the daunting task of selecting a limited number of key articles that increase knowledge and contribute to improving practice. We first had to acknowledge that culture and human diversity are related in complex ways and impacted by historical legacies that influence policy, practice, and research. We concentrated on selecting "Cultural and Human Diversity" articles within the three categories assigned: classic, research, and practice. Knowing how important and integral "Cultural and Human Diversity" is to child and youth work, we wanted to ensure that our selections would further benefit the field.

Each editor was tasked with selecting and presenting articles in all three categories. We spent several weeks reviewing, discussing, and deliberating over articles until we were able to make our final selections in the three assigned categories as follows.

**Classic:** Cross, T. L. (1988). *Services to minority populations: What does it mean to be a culturally competent professional?*

Cross, T. L. (1988). *Services to minority populations: Cultural competence continuum.*

**Research:** Aisenberg, E. (2008). *Evidence-based practice in mental health care to ethnic minority communities: Has its practice fallen short of its evidence?*

**Practice:** McPhatter, A. R., & Ganaway, T. L. (2003). *Beyond the rhetoric: Strategies for implementing culturally effective practice with children, families, and communities.*

## CLASSIC

The first article, "What Does It Mean to be a Culturally Competent Professional?" offers a framework for understanding the skills and knowledge needed by service providers to become culturally competent. The article presents five crucial elements that must be mastered in order to achieve this goal: awareness and acceptance of differences, awareness of one's own cultural values, understanding of the dynamic of differences in the helping process, knowledge of the clients' culture, and adapting the practice skills and interventions to meet the clients' culture.

The second article by Cross, "Cultural Competence Continuum" provides organizations and individuals with a tool to utilize in assessing where they are in their journey of becoming culturally competent. Cross suggests that cultural competence is a set of congruent behaviors, attitudes, and polices that come together in a system, agency, or professional and enable that system, agency, or professional to work effectively in cross-cultural situations. Becoming culturally competent is a developmental process, and the learning is continuous. The developmental model presented in this article provides a framework that is set along a six-stage continuum beginning with cultural destructiveness and ending with cultural proficiency.

Both articles by Cross have been widely disseminated over the last 20 years in the field of human services. Many agencies and individuals have utilized the

frameworks and guiding principles presented in these two articles to assist them in providing culturally competent services to children, youth, and families. These two articles provided the opportunity for agency staff, management, and boards to have a safe, open dialogue, and understanding about becoming cultural competent. The articles also pointed out how complex of an issue it is to become culturally competent and how important it is to institutionalize this practice throughout the whole organization. The editors feel that the issues, strategies, and frameworks presented in these two classic, interrelated articles are as relevant in 2011 as they were in 1988. This is evident by the fact that numerous systems (i.e., child welfare, mental health, juvenile justice, education, etc.) continue to base their approaches to cultural and linguistic competence on the strategies and framework offered in these articles.

## RESEARCH

The research article, "Evidence-based Practice in Mental Health Care to Ethnic Minority Communities: Has its Practice Fallen Short of its Evidence?", provided an overview of the Evidence-Based Practice (EBPs) movement that grew out of the concern that many individuals were receiving ineffective services that were grounded in tradition and outdated training rather than scientific evidence of effectiveness. The article also expressed concern that the excessive attention given to the development and implementation of EBPs decreased focus on cultural difference within the service delivery system. EBPs tend to invalidate or leave out culturally specific interventions and traditional healing practices used in communities of color. EBPs are supported by documented evidence of effectiveness with certain populations and communities, and these interventions are equally effective and applicable across ethnic populations and communities. Nevertheless, there is little documented evidence that systematically validates this assumption. It is recommended that EBPs should be tested among diverse populations in their local community and treatment settings. This approach should also be developed in a bottom-up method that includes collaboration with diverse cultural and ethnic groups. These findings suggest that the current methodology for developing EBPs needs to be modified to include cultural and human diversity. We felt that this article provides vital information to practitioners that are required to use EBPs.

## PRACTICE

In the practice-oriented article, "Strategies for Implementing Culturally Effective Practice with Children, Families, and Communities," cultural competence is expressed as the ability to transform knowledge and cultural awareness into health or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate cultural context (McPhatter, 1997). McPhatter & Ganaway, (2003) in "Beyond the Rhetoric: Strategies for Implementing Culturally Effective Practice with Children, Families, and Communities," present specific strategies that enhance cultural competence and effectiveness at the individual and multi-

system levels that include work with the individual, among practitioners (interprofessionally), and within the organization interprofessional, middle management, and upper management levels. The framework for change is rooted in a five-stage model moving practitioners and agencies along a change continuum that includes the stages of precontemplation, contemplation, preparation, action, and maintenance. The authors explored barriers to culturally competent practice and multilevel strategies that work within child welfare agencies. They contend that "cultural competence as a goal becomes reality when those who set policy and control resources commit to outcome-based organizational change process." This article was selected because it moves practitioners and agencies from the "talk" of cultural competence to the "walk" of implementing culturally effective practice with children, families, and communities.

In conclusion, respect for cultural and human diversity is essential to child and youth work and provides a framework for regarding how we value children and youth within the larger context of society. The compiling of these articles has been an undeniably valuable experience for the editors, and we hope that future readers and in particular child and youth workers engage in the process of reflection, research, and rethinking our practice in ways that will improve outcomes for youth and children.

The editors have also compiled an additional reading list of 12 articles that would serve to be beneficial to youth workers in their quest to increase their understanding of the Cultural and Human Diversity Domain. In order to become cultural competent in our work we must be willing to embrace all cultures and human differences. The editor's definition of culture and human diversity is broad and represented in the various articles from rural issues to sexual orientation. We realize that the list is not complete, but we offer it as a starting point to further the learning which will result in improved practices for everyone.

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# CULTURAL COMPETENCE CONTINUUM

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Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or professional and enable that system, agency, or professional to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates–at all levels–the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

Certainly the description of cultural competence seems idealistic. How can a system accomplish all of these things? How can it achieve this set of behaviors, attitudes, and policies? Cultural competence may be viewed as a goal toward which agencies can strive. Accordingly, becoming culturally competent is a developmental process. No matter how proficient an agency may become, there will always be room for growth. It is a process in which the system of care can measure its progress according to the agency's achievement of specific developmental tasks. As the tasks are defined the system will be guided toward progressively more culturally competent services. First, it is important for an agency to internally assess its level of cultural competence.

To better understand where one is in the process of becoming more culturally competent, it is useful to think of the possible ways of responding to cultural differences.

Imagine a continuum which ranges from cultural proficiency to cultural destructiveness. There are a variety of possibilities between these two extremes. Here we discuss five points along the continuum and the characteristics that might be exhibited at each position.

## Cultural Destructiveness

The most negative end of the continuum is represented by attitudes, policies, and practices which are destructive to cultures and consequently to the individuals

within the culture. The most extreme example of this orientation are programs which actively participate in cultural genocide—the purposeful destruction of a culture.

## Cultural Incapacity

The next position on the continuum is one at which the system or agencies do not intentionally seek to be culturally destructive but rather lack the capacity to help minority clients or communities. The system remains extremely biased, believes in the racial superiority of the subdominant group and assumes a paternal posture towards "lesser" races. These agencies may disproportionately apply resources, discriminate against people of color on the basis of whether they "know their place" and believe in the supremacy of dominant culture helpers. Such agencies may support segregation as a desirable policy. They may act as agents of oppression by enforcing racist policies and maintaining stereotypes. Such agencies are often characterized by ignorance and an unrealistic fear of people of color. The characteristics of cultural incapacity include: discriminatory hiring practices, subtle messages to people of color that they are not valued or welcome, and generally lower expectations of minority clients.

## Cultural Blindness

At the midpoint on the continuum the system and its agencies provide services with the express philosophy of being unbiased. They function with the belief that color or culture make no difference and that we are all the same. Culturally blind agencies are characterized by the belief that helping approaches traditionally used by the dominant culture are universally applicable; if the system worked as it should, all people—regardless of race or culture—would be serviced with equal effectiveness. This view reflects a well intended liberal philosophy; however, the consequences of such a belief are to make services so ethnocentric as to render them virtually useless to all but the most assimilated people of color.

Such services ignore cultural strengths, encourage assimilation, and blame the victims for their problems. Members of minority communities are viewed from the cultural deprivation model which asserts that problems are the result of inadequate cultural resources. Outcome is usually measured by how closely the client approximates a middle class non-minority existence. Institutional racism restricts minority access to professional training, staff positions and services.

Eligibility for services is often ethnocentric. For example, foster care licensing standards in many states restrict licensure of extended family systems occupying one home. These agencies may participate in special projects with minority populations when monies are specifically available or with the intent of "rescuing" people of color. Unfortunately, such minority projects are often conducted without community guidance and are the first casualties when funds run short. Culturally blind agencies suffer from a deficit of information and often lack the avenues through which they can obtain needed information. While these agencies often view them-

selves as unbiased and responsive to minority needs, their ethnocentrism is reflected in attitude, policy, and practice.

## Cultural Pre-Competence

Culturally competent agencies are characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and a variety of adaptations to service models in order to better meet the needs of minority populations. The culturally competent agency works to hire unbiased employees, seeks advice and consultation from the minority community, and actively decides what it is and is not capable of providing to minority clients.

## Advanced Cultural Competence

The most positive end of the scale is advanced cultural competence or proficiency. This point on the continuum is characterized by holding culture in high esteem. The culturally proficient agency seeks to add to the knowledge base of culturally competent practice by conducting research, developing new therapeutic approaches based on culture, and publishing and disseminating the results of demonstration projects. The culturally proficient agency hires staff who are specialists in culturally competent practice. Such an agency advocates for cultural competence throughout the system and improved relations between cultures throughout society.

In conclusion, the degree of cultural competence an agency achieves is not dependent on any one factor. Attitudes, policies, and practice are three major arenas where development can and must occur if an agency is to move toward cultural competence. Attitudes change to become less ethnocentric and biased. Policies change to become more flexible and culturally impartial. Practices become more congruent with the culture of the client from initial contact through termination. Positive movement along the continuum results from an aggregate of factors at various levels of an agency's structure. Every level of the agency (board members, policymakers, administrators, practitioners, and consumers), can and must participate in the process. At each level the principles of valuing difference, self-assessment, understanding dynamics, building cultural knowledge, and adapting practice can be applied. As each level makes progress in implementing the principles, and as attitudes, policies, and practices change, the agency becomes more culturally competent.

# SERVICES TO MINORITY POPULATIONS: WHAT DOES IT MEAN TO BE A CULTURALLY COMPETENT PROFESSIONAL?

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In the last two decades there has been a movement in the mental health field toward improved services to children and families who are members of minority populations. Recognized as at risk and underserved, families of minority populations have repeatedly been the subjects of research and demonstration projects. Mental health professionals serving these children and families today are faced with the nagging question: "What constitutes appropriate services for minority clients?" Fortunately, the cumulative results of twenty years of work in this area are now becoming apparent. The knowledge base has grown and models for working cross-culturally have been developed and reviewed in the literature. These models have been given such labels as "ethnic-sensitive practice" (Devore & Schlesinger, 1981), "cross-cultural awareness practice" (Green, 1982)," ethnic competence" (Green, 1982), and "ethnic minority practice" (Lum, 1986). Each of these models has contributed to our understanding of the role of cultural difference in the helping process.

This article offers a frame work for understanding the knowledge and skills professionals serving minority children with serious emotional disabilities need. We use the term "cultural competence" and present five keys to the provision of professionally competent services when the client is an ethnic minority of color.

Sound cross-cultural practice begins with a commitment from the worker to provide culturally competent services. To succeed, workers need an awareness and acceptance of cultural differences, an awareness of their own cultural values, an understanding of the "dynamics of difference" in the helping process, basic knowledge about the client's culture, and the ability to adapt practice skills to fit the client's cultural context. Five essential elements for becoming a culturally competent helping professional are described below.

## Awareness and Acceptance of Difference

The first task in developing cross-cultural skills is to acknowledge cultural differences and to become aware of how they affect the helping process. While all people share common basic needs, there are vast differences in how people of various cultures go about meeting those needs. These differences are as important as the

similarities. Acceptance of the fact that each culture finds some behaviors, interactions, or values more important or desirable than others can help the mental health worker interact more successfully with members of different cultures. Awareness and acceptance of differences in communication, life view, and definitions of health and family are critical to successful outcomes. The worker develops a dual perspective (Gallegos, 1988). This perspective is dependent in part on understanding the role of culture in one's own life.

## Self Awareness

To fully appreciate cultural differences, workers must recognize the influence of their own culture on how they think and act. Many people never acknowledge how their day-to-day behaviors have been shaped by cultural norms and values and reinforced by families, peers, and social institutions. How one defines "family," identifies desirable life goals, views problems, and even says hello are all influenced by the culture in which one functions. A purposeful self-examination of cultural influences can lead to a better understanding of the impact of culture on one's own life. Only then can the complexities of crosscultural interactions be fully appreciated.

## Dynamics of Difference

What occurs in cross-cultural interactions might be called the "dynamics of difference." When a worker of one culture interacts with a client from another, both may misjudge the other's actions based on learned expectations. Both will bring to the interaction their own unique history with the other group and the influence of current political relationships between the two groups. Both will bring culturally prescribed patterns of communication, etiquette, and problem solving. Both may bring stereotypes with them or underlying feelings about working with someone who is "different." The minority client may exhibit behaviors that are adjustment reactions to dealing with a culturally foreign environment.

Without an understanding of their cultural differences, the dynamics most likely to occur between the two are misinterpretation or misjudgment. It is important to note that this misunderstanding is a two way process—thus the label "dynamics of difference." An example of this dynamic occurs when two people meet and shake hands. If someone from a culture in which a limp hand is offered as a symbol of humility and respect shakes hands with a mainstream American male (who judges a person's character by the firmness of his or her grip) each will walk away with an invalid impression of the other. These dynamics give the cross-cultural interaction a unique character that strongly influences the helping relationship. By incorporating an understanding of these dynamics and their origins into practice, workers enhance their chances for productive cross-cultural interventions.

**Knowledge of the Client's Culture**

Productive cross-cultural interventions are even more likely when mainstream workers make a conscious effort to understand the meaning of a client's behavior within his or her cultural context. For example, asking the question, "What does the client's behavior signify in his or her group?" helps the worker assess a client on the norms of his or her own society, not on those of the dominant culture. Specific knowledge about the client's culture adds a critical dimension to the helping process. Workers must know what symbols are meaningful, how health is defined, and how primary support networks are configured.

Information that will add to the worker's knowledge is vital but because of the diversity within groups the average worker cannot achieve comprehensive knowledge. Gaining enough knowledge to identify what information is needed as well as know who to ask for information is a desirable goal. The worker must be able to take the knowledge gained and use it to adapt the way in which services are delivered.

**Adaptation of Skills**

Each element described here builds a context for cross-culturally competent practice. The worker can adapt or adjust the helping approach to compensate for cultural differences. Styles of interviewing, who is included in "family" interventions, and treatment goals can be changed to meet cultural needs. Workers who understand the impact of oppression on mental health can develop empowering interventions. For example, minority children repeatedly receive negative messages from the media about their cultural groups. Treatment can incorporate alternative culturally enriching experiences that teach the origins of stereotypes and prejudices. Practitioners can begin to institutionalize cultural interventions as legitimate helping approaches by incorporating such interventions into treatment plans.

Practice will improve only as professionals examine their practices and articulate effective helping approaches. Each worker will add to the knowledge base, through both positive and negative experiences, and will develop his or her expertise overtime. Becoming culturally competent is a developmental process for each worker. It is not something that happens because one reads a book, attends a workshop, or happens to be a member of a minority group. It is a process born of a commitment to provide quality services to all and a willingness to risk. As more and more minority professionals around the country add to the knowledge base, the field grows in its understanding of what it means to provide culturally appropriate services.

This discussion has focused on the individual worker and his or her helping practices. It provides a framework for addressing the much larger questions: "What is a culturally competent agency?" and "What does a culturally competent system of care look like?" How those questions are answered and implemented will depend in part on the five basic elements described here.

It would be a grave injustice if we continued to under serve minority children. As we learn more about improving services to minority children, services to all children will be improved.

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# EVIDENCE-BASED PRACTICE IN MENTAL HEALTH CARE TO ETHNIC MINORITY COMMUNITIES: HAS ITS PRACTICE FALLEN SHORT OF ITS EVIDENCE?

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*Abstract: Evidence-based practice (EBP) has contributed substantially to the advancement of knowledge in the treatment and prevention of adult mental health disorders. A fundamental assumption, based on documented evidence of effectiveness with certain populations, is that EBP is equally effective and applicable to all populations. However, small sample sizes of ethnic minority populations in randomized clinical trials prevent strong and clear conclusions about the effectiveness and generalizability of EBP with regard to people of color. In addition, the appropriateness of EBPs to ethnic minority communities has rarely been investigated. This article critically examines the applicability and dissemination of adult mental health EBP to diverse ethnic minority populations. It highlights limitations of EBP rooted in its epistemological narrowness, exclusion of communities of color, and lack of cultural competence and examines whether the practice of EBP has overstepped its evidence. This article presents a framework characterized by pathways of epistemological partnership and substantive inclusion of racial and ethnic minority groups to facilitate the promotion of culturally responsive EBPs and to inform mental health practice and policy implementation.*

*Key words: cultural competence; evidence-based practice; mental health disorders; Mental health policy; racial and ethnic minority groups*

Evidence-based practice (EBP) in the provision of mental health care for adults is a powerful mandate in the United States, where it has dramatically influenced and transformed mental health services in many communities and contributed significantly to the advancement of knowledge in the treatment and prevention of mental health disorders. A major impetus for EBP is the need to increase the effectiveness of mental health practices with clients through the use of standardized interventions based on rigorous scientific research (Drake et al., 2001). As primary agents in the delivery of mental health services to historically underserved and marginalized ethnic communities, social workers are committed to the provision and use of treatments and services known to promote the health and well-being of

diverse populations of clients. This commitment impels social workers to examine and potentially expand current ideas of what constitutes evidence rather than to assume that scientific knowledge is superior to other sources of evidence, including cultural ways of knowing (Whitbeck, 2006).

In the field of medicine, Sackett, Richardson, Rosenberg, and Haynes (1997) originally conceptualized EBP as being informed by the following types and sources of evidence: the current best evidence in making decisions about the care of the individual, clinical expertise, and the client's experiences and preferences. All three types of evidence were crucial and conjointly respected. Gambrill (2006) likewise noted that important sources of knowledge and evidence include clinicians' knowledge and experience of particular contexts and specific clients as well as qualitative findings on the beliefs, preferences, and practices concerning mental health care within diverse cultural communities. These perspectives support more inclusive approaches to EBP in the provision of mental health care. However, in practice they have been overshadowed by much narrower understandings of EBP that are based on a biomedical research model that sets a priority for evidence derived from well-designed and carefully implemented randomized controlled trials (RCTs) (Egger, Smith, & O'Rourke, 2001). In addition, meta-analyses of RCTs also contribute to the documentation and understanding of the accumulated evidence.

This narrow understanding of EBP, which is promulgated by many researchers, practitioners, state divisions of mental health, funding sources, and legislative bodies as the exemplary paradigm or gold standard for mental health practice, markedly influences the priorities of funding sources, state policies, curriculums in schools of social work and psychology, and editorial policies of scholarly journals (Tanenbaum, 2005). Despite its valuable emphasis on rigor and demonstrated outcome effectiveness, EBP falls short in several key domains, especially with regard to the inclusion of the varying perspectives and stakeholders within communities of color and the generalizability of results to diverse racial and ethnic populations. Thus, a major question persists: Has EBP, despite its prominence in mental health program planning, fallen short of its evidence with ethnic populations?

## EVIDENCE-BASED PRACTICE: AN OVERVIEW

The promotion and dissemination of EBP as the standard in mental health care appears very reasonable. EBP has contributed substantially to the advancement of knowledge in the treatment and prevention of mental health disorders to certain populations. Policymakers, funding sources, and service agencies are operating in a milieu of limited resources and increasing cutbacks and demands. In this context, and often beholden to federal funding, states and mental health providers are strongly motivated to use programs and interventions that have demonstrated effectiveness. In addition, political pressures are at times exerted by the federal government or courts on states to implement mental health programs that have been shown to work in cost-effective ways.

**Key Assumptions**

Three key assumptions undergird the promotion of EBP. First, scientific research is seen to profoundly improve the effectiveness of care. Second, EBPs warrant funding on the basis of their demonstrated successful implementation and effective outcomes. Because they use scientific rigor to document improved outcomes, EBPs have a competitive advantage in securing funding over other interventions that lack such clear evidence of effectiveness. Third, EBP, because it is based on documented evidence of effectiveness with certain populations, is equally effective and applicable across ethnic populations. This assumption of universal applicability directs the dissemination of EBPs.

Substantial research supports the first two assumptions. This body of evidence documents the efficacy of EBP in the treatment of many people with mental health disorders (Miranda et al., 2005; Torrey et al., 2001). In turn, many EBPs are sanctioned and advanced by representative bodies such as the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA). However, there is little documented evidence that systematically demonstrates the validity of the third assumption—the generalizability of EBP across ethnic populations. The knowledge base of the efficacy of EBP with regard to communities of color is particularly meager (Schraufnagel, Wagner, Miranda, & Roy-Byrne, 2006). In fact, the appropriateness and applicability of EBPs to ethnic communities have rarely been critically investigated. As Takeuchi and colleagues (1999) noted, "[c]ultural factors are critical to understand access to mental health services, the proper screening and diagnoses that lead to treatment, and the actual effectiveness of treatment" (p. 565). However, the cultural experiences and context of ethnic communities rarely inform the development and implementation of EBPs.

The growing caution about the indiscriminate use of EBP as the gold standard in mental health program planning may signal that EBP has overstepped its evidence and science concerning ethnic populations (Bernal & Scharron-Del-Rio, 2001; Lau, 2006). The caution also compels us to carefully examine the limitations of EBP.

**Key Limitations**

The promotion of EBP over the years has revealed a number of limitations, ranging from an unclear definition and the exclusion of ethnic minority populations in research to serious epistemological differences and shortfalls in cultural responsiveness in interventions.

*Definitional ambiguity.* What is EBP? No consensus currently exists on how to define it (Hoagwood & Johnson, 2003; Reid & Colvin, 2005). Drake and colleagues (2001) defined EBP as any practice that has been established as effective through scientific research according to a clear set of explicit criteria. Research has identified the following salient features: designs must be conceptually sound and internally consistent, the intervention must demonstrate superiority to another therapy and

must include a strong evaluation component to measure outcomes, effects must be replicated by at least two additional investigators, treatment manuals must be used, therapist training and adherence must be standardized, and sustained long-term outcomes must be demonstrated (Lonigan, Elbert, & Johnson, 1998; U.S. Department of Health and Human services [HHS], 1999). Focusing exclusively on scientific evidence, this predominant approach contrasts with the broader definition of EBP espoused by Sackett and colleagues (1997): "Evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual [clients]" (p. 2).This evidence is informed by the conjoint consideration of clinical expertise and the client's experiences and preferences.

The lack of a uniform definition is further blurred when the term "evidence-based practice" is used interchangeably with the terms "best practice" and "promising practice."The indiscriminate use of these terms conveys equivalency in meaning, but different criteria are applied in the literature, across practice settings, and by funding agents to define these practices. At the same time, some agencies make clear distinctions among these terms. For example, the Washington Institute for Mental Illness Research and Training (2003) in adapting definitions from the western regional Center for the Application of Prevention Technologies (1999) distinguished among the terms as follows:

> Best Practices are strategies and programs that are deemed research-based by scientists and researchers through a number of organizations, including … the National Institute of Mental Health (NIMH), National Institute for Drug Abuse (NIDA), American Psychological Association, National Association of Social Workers, National Center for Substance Abuse Prevention (CSAP), National Center for the Advancement of Prevention (NCAP), National Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Department of Education (DOE).
>
> Promising Practices are programs that seem effective, but do not have enough outcome data or have not been sufficiently evaluated to be deemed a best practice (p. 3).

Ideally, these programs or strategies have some quantitative data showing positive outcomes over a period, but they lack enough research or replication to support generalized outcomes. Clearly, the use of different definitions and processes to identify EBPs hinders discourse and the advancement of knowledge and contributes to differential expectations in mental health care.

*Exclusion and homogenization of racial and ethnic minority populations.* Miranda and colleagues (2005) conducted a recent comprehensive review of evidence-based mental health practices for ethnic populations.Their review provides a leading per-

spective on EBP and its applicability to diverse populations of color. They concluded that

> the impact of evidence-based mental health care on ethnic minorities found a growing literature that supports the effectiveness of this care for ethnic minorities. The largest and most rigorous literature available clearly demonstrates that evidence-based care for depression improves outcomes for African Americans and Latinos, and that results are equal to or greater than for white Americans. Much fewer data are available for Asian populations, but the literature that is available suggests that established psychosocial care may well be effective for this population (p. 133).

This optimistic stance reflects much of the current thinking concerning EBP; that is, it can be universally applied to heterogeneous ethnic minority populations with effectiveness similar to that found with white, non-Latino populations. Recent literature supports the effectiveness of evidence-based mental health care for African Americans and some Latino populations in the area of depression and anxiety (Miranda et al., 2005; Schraufnagel et al., 2006). However, this growing literature consists of very few studies, only several of which focus on American Indian/Alaska Native populations. In addition, the body of empirical evidence regarding outcomes in other areas of mental health care for ethnic minority populations is scant compared with evidence of effectiveness for white populations. A closer look at the actual research studies is warranted and reveals a different picture.

The HHS (2001) report, *Mental Health: Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General* provides clear evidence of the historical lack of inclusion of ethnic minority populations in mental health research. The supplement examined controlled clinical trials used by professional associations and government agencies to establish treatment guidelines for four major mental health conditions: bipolar disorder, schizophrenia, depression, and attention-deficit/hyperactivity disorder. From 1986 to 1994, nearly 10, 000 people participated in RCTs to evaluate the efficacy of interventions for the aforementioned disorders. These studies formed the science base upon which EBPs were identified and legitimized. Noteworthy is the fact that studies failed to report information on the race or ethnicity of nearly half of the participants. For an additional 7 percent of participants, studies reported the designation "nonwhite" without specifying the ethnic group. In total, only 561 African Americans, 99 Latinos, 11 Asian Americans/ Pacific Islanders, and 0 American Indians/Alaska Natives were available for analysis (Aisenberg & Robinson, 2004; Miranda, Lawson, & Escobar, 2002). This lack of inclusion and the failure to consider the racial and ethnic identities of adult ethnic minority populations is similarly found among 27 studies from 1986 to 1997, which formed the evidence base for the American Psychiatric Association guidelines for

depression care. Among the nearly 4,000 participants in these studies, there were only 27 African Americans, two Asians, and 241 nonwhite participants (American Psychiatric Association, 2000).

These findings highlight that mental health EBPs have been historically standardized and normed with white non-Latino adult populations. The dearth of people of color represented in RCTs for mental health disorders contributes to the scant published studies that examine the efficacy of specific treatments or service delivery interventions for ethnic minority populations and the lack of well-controlled efficacy studies that examine outcomes of mental health care for people of color (Miranda et al., 2003; Miranda et al., 2005). A review of the literature and a search of the web sites of well-established agencies and associations such as the NIMH, NIDA, and NASW identified only a handful of mental health programs implemented with people of color that meet stringent EBP criteria (Aisenberg & Robinson, 2004).

The unambiguous evidence of exclusion of people of color in RCTs contributes to five major issues. One, it prevents strong and clear conclusions about the efficacy of most mental health EBPs with regard to people of color. Such generalizability has not been substantially demonstrated, especially in terms of their relevance, appropriateness, and applicability to Asian/Pacific Islanders, American Indians, and other ethnic minority populations. Two, it raises serious questions about the legitimacy of disseminating EBPs to ethnic populations, especially because most EBPs have been developed without consideration of the cultural context and identity of communities of color. The universal approach of EBP fails to respect or understand the contextual realities of the histories, languages, values, traditions, and indigenous wisdom of diverse communities of color that affect the use and delivery of mental health services (New Freedom Commission on Mental Health, 2003). Three, it helps promote the use of standardized measures not normed for diverse ethnic groups. Such dependence is problematic because many standardized measures are not culturally appropriate or informed about idioms of distress specific to particular cultures (Stamm & Friedman, 2000). Some behavioral health and mental health terminology common in practice in western countries does not exist in some cultural groups. For example, some Asian cultures lack a word for "depression." Four, scant research examines the heterogeneity within ethnic groups, including ethnic differences in patterns of mental disorders and treatment outcomes. Researchers and practitioners often address the mental health needs and concerns of Chinese, Japanese, Vietnamese, Korean, Cambodian, and Samoan communities as if they are all alike because they are Asian/Pacific Islanders. In doing so, they underestimate the differences in the range of national backgrounds, social classes, legal statuses, levels of acculturation, migration histories, literacies in English, and sense of stigma, among other distinctions that exist across these populations (Alegría et al., 2004). Similarly, although most Latinos share the common language of Spanish, substantial differences exist, for example, between Mexicans, Cubans, Puerto Ricans, and Salvadorans in terms of their per-

ceptions of mental illness, experiences of help-seeking, and preferences for mental health treatment. This heterogeneity within racial and ethnic group classifications is rarely taken into account in the development and dissemination of EBP. Five, the lack of representative numbers of ethnic minority populations in RCTs thwarts the attainment of a primary objective of EBP, namely, the distribution of treatment to address disparities (New Freedom Commission on Mental Health, 2003). Scant data exist on the effectiveness of EBPs, reducing the disproportionality of access and use of mental health services by people of color. However, research consistently highlights that disparities in mental health care to ethnic populations persist (Chow, Jaffee, & Snowden, 2003; Lagomasino et al., 2005).

*Epistemological narrowness.* A serious limitation stems from the fact that EBP privileges scientific knowledge over other epistemologies. For many ethnic minority communities, wisdom has been passed on through oral tradition. This wisdom has served ethnic minority communities for generations and has been a resource and protective factor in promoting resilience and well-being. However, this wisdom is often met with skepticism from empiricists who are unfamiliar with this form of knowing. An oft-made assumption is that scientific knowledge is superior to cultural ways of knowing (Whitbeck, 2006). Consequently, adhering to EBP without also incorporating indigenous ways of knowing may delegitimize treatments known to be effective in ethnic minority communities (Tannenbaum, 2005).

EBP also reflects and perpetuates the dominant culture's preeminent influence in establishing the norms in defining what is EBP, in determining what constitutes valid problems or needs, and which of those merit intervention. In doing so, EBP adheres to and promotes the western medical model of practice. This model is individualistic and dualistic in nature, accenting the separation of body and mind and spirit. As a result, it is not congruent with many of the values and norms of ethnic minority communities that are allocentric and collectivist in nature (Aisenberg & Robinson, 2004). Adherence to the western model often serves as a powerful barrier to the legitimization of practices engaged within ethnic minority communities that are known to be effective by their members. Adoption of EBPs by American Indian communities, for example, usually necessitates the abandonment of traditional holistic approaches, such as the use of sweat lodges, in favor of fragmented, westernized approaches to care (Baines, 2005; Cross, Friesen, & Maher, 2007).

Another facet of the epistemological narrowness of EBP is its linear, top-down process of implementation, with knowledge being generated in academic settings and then transferred to practitioners. Evidence generated in research settings, with highly trained specialist providers and homogeneous subject samples, may have limited application to community practice settings with diverse patient populations, who frequently have comorbid conditions and often face multiple stressors on a repetitive basis (Miranda et al., 2005; Nock, Goldman, Wang, & Albano, 2004).

This hierarchical, top-down approach in the development and dissemination of EBPs clearly reveals the lack of ties between research and communities of color as

well as between research and service providers. These gaps hinder engagement in authentic partnership that is mutually beneficial and that promotes meaningful and sustainable change in the community and in systems of care. Ethnic populations continue to experience being an afterthought. Such an approach in the dissemination of EBPs perpetuates mistrust within ethnic communities that is rooted in historical experiences of marginalization and oppression by the dominant culture. Also, this mistrust is based on communities' experiences of researchers conducting research without much respect or regard for the community or without helping to promote meaningful change through their scientific endeavors. Consequently, communities of color often experience the dissemination of EBP as something that is being imposed on them, perpetuating a legacy of oppression by the dominant culture or government entity.

*Shortfalls in cultural competence and cultural "adaptations."* As previously noted, the development and dissemination of EBPs are rooted in a homogenized approach in which the cultural values, norms, and histories of ethnic minority populations are rarely taken into account. Such an approach thwarts the capability of EBPs to be culturally competent. Cross, Bazron, Dennis, and Isaacs (1989) defined cultural competence as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations" (p. 13). Cultural competence implies having the capacity to function effectively as an individual and as an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Cross et al., 1989). On the basis of EBPs' disregard of cultural factors, it is not surprising that ethnic communities recognize the lack of goodness of fit of many EBPs with the indigenous practices already being effectively implemented by culturally competent service providers.

Among the several studies of the efficacy of EBPs for diverse ethnic groups, researchers typically seek to make cultural "adaptations" to their standardized treatment models for purposes of diffusion (Aisenberg & Robinson, 2004). This practice is insufficient for the provision of effective and efficacious treatment. Efforts to "adapt" EBPs to diverse ethnic minority groups without attending to cultural context and indigenous practices are unlikely to lead to effective treatment (Koss-Chioino & Vargas, 1999). Also, the process by which "adaptations" are made lacks scientific rigor. Whereas EBPs provide detailed, manualized descriptions of their treatment with rigid adherence to specific algorithms, in most cases EBPs provide little description on how they ensure fidelity to their treatment model when making adaptations in engaging communities of color and in different contexts. Also, scant research exists regarding adaptations made by EBPs to practice-related exigencies as well as accommodations of practice settings to EBPs (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). Consequently, the following critical questions remain unanswered: How do practitioners and researchers make appropriate cultural adaptations of EBP? To what extent do evidence-based mental health interventions

need to be culturally adapted to be effective for diverse ethnic populations and for diverse contexts (for example, urban or rural)? What characteristics of EBP, the client, or both determine who will respond to treatment? Why have EBPs failed to reduce disparities in the access and use of mental health services across many racial and ethnic minority groups (Miranda et al., 2005; Mullen & Streiner, 2004)?

It is imperative that policymakers, mental health practitioners, and service researchers heed the compelling and unequivocal body of evidence regarding EBP. Few mental health EBPs have been developed with people of color in mind. Most EBPs lack sufficient evidence of their applicability and effectiveness in communities of color. It is unreasonable to expect that evidence-based mental health programs can be uniformly applied to diverse communities and to presume a good fit or the same results when many such programs fail to take culture into account. It is unjust to mandate the provision of EBP to communities of color without including in the processes of defining, implementing, and evaluating EBP members of these diverse communities and representatives of service agencies responsible for providing mental health care within these communities. EBP promotes social inequality because communities of color and their voices are largely excluded from these crucial decision-making processes.

Furthermore, it is misleading and erroneous to assert the superiority and applicability of EBPs for communities of color over existing practices in communities of color. In general, EBPs are no more standardized for application in communities of color than are practices that are currently being implemented by ethnic community-based agencies. These agencies often have evidence of a program's effectiveness but lack the infrastructure or evaluative rigor to promote and legitimize their innovative program or intervention as an EBP. To continue to uphold EBP as the gold standard in mental health care while minimizing or ignoring the multiple deficits in the development, implementation, and dissemination of EBPs to ethnic minority groups promotes injustice. Rather than merely affirming the strengths of EBP, glossing over its limitations, and being uncritical in our acceptance and promotion of EBP, we must acknowledge the prominent weaknesses of EBP and address them in comprehensive ways.

## PATHWAYS TO INCLUSION AND INTEGRATION

In working toward the goal of making the practice and application of EBP more just, it is imperative that we retreat from the historically privileged foundation that has informed its development, implementation, and evaluation of EBP and traverse a new pathway of inclusion and integration. Rather than trying to adapt or "fit" people of color into conceptualizations and models of practice derived from a white Eurocentric culture, a paradigm shift is required.

Toward this goal, I make the following recommendations to serve as a framework to begin to address the insufficiently culturally competent implementation of EBPs within communities of color and to promote the acceptance and competent use of EBPs within diverse ethnic minority communities. These recommendations require

substantial engagement with and investment in ethnic minority communities to address persistent disparities in mental health care, promote culturally competent and effective practice, and engage in authentic partnership and meaningful transformation. The following major pathways address the limitations identified earlier:

- from epistemological narrowness to epistemological partnership

- from exclusion and homogenization to substantive inclusion of racial and ethnic minority groups

- from shortfalls in cultural competence and cultural adaptations to cultural responsiveness.

## Epistemological Partnership

A shift from a "research into practice" model to a "research in practice" model is needed. In the latter, practitioners and clients partner with researchers in the generation of knowledge and strategies for implementing treatment on the basis of that knowledge. This paradigm shift requires that the history, experiences, and wisdom of people of color along with the expertise of practitioners be valued in much the same way as is the science of efficacy (Tinsely-Jones, 2001).

Another crucial step involves increasing the number of ethnic minority researchers. The persistent lack of ethnic minority investigators leading mental health research studies limits the opportunity to answer research questions that an insider who well understands the culture and nuances of a community might investigate to advance the knowledge base and promote meaningful change in the lives of the residents of the community (Aisenberg & Robinson, 2004).

Research must engage communities of color as legitimate partners in the pursuit of advancing knowledge and transforming the provision of mental health systems of care and services. A recent report by NIMH (2006), "The Road Ahead", calls for such collaborative and sustainable partnerships among diverse stakeholders. Such partnerships ensure community participation and cultural tailoring for successful intervention development and improvement of care. Research of the effectiveness of such partnerships is warranted.

Members of communities of color are weary and leery of researchers with traditional agendas that leave their communities bereft of meaningful change. A crucial step involves the effective recruitment and respectful engagement with diverse ethnic minority populations in scientific endeavors, including RCTs. To engage communities of color and to enhance the provision of culturally competent mental health services, policymakers and practitioners must listen to and learn from these communities and their contextual realities. The voices of ethnic minority communities must be included in the planning stages of EBP rather than seeking them out after the fact to merely rubber stamp policymakers' decisions. Meaningful and authentic participation must be a central aim. As Woody and colleagues (2003) noted, "[b]

ecause only a portion of clients resemble participants in clinical trials, a fully relevant model of EBP must use evidence obtained locally from each client" (p. viii). Important characteristics of successful partnerships involving community-based agencies and academic institutions include shared decision making, equitable sharing of resources and power, and mutually beneficial goals and reciprocity (Holland, Gelmon, Green, Greene-Moton, & Stanton, 2003). Only with such inclusion is it possible for researchers and providers to more fully understand and appreciate current beliefs and past experiences of people of color, and how these have shaped their prevailing attitudes and preferences of the acceptability of treatment, to facilitate the provision of effective care (Schraufnagel et al., 2006).

The inclusion and use of knowledge from multiple sources—science, clinician, and patient—should be equally valued. The original perspective of evidence-based medicine (EBM) provides important leadership toward a new pathway of integration and can serve as a crucial example for social work. Rather than advocating rigid adherence to a manualized program void of cultural context, EBM respects the context of service delivery, the environment of the client, and the client's experiences and preferences. As noted by Sackett and colleagues (2000), EBM esteems the evidence science posits from systematic research in making decisions about the care of individual patients. However, EBM allows for an expanded definition of evidence and integrates the contribution of multiple sources of evidence in the processes of diagnosis and treatment, including clinical expertise and consumers' cultural experiences and wisdom.

This original vision and philosophy of EBM, if fully heeded, would address a major flaw of many EBPs that results from their reliance on scientific empiricism and evidence from clinical, randomized trials. The prescriptiveness of an EBP should not take precedence over or undermine clients' cultural values and community decision making. Adopting an inclusive approach would allow agencies and providers to integrate the best science available with clinical expertise and the client's culture, values, and preferences for the client's well-being. Integrating these sources of evidence and key stakeholders' knowledge and understanding of the sociocultural contexts of these communities is crucial for the acceptance, effectiveness, and sustainability of EBPs.

## Substantive Inclusion of Racial and Ethnic Minority Groups

A sharing of power and resources to address disparities in the access and use of mental health and other services is warranted. A culturally sensitive approach toward the use of EBP requires a shared vision and commitment of all stakeholders, both urban and rural. Inclusion at decision-making tables with regard to the definition, development, dissemination, and evaluation of EBPs that is competent with regard to cultural, linguistic, familial, and unique mental health service needs of diverse ethnic minority populations must become standard practice. Outcomes that are valued by consumers and families should influence the EBPs that are developed and studied (Drake et al., 2001).

Substantial long-term funding must be provided to identify existing effec-

tive practices with communities of color and to promote their legitimatization as promising practices and EBPs. Also, funding support is warranted to test current models with diverse populations so as to guide and inform adaptation efforts (Lau, 2006). Such sustained investment is critical to improving trust with ethnic minority communities and promoting culturally competent interventions. The lack of funding to identify and evaluate existing practices that are promising and that support development of known effective practices within communities of color has been a significant barrier to the development of EBPs that are responsive to the real-world context of communities of color.

Representatives of heterogeneous ethnic community-based agencies and ethnic minority researchers must be included in decision-making bodies and processes at local, state, and federal levels to inform the cultural adaptations of EBPs. Also, such representatives must be active participants and leaders in the planning, development, and implementation of the evaluation of EBPs. This representation is warranted to address the intersecting challenges of EBP programs in implementing "high-fidelity replications" while ethnic minority communities are both seeking solutions uniquely suited to their circumstances and wanting to "own" these programs. Also, this inclusion and partnership is essential to ensure relevance, accountability, and credibility.

## Cultural Responsiveness

Assessment, treatment, and service delivery models should be informed by the wisdom and experiences of communities of color and should be responsive to the expectations and behavioral preferences of these communities (Marin, 1990; Tinsely-Jones, 2001). Drawing from Bernal and colleagues' (1995) work on key features of culturally valid interventions for Latinos, I posit that it is not sufficient to merely provide a literal translation of a manualized protocol in the appropriate language in the adaptation of EBPs. From a practice perspective, cultural adaptation of EBPs must be more comprehensive and must address both language and context. Metaphors—culturally appropriate idioms, symbols, and nonstigmatizing language—can be included in the process and content of the intervention. The adaptations must incorporate cultural values, customs, and traditions into the content of the intervention. Cultural similarities and differences between clientele and providers, what Bernal et al. called the *persons realm*, should be addressed in a direct but nonthreatening manner. From a research and theoretical perspective, the goals of the EBP should be framed within the values and traditions of the client's culture. The conceptualization of the problem and treatment should be consonant with cultural values. The methods or procedures for achieving treatment goals should also be informed by the client's preference (for example, psychotherapy or medications) and be compatible with the cultural values of the group or groups of interest. It is important that the EBP take into account and be responsive to the historical, economic, acculturative, and social context of the clients. In addition, new assessment

instruments must be developed with the input of underrepresented racial and ethnic populations and age groups to ensure that protocols are culturally relevant, effective, and replicable across multiple settings (National Implementation Research Network [NIRN], 2003).

Data-based outcomes assessment of the cultural competence of EBP programs must be integral to the development and dissemination of EBP (NIRN, 2003). To transform the mental health field and improve the quality and effectiveness of mental health services to ethnic populations such assessment is fundamental.

## CONCLUSION

These recommendations represent a critical shift away from a monocultural, Eurocentric framework and from a narrow, positivist perspective on knowledge gathering and dissemination. As mental health practitioners, administrator of behavioral health and community-based agencies, skilled policy advocates, and scholars committed to intervention research to promote meaningful individual and social well-being, social workers should provide dynamic leadership in the development and implementation of EBP and service delivery models that are responsive to diverse ethnic populations. Our engagement with diverse communities and our recognition of the importance of the culture, context, and environment of our clients strongly position us to make a substantial contribution to the planning, development, and implementation of EBP in ways that are responsive to the needs of diverse ethnic minority populations and inclusive of the history, traditions, experiences, culture, and practical wisdom within these communities.

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# BEYOND THE RHETORIC: STRATEGIES FOR IMPLEMENTING CULTURALLY EFFECTIVE PRACTICE WITH CHILDREN, FAMILIES, AND COMMUNITIES

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*Abstract: Culturally effective practice remains elusive within child welfare agencies. Recognizing the hierarchical nature of becoming culturally competent, this article presents specific strategies that enhance cultural effectiveness at the individual, interprofessional, middle management, and upper management levels. The approaches evolve from a five-stage model of change: precontemplation, contemplation, preparation, action, and maintenance. Becoming culturally competent requires a clear assessment of where the individual practitioner and agency are on the change continuum. The article also explores barriers to culturally competent practice, with a focus on multilevel strategies that work within child welfare agencies.*

Culturally competent practice has been on the agenda in child welfare and social work for more than two decades. Traditional approaches to practice with the widening multicultural U.S. population are insufficient. Discussion continues about what constitutes culturally competent practice. Garcia and VanSoest (1997) asserted that practice with people of color continues to be of marginal interest to social workers. Both practitioners and social work educators, despite values to the contrary, have limited awareness of and do not actively address issues of social justice and discrimination.

The debate centers on whether multicultural practice has been conceptually delineated from cultural diversity or cultural pluralism, as these are often used interchangeably as foundations to cultural competence. Atherton and Bolland (1997) suggested the multiculturalism debate is a mask for radical politics but conceded that social workers generally accept that the United States is a diverse society and that culture plays an important role in family and community dynamics. Fellin (2000) stated that although constructs that relate to culturally competent practice remain imprecise, multicultural practice is essential to social work.

In child welfare, researchers have made efforts to bring conceptual and practice clarity to cultural competence (Child Welfare League of America, 1993; Jackson & Brissett-Chapman, 1997; McPhatter, 1997; Nash, 1999). Agencies have begun developing training initiatives to meet the need for cultural competence, but social work education continues to lag in producing a labor force prepared to take on the complexities of culture, race, and ethnicity to maximize positive outcomes for children, families, and communities. Agency administrators regularly proclaim that graduating social workers are unprepared to work with diverse client populations and bemoan their inability to prepare workers efficiently and effectively to meet the expanding needs of diverse clients.

This article addresses strategies to move practitioners and organizations beyond the rhetoric of cultural competence. Child welfare professionals and agencies must move beyond the introductory activities of occasional workshops or initial discussions about cultural competence. Culturally effective practice must become an integral part of the organization and be manifested in each aspect of the organization's activities. Successful strategies in training on cultural competence derive from a multisystemic process that includes work with the individual, among practitioners (interprofessionally), and within the organization.

Cultural competence as a goal becomes reality when those who set policy and control resources commit to an outcomes-based organizational change process. Change as a process forms the basis of this frame work for moving practitioners and agencies from the rhetoric of cultural competence to a realistic process of attainment.

## GUIDING PRINCIPLES

Cultural competence is the ability to transform knowledge and cultural awareness into health and/or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate cultural context (McPhatter, 1997). Green (1995) indicated that the culturally competent practitioner works congruently with the behaviors and expectations that members of a culture recognize as appropriate among themselves. It is from this perspective that guiding principles derive:

- Culturally competent social work is a mandate that all practitioners and agencies must pursue.

- Achieving the goal of cultural competence is a multilevel, multisystemic effort.

- Becoming culturally competent requires commitment from the top level of the organization and must be reflected in the organization's mission, values, and fiscal and human resources. Just as agencies develop strategic plans for carrying out their overall missions with measurable outcomes, cultural competence must be held to a similar standard.

- Cultural competence is a protracted endeavor and should never be treated as a one-time initiative or as an after-thought; failure to include cultural competence as a priority sends a message to practitioners as well as clients that cultural competence is not important. Even efforts by a few committed individuals will fall short.

## THEORETICAL FRAMEWORK

How does one become culturally competent, and how does an agency ensure that it provides culturally appropriate services? These questions continue to baffle. When do we arrive at an acceptable level of competence in working with multicultural populations? Becoming culturally competent is a comprehensive process of cognitive, affective, and skill restructuring, and individuals and organizations are at varying places on the cultural competence continuum. Some individuals have given only cursory thought to the need for culturally competent practice, whereas others have progressed to working toward the goal.

### Cultural Competence Defined

In McPhatter's (1997) model, achieving competence is a developmental process that occurs through several steps. Enlightened consciousness, which involves a re-orientation of world view, is a deeply reflective process that frequently requires challenging well entrenched values and belief systems that place one's own culture as not only unique but superior to others. A grounded knowledge base acknowledges the legitimacy of information about others that is not often readily available through the typical education process. The knowledge base that is generally accepted among social work and child welfare professionals must be analyzed for relevance to culturally different groups.

The pursuit of knowledge about others demands the use of a range of information, often nonmainstream. Communities of color, key informants, and social and faith-based institutions are dynamic laboratories for knowledge building (see McPhatter, 1997, for an expanded category of essential knowledge for cultural competence). Finally, cumulative skill proficiency is a focused, systematic, reflective process that evolves from enlightened consciousness and a grounded knowledge base; the application of cognitive and affective learning enhances one's ability to enter the world of culturally different clients in a manner that understands and preserves the legitimacy of the culture and effectively meets their needs. Cross-cultural communication, multidimensional assessment, micro and macro intervention, and evaluation skills are essential to the child welfare practitioner.

Becoming culturally competent is a daunting task for both the practitioner and organization. Any endeavor that requires such extensive change must be viewed within the context of the developmental change process. Prochaska and DiClemente (1992), in studying theories of change, presented a five-stage model that is useful in assessing where individual practitioners and the agency are in the change

process. Observations demonstrate that organizations and practitioners vary greatly relative to the stages of change. For example, some workers fail to see the need for education and training on cultural diversity and are resistant to such efforts. Other agencies have placed a priority on cultural competence and are initiating training for staff, but may not include agency administrators and key decision makers in the training. For substantial progress to be made in achieving cultural competence, both organizations and practitioners must commit to an overall change process that begins with a realistic assessment about where each currently exists on the change continuum.

The Prochaska and DiClemente model (1982), although developed in response to therapeutic interventions, has been applied to a variety of psychosocial issues. The model is a framework for establishing a realistic plan and appropriate expectations when pursuing any change goal. The model stages include:

- **Precontemplation.** Individuals lack awareness of a need for change. In cultural competence training, these participants attend due to pressure or requirements from supervisors.

- **Contemplation.** Individuals or organizations are aware that a need exists and maybe giving serious consideration to a response but have not yet committed to doing so.

- **Preparation.** Participants express clear intentions to change and make some efforts. Activities in this stage are in the planning mode.

- **Action.** Participants' expressed commitment to change turns into observable activities, with time, energy, and resources being expended.

- **Maintenance.** Participants incorporate actions and behavioral change into normal individual or organizational patterns; the changes become routine, and structures are put in place to stabilize and solidify change efforts.

Although the stages are presented as discrete phases, change rarely moves straight to accomplishment. A practitioner or organization may function in more than one stage at a time and often regresses to a prior phase before being motivated to move forward. Ongoing assessment is essential to determine appropriate mechanisms to move the change process forward effectively. For example, requiring staff to attend training on cultural competence without clearly establishing cultural competence as an organizational goal, sets up change expectations that may yield minimal benefit. At the practitioner level, having a few individuals committed to the goal and beginning the work, with others lagging in precontemplation, presents interprofessional barriers that often result in negative consequences. Change involves engaging in processes at the right time with appropriate negative consequences. Change involves engaging in processes at the right time with appropriate support at all levels in the agency.

## BARRIERS TO CHANGE

### Organizational Barriers

Organizational barriers to cultural competence represent the most formidable challenge at the multisystem level. Leaders and key decision makers set the tone for how an organization functions. In essence, they decide what the agency's priorities are and how resources will be used to meet the agency's goals. If CEOs and agency administrators are lukewarm about cultural competence, their commitment to the goal will be also. The physical, psychological, and social tone of the organization will follow the leaders' examples.

Unfortunately, often a few staff, usually practitioners of color, press the issue alone, with perfunctory responses. Agency heads express a variety of obstacles to their interest in moving toward cultural competence. These include a lack of adequate funding, lack of internal expertise on diversity, staffing shortages that prevent them from releasing workers to attend training, a poorly prepared professional labor force, and a belief that an occasional work shop is sufficient to prepare staff to work with culturally diverse clients.

Agencies often harbor a collective fear about addressing difficult issues that may engender hostility and tense working relationships. For example, on one occasion at the conclusion of a three-day cultural competence training, a worker expressed her concern that the workshop had "opened up areas for us that will make it difficult to work with coworkers once you [the workshop leaders] are gone." She believed it was better not to raise issues of race despite the obvious tenuousness of interprofessional relationships that existed within the agency.

Some workers, on the other hand, experience a great deal of shame, guilt, and fear; moreover, they lack the skills to address these issues with colleagues with whom they spend considerable time. They simply engage in cordial light talk without ever venturing across the racial divide with culturally diverse colleagues, which both hinders cultural competence and stymies professional growth. Cultural competence is not likely to move beyond the awareness phase without a comprehensive change process sanctioned and initiated by agency heads.

### Interprofessional Barriers

Child welfare practice by its very nature is a collaborative endeavor; it simply could not happen without the collective activities and practice wisdom of front-line social workers. Similarly, cultural competence cannot be achieved without interprofessional dialogue and the resulting understanding and work. Interprofessional barriers are most often manifested in the composition of the workforce.

Child welfare colleagues often do not adequately represent the racial or cultural diversity of the families and communities they serve; despite the well-known overrepresentation of African and Latino Americans in the child welfare system, practitioners and administrators continue to be predominantly white.

According to Garcia and Van Soest (1997), 71% of students in a master's of social work student sample reported that their own white privilege posed a barrier for them in confronting oppression. They expressed an inherent blindness to the presence of racism and were reluctant to give up advantages they enjoyed by being white. White privilege sets up a dynamic in which it is not necessary to think about the effect of oppression on others and others' daily confrontation with race, ethnicity, or cultural differences.

White workers often say they are tired of hearing about racism. They believe their coworkers of color are simply hypersensitive, hostile, and overreactive about race. This pervasive feeling, in the face of strong opposite reactions from practitioners of color, presents challenges to achieving cultural competence. Interprofessional relationships often rest on fragile connections that can quickly escalate into counterproductive responses through seemingly minor events. When workers hold such divergent views of intense issues and do not have the commitment or skill necessary to address them, relationships will remain restricted to surface areas and effectively stall cultural competence.

## Individual Barriers

Child welfare is one of the most stressful and complex areas of social work practice. Practitioners daily confront longstanding, unrelenting social problems experienced by the families with whom they work. Practice is carried out within a context of public scrutiny without adequate support to respond. Workers are asked to perform miracles with very few resources. They often see the demands of becoming culturally competent as baggage that they have little time or energy to pursue. For example, during a mandatory training on cultural competence, several workers' offices required them to maintain contact through pagers, and the workers often left sessions to return phone calls or address emergencies. It was clear their attention was divided, and they received minimal benefit from this mandatory training. This example is characteristic of organizations that are addressing cultural competence due to external pressure rather than engaging in a comprehensive plan for developing culturally competent staff. Other barriers that frequently occur for individual practitioners include:

- Workers may believe society is colorblind or a melting pot, and "therefore, we are all members of the human race." Workers often use this in training as justification for the uselessness of cultural diversity training.

- Workers may lack knowledge about others' histories, cultures, lifestyles, customs, traditions, family structures, and so on.

- Workers may lack understanding of the dynamics of oppression and how they are manifested in individual and institutional racism. This vacuum prevents individuals from developing empathy or appropriate intervention skills for the people who carry the brunt of oppression both externally and internally.

# ORGANIZATIONAL STRATEGIES

## Precontemplation Stage

In the precontemplation phase, organizations are unaware or under-aware of cultural competence or the effects of cultural incompetence (see Table 1).

*Table 1:* Organizational Change Strategies

| Change Stage/Goal | Implementation Tasks |
|---|---|
| *Precontemplation*<br>Increase agency leaders' awareness of issues related to culturally competent organizations. | *Precontemplation*<br>Educate decision makers on role of culture in organization, services, and client population.<br>Commit resources to begin process. |
| *Contemplation*<br>Understand how cultural competence affects the agency and developmental nature of cultural competence attainment. | *Contemplation*<br>Clarify conceptual and practical meaning of cultural competence.<br>Introduce change process model.<br>Explore cost/benefit of culturally competent organization. |
| *Preparation*<br>Develop organizational plan for achieving cultural competence goals. | *Preparation*<br>Revisit policies/procedures to reflect cultural competence.<br>Appoint key leader to oversee plan.<br>Establish work groups to structure organizational activities.<br>Assess organization's diversity.<br>Develop plan for community outreach.<br>Create multicultural physical environment.<br>Develop training plan for all staff. |
| *Action*<br>Implement observable activities with cultural competence goals. | *Action*<br>Make organization's mission, policies, procedures reflect goals.<br>Complete self-assessment.<br>Put committee structure in place.<br>Allocate fiscal resources.<br>Develop evaluation tools.<br>Initiate community-building activities with diverse population.<br>Assess workforce diversity.<br>Put long-term training plan in place. |
| *Maintenance*<br>Engage activities to solidify change process.<br>Anticipate obstacles to goal achievement.<br>Prevent a relapse to culturally ineffective service delivery. | *Maintenance*<br>Use cultural competence consultants.<br>Initiate a system of reinforcement.<br>Incorporate human and fiscal resources for cultural competence into agency standard operations. |

Others maybe aware of the problem, but organization leaders have spent little, if any, time trying to understand the issues. Specific organizational leaders have spent little, if any time trying to understand the issue. Specific responses include:

- Increase knowledge and awareness of board members, CEOs, and key decision makers about cultural diversity and what happens to clients when practitioners are not culturally competent.

- Educate leaders about the roles of culture, race, and ethnicity in the organization and for the clients served by it.

- Facilitate open discussion in an environment of safety on the role leaders play in developing a culturally competent organization.

- Explore mechanisms for beginning to take on the goal of achieving cultural competence.

- Commit resources, time, and people to beginning the process.

**Contemplation Stage**

At the stage of contemplation, organizations acknowledge that a problem or need exists related to cultural competence. Agency leaders begin open dialogue about their role in finding solutions and enacting change. Specific areas of exploration include:

- Understand what happens as a result of becoming a culturally competent organization.

- Understand ramifications for culturally ineffective organizations, including potential liabilities and threats to credibility, integrity, and overall mission.

- Introduce the change process model.

- Explore essential components and activities for developing a culturally competent organization and workforce.

- Be explicit about how the organization benefits from culturally effective practice and service delivery.

**Preparation Stage**

The organization must prepare a road map for the new direction for achieving cultural competence. Essential but not exhaustive activities include:

- Revisit the mission statement and agency policies and procedures to ensure they reflect culturally competent goals. The Child Welfare League of America has developed a cultural competence self-assessment instrument (1993)

that provides a comprehensive review of the agency's mission, policies, governance, and service delivery that can be effectively used in this stage of preparation.

- Appoint a key decision maker within the organization as the leader who will be held accountable for developing and achieving cultural competence goals.

- Establish a financial plan commensurate to the cultural competence goals.

- Develop a cultural competence committee, task force, or work group to further structure and oversee the organization's efforts toward goal achievement.

- Engage cultural competence experts externally and internally.

- Assess the organization's labor force diversity and explore remedies for change if necessary.

- Reach out to culturally diverse groups, including grassroots organizations, neighborhood associations, civic and faithbased groups, and educational institutions, such as historically black colleges and Hispanic-serving institutions.

- Assess and modify the physical environment to reflect an acceptance and celebration of the multicultural nature of society such as art, music, magazines, literature, and colors.

- Develop ongoing education and training plans for all staff on cultural competence.

## Action Stage

In the action phase, the organization participates in observable activities in sync with goals established in the previous phases:

- Reflect cultural competence goals in the organization's mission, policies, and procedures.

- Complete organizational cultural competence self-assessment.

- Put committee structure in place and implement tasks relevant to goals.

- Make funds for goal attainment in cultural competence available.

- Develop and use evaluation tools and a system of checks and balances.

- Begin community-building activities with diverse populations served by the organization, such as Native Americans, Asian Americans, African Americans, and Latino Americans.

- Assess staff diversity and activities to ensure diverse representation is in process.

- Follow the education and training activities plan established in the preparation phase.

## Maintenance Stage

The primary purpose of this phase is to: (a) engage activities that solidify changes in the organization, (b) anticipate obstacles to goal achievement, and (c) prevent relapses that are counterproductive to culturally competent service delivery:

- Continue to use consultation when problems surface or setbacks occur.

- Support positive changes through a variety of reinforcement mechanisms, such as incentives, rewards, retreats, morale boosters, and special recognition.

- Fully incorporate human and financial resources for cultural competence in to agency operations, such as ongoing training, consultation, and community-building activities.

## INTERPROFESSIONAL STRATEGIES

## Precontemplation Stage

Interventions between and among child welfare professionals at the precontemplation stage focus on establishing the existence of a need and heightening awareness about the nature of the problem (see Table 2). It is crucial for professional colleagues to open dialogue with each other as they struggle with simply acknowledging the need. Great emphasis should be placed on creating an environment of safety in which honesty prevails rather than hostility or defensiveness.

*Table 2:* Interprofessional Change Strategies

| Change Stage/Goal | Implementation Tasks |
|---|---|
| *Precontemplation* <br> Increase awareness of the need for culturally competent services. | *Precontemplation* <br> Open a dialogue in an environment of safety with colleagues. <br> Explore how culture affects workers, clients. |
| *Contemplation* <br> Understand and acknowledge seriousness and value of culturally competent practice and change process model. | *Contemplation* <br> Continue a nondefensive dialogue. <br> Acknowledge professional role in problem resolution. <br> Assess where participants are in the change process. |

*Table 2:* Interprofessional Change Strategies

| Change Stage/Goal | Implementation Tasks |
| --- | --- |
| *Preparation*<br>Make collective commitment to become culturally competent. | *Preparation*<br>Continue open, honest dialogue.<br>Clarify conceptual and practical meaning of cultural competence.<br>Institute format for meetings on cultural competence.<br>Establish support network with diverse internal and external colleagues. |
| *Action*<br>Institute behavioral indicators that lead to achievement of cultural competence goals. | *Action*<br>Participate in education and training.<br>Participate in competence committees.<br>Provide mutual support and constructive feedback to colleagues who facilitate goal achievement.<br>Provide leadership and accountability on cultural competence.<br>Model culturally competent service delivery.<br>Evaluate progress toward goals. |
| *Maintenance*<br>Support and enhance organizational and individual practitioners' efforts toward cultural competence. | *Maintenance*<br>Explore potential impasses.<br>Advocate, problem solve, and use change agent role to achieve cultural competence.<br>Take a leadership role in process.<br>Recognize, reward, and support colleagues. |

Although social workers presumably have been introduced to content on cultural diversity and oppression, in many instances, the knowledge and skills yielded are insufficient for culturally effective practice. Practitioners often need to have the same consciousness raising and education as others in the precontemplation stage. It is important that some time is spent exploring how culture affects the worker as well as others.

**Contemplation Stage**

Child welfare professionals must recognize and acknowledge the existence and seriousness of practice effectiveness with culturally diverse families and communities. Furthermore, they must

- begin open, honest, nondefensive dialogue with colleagues about the nature of the problem;

- acknowledge their professional role in both problem identification and problem resolution; and

- understand the change process and assess where they are on the change continuum.

## Preparation Stage

Interprofessional activities in the preparation stage reflect collective intention to begin activities that lead to culturally effective practice. This includes

- committing to open, continuous dialogue to further clarify solutions to achieving cultural competence;

- instituting format and structure for regular meetings on cultural competence;

- establishing a support network with colleagues inside and outside the agency;

- modeling openness, honesty, willingness to engage; and

- committing to an interprofessional change process.

## Action Stage

In the action stage, behavioral indicators become manifest between professionals as they

- participate in education and training activities;

- participate in cultural competence committees and work groups;

- provide mutual support and constructive feedback;

- provide leadership and accountability in cultural competence to colleagues; and

- monitor and evaluate progress toward goals.

## Maintenance Stage

Interprofessional maintenance activities support organizational and individual practitioners' efforts in meeting cultural competence objectives by

- using the interprofessional structure to explore potential problem areas;

- advocating to achieve cultural competence;

- leading in continuing the change process by anticipating barriers and finding solutions; and

- identifying positive change and recognize, reward, and support colleagues.

## INDIVIDUAL STRATEGIES

Individual practitioners, either through a lack of knowledge and awareness or general disinterest, express little, if any, desire to examine the role of culture, ethnicity, and race in the lives of their clients or the organization in which they work (see Table 3). Garcia and Van Soest (1997) indicated that

a) practice with ethnic minorities is of marginal interest for the profession, b) practice tends to focus on individual intervention without involvement in social change and social justice activities, c) racism, sexism, and homophobia are present among social workers and social work educators, and d) social workers have limited awareness of these manifestations of discrimination and do not act on them in their work settings (p.119).

In addition, in their study exploring master's of social work students' perceptions of cultural diversity and oppression, students reported the discussions related to cultural and racial diversity aroused strong emotions and strained interactions. This is complicated by educators who have not achieved comfort and competence with the issues of cultural diversity. These factors result in practitioners' emerging in to practice with fear or disinterest.

### Precontemplation Stage

The goal of precontemplation for the individual is to bring the problem into awareness and establish a beginning level of understanding about how culturally ineffective practice affects the worker and the people the worker serves. The individual practitioner must

- begin a dialogue with professional colleagues about their role in providing culturally competent services;

- acquire research-based information that highlights the effect of culturally ineffective practice; and

- gain an understanding of issues and concerns related to cultural diversity.

### Contemplation Stage

At the contemplation phase, practitioners acknowledge issues of culturally competent practice. They begin to

- reflect on their level of practice effectiveness with diverse client families;

- examine their own racial, ethnic, and social identities;

- further explore the effects of culturally incompetent practice on diverse clients;

- begin to identify voids in their knowledge base; and

- explore ways of filling the void.


## Preparation Stage

Practitioners clearly state an intention to begin the process of becoming culturally competent and make a commitment to pursue this organizational goal. In addition, they begin to

*Table 3:* Individual Change Strategies

| Change Stage/Goal | Implementation Tasks |
| --- | --- |
| *Precontemplation*<br>Increase awareness and understanding about the effect of culturally ineffective practice on clients and workers. | *Precontemplation*<br>Explore the role of culture in service delivery.<br>Acquire research-based information on culturally competent practice.<br>Identify issues related to culturally competence practice. |
| *Contemplation*<br>Acknowledge need for culturally effective practice. | *Contemplation*<br>Assess own level of practice effectiveness with diverse clients.<br>Examine own racial, ethnic, social identity.<br>Explore effect of culturally incompetent practice on diverse populations.<br>Identify voids in knowledge.<br>Explore avenues for filling voids in practice effectiveness. |
| *Preparation*<br>Clearly state intention to become culturally competent.<br>Commit to becoming culturally competent. | *Preparation*<br>Explore own values about cultural diversity.<br>Explore own socialization related to beliefs about racially, culturally, ethnically diverse others.<br>Develop individual education plan for acquiring multicultural practice skills.<br>Establish support network, consultation on cultural competence, and ongoing supervision.<br>Institute process for self-care.<br>Develop outreach plan to connect with community leaders and cultural guides.<br>Increase awareness about own responses to change. |

*Table 3:* Individual Change Strategies

| Change Stage/Goal | Implementation Tasks |
| --- | --- |
| *Action* <br> Institute behavioral indicators of cultural competence. | *Action* <br> Initiate education activities, discussions on diversity, seminars, research, and study. <br> Expand connections with diverse colleagues and community-based organizations that reflect population. <br> Establish expert consultation and supervision. <br> Establish mechanism for professional accountability with colleagues regarding diversity issues. <br> Assess cultural competence plan relative to own practice effectiveness. <br> Engage in self-care activities. |
| *Maintenance* <br> Implement systems of reinforcement to solidify behaviorally oriented culturally effective practice. | *Maintenance* <br> Identify situational and personal factors that impede competence attainment. <br> Assess emotional reactions to cultural competence goals and barriers. <br> Evaluate behavioral responses to cultural competence goals. <br> Engage in productive problem resolution when barriers surface. <br> Assess progress in working with diverse colleagues and clients. |

- explore and understand their own belief systems as they relate to cultural diversity;

- explore their socialization related to the development of stereotypes and biases about racially, ethnically, and culturally different people;

- develop an individual education plan for acquiring knowledge and skills in multicultural practice;

- establish a support network, such as ongoing supervision and consultation;

- establish a self-care process, such as stress management;

- develop mutually beneficial connections with key community leaders and cultural guides; and

- explore their own ways of responding to stress and change.

Defenses play an important role in how people respond to physical, psychological, and social challenges. Denial, intellectualization, rationalization are frequently

used when a gap exists between one's own values and the reality of others. Defenses may play a role in preventing movement toward cultural competence goals.

## Action Stage

The individual practitioner must

- participate in ongoing professional development activities, such as education, training, seminars, research, and discussions on cultural diversity;

- expand connections with culturally diverse professional and community-based groups and activities;

- actively pursue expert consultation on supervision relative to cultural competence goals;

- establish professional accountability with colleagues to address challenges of diversity issues;

- assess the cultural competence plan relative to his or her own practice effectiveness; and

- engage in self-care activities, such as stress management and burnout prevention.

## Maintenance Stage

To maintain changes and prevent relapses, systems of reinforcement need to be implemented. In addition, it is necessary to anticipate situational and personal factors that may become problematic in furthering the cultural competence work. It is important for the practitioner at the maintenance stage to

- examine problems that may have surfaced and become barriers to cultural competence;

- assess emotional reactions to cultural competence goals and organizationaI barriers;

- evaluate productive and nonproductive behavioral responses to cultural competence goals, that is, what prevents movement, what needs to happen to move forward; and

- assess progress and level of competence in working with culturally diverse colleagues and clients.

### DISCUSSION AND SUMMARY

The concepts and proposed change model will catapult organizations and child welfare professionals forward in addressing multicultural practice and service delivery. The goal is to reconceptualize the notion of achieving cultural competence

as an ongoing change process, with the clear understanding that a realistic plan needs to be in place. The proposed plan is not comprehensive or exhaustive. It is a frame work for furthering the cultural competence goal. Organizations must make cultural competence a priority. They must assign and hold administrators, key decision makers, and staff accountable for achieving observable, measurable outcomes throughout the organization.

Components of the proposed change model have been implemented in a number of social and human service agencies with which the authors have been affiliated, with varying degrees of success. Incremental changes that began with good intentions often were not sustained when not embraced throughout the organization.

Ultimately, organizations must ask, What will be the payoff for culturally competent practice and service delivery? This question can only be answered within the context of the benefit and value for children, families, and communities. Cultural competence enhances practice effectiveness and sets up a process where by the agency successfully serves culturally diverse clients. Likewise, child welfare practitioners experience success and pride while affecting the lives of others. In addition, the organization itself achieves its mission and positively affects the larger community. Will child welfare professionals allow another two decades to pass while they stagnate in the precontemplation or contemplation stages while children, families, and communities pay the price?

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## CULTURAL AND HUMAN DIVERSITY: DOMAIN GUEST EDITORS

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Lloyd Bullard has over 27 years of experience working within the human services field. He is considered a national expert in residential care, restraint and seclusion reduction, cultural competence and racial disproportionality, and supervisory training. Mr. Bullard has developed and managed numerous national and local programs and initiatives. He is the founder and CEO of LB International Consulting, LLC, (LBIC) and provides consultation and training services to private and public agencies serving children, youth, families, and individuals. Prior to launching LBIC he spent ten years working for the Child Welfare League of America (CWLA) where, in addition to serving as a senior consultant, he held the director position for Residential Care, Cultural Competence and Racial Disproportionality, and Best Practices to Reduce the Use of Restraint and Seclusions. LBIC is a member of the Alliance for Children and Families' Intellectual Capital Division.

Mr. Bullard is a member of the Substance Abuse & Mental Health Services Administration (SAMHSA) Building Bridges Initiative's Workgroup on Cultural and Linguistic Competence and a member of the Child Welfare League of America (CWLA) National Advisory Committee on Residential Care and the CWLA National Advisory Committee on Cultural Competence. He is an active member of the District of Columbia's Task Force on Human Trafficking, is on the Advisory Board for the North American Certification Project (NACP), has served as an Independent Consultant for the Child Welfare League of America and Cornell University Residential Project, and serves as Board Chairman for African American Adoptions, Inc.

Mr. Bullard has published and edited over thirty books, chapters, position papers, guidelines, and articles on cultural competency, restraint and seclusion reduction, recruitment and retention, racial disproportionality and disparity of outcomes, supervisory skills, and residential care. He also served as an Adjunct Professor for Concordia University, St. Paul, MN.

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Deborah is a services program administrator for DFPS Child Protective Services (CPS) in Houston, Texas with over 30 years of experience in the field of Child Welfare. Ms. Green is also the CPS Regional Liaison to the Texas Youth Commission (TYC) and Texas Juvenile Probation Commission (TJPC). Throughout her career, she

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Ms. Green's experience includes administration, developing, directing, oversight, and management of several state Child Protection program areas including: Family Group Decision Making, Family Team Meetings, Family Group Conference, Circles of Support, Preparation for Adult Living, Permanency, Education Specialists, and the I See You Conservatorship program. Ms. Green lectures and presents on prevention and intervention with families, permanency, and transitional youth services for adolescents that have been "most difficult to serve" as they transition out of the Child Welfare System into adulthood. Ms. Green is published in journals and articles and recently co-edited *Challenging Racial Disproportionality in Child Welfare: Research, Policy, and Practice* (2011). Ms. Green advocates for all children and all families on a daily basis.

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Peter is director of The University of Oklahoma's National Resource Center for Youth Services (NRCYS). He has a master's in social work from Boston University and was named a George Edmund Haynes Fellow by the National Urban League in New York.

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In 2006, he was presented with the Champion of Children Awards by the Foster Care Association of Oklahoma—an award presented to outstanding Oklahomans honored for their special service and care for foster and adopted children and their families.

## COMPETENCY III: APPLIED HUMAN DEVELOPMENT

In the domain of "Applied Human Development", the section editors sought out theory, research, and practice contributions that emphasize perspectives of positive human development grounded in growth and change over a life trajectory. Our selections focus mostly on adolescents and give priority to readings that acknowledge voluntary youth participation, proactive engagement, and personal authorship of one's individual growth and learning. They present an explicit perspective of applied youth development grounded in resilience theory, focused on protective factors, and conceptually based on competence and strength-building strategies. As such, they are relevant to workers in many care and educational sectors ranging from residential and clinical care to community-based youth development programs. Finally, the concept of an ecology of human development is fundamental for child and youth work practice; therefore, attention to context and relationships given throughout the selections.

Gisela Konopka's classic, "Requirements for Healthy Development of Adolescent Youth" (1973), explicitly addresses principles of human rights as the foundation for a developmental view of adolescence and adolescent needs that is relevant to advocates, practitioners, researchers, policymakers, and educators committed to work with young people as healthy, respected, and contributing participants in relationships, families, and communities. She presents adolescence as the age of commitment, challenging all the labels, stereotypes, and easy clichés society often associated with the second decade of life.

Reed Larson's "Toward a Psychology of Positive Youth Development" (2000) illustrates the bridging between research and practice. It shows how applied research findings are used to increase intentionality in program design and in practice, to establish realistic goals for youth programs, and to expand the crucial role youth programs and activities play as developmental contexts for positive youth development. Larson's references are a rich resource for child and youth care workers who wish to know the leading thinkers and researchers who have influenced our understandings of work in applied human development.

Our pick of Michael Resnick's research review, "Protective Factors, Resiliency, and Healthy Youth Development" (2000), makes the contemporary case that understanding of resiliency theory, research on protective factors, and practice approaches grounded in youth development philosophies are at the heart of youth work today. His review illustrates that scientific inquiry has begun to catch up with the long-held practitioner understanding that it takes both reduction of risk factors and promotion of protective factors to find the answer to what works in fostering the healthy development of young people. (Editor Note: Unfortunately the editors were unable to secure the necessary permissions to reprint this article. A complete reference can be found in the Resource Readings for this section.)

In our field, practice came before research. Child and youth care work existed in myriad places, spaces, and contexts long before the practice was subject to scientific inquiry. This has implications even today. The established scholarly disciplines such as developmental psychology, medicine, social work, and public health began to apply their own scientific standards for research to their inquiry into child and youth care practice. Consequently, we find abundant research that is based on the assumptions of young people as subjects of experiments, clients of systems of correction and prevention, and problems to be fixed. Konopka, Resnick, and Larson all bring a perspective of children and young people as people with strengths and problems living in relationships and environments with real world strength, deficits, limitations, and opportunities. Over 50 years they have paved the way for a field we hold up today as fundamentally grounded in reciprocity and respect in power and relationships whether the setting is an afterschool program, a group home, a sports team, a homeless shelter, or a service-learning project.

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# REQUIREMENTS FOR HEALTHY DEVELOPMENT OF ADOLESCENT YOUTH

## Gisela Konopka

### INTRODUCTION

In the spring of 1973 the Office of Child Development of the Department of Health Education and Welfare asked Gisela Konopka and the Center for Youth Development and Research, University of Minnesota to develop a statement on their concept of normal adolescence and impediments to healthy development. The statement was viewed as a possible base for national policy.

The following is the statement developed in a most interesting process: Gisela Konopka presented her ideas derived from many years of study and experience to the Center staff in three 2-hour sessions. Each point was then discussed by this able staff, consisting of people of various backgrounds, disciplines, and ages. The presentations and discussions were taped and summarized by the editor. Dr. Konopka then reviewed the text with the assistance of Dr. Normal Sprinthall. Editing was done by Lillian Jensen.

The Office of Child Development (HEW) graciously permitted the publication of this document.

### PURVIEW OF THIS STATEMENT

We are talking about adolescent youth in the cultural context of the United States of America in the 1970's. Our objectives are:

- to present a positive developmental model of adolescence by describing what we regard as the key concepts and qualifies of adolescence;

- to set forth some of the conditions for healthy development of adolescent youth; and

- to discuss specific obstacles to such development.

Within this framework we offer a few recommendations concerning programs and research that could facilitate healthy development of adolescent youth.

It should be noted at the outset that whatever is said in this statement (1) never applies totally to one individual because individuals differ; (2) never applies totally to a group or subgroup because ours is a pluralistic culture embodying an infinite variety of subcultures and subgroups; (3) is distinctly intended to be fluid because ours is a culture in transition.

## ADOLESCENCE DEFINED

Adolescence is defined here as that span of a young person's life between the obvious onset of puberty and the completion of bone growth. We chose a biological definition; others frequently are used. In the cultural context, the age set by a given society for the rites of transition to adulthood could be perceived as marking the end of adolescence. In the United States of the 1970's that age, for the most part, is set at 18. In general, we apply no rigid age limits. We think of the period of 12 to 15 years as early adolescence and 15 to 18 years as middle adolescence. The period of 18 to 22 years might possibly be considered late adolescence. This statement is directed predominantly to early and middle adolescence.

Two other definitions of adolescence should be mentioned. "Sociologically, adolescence is the transition period from dependent childhood to self-sufficient adulthood. Psychologically, it is a 'marginal situation' in which new adjustment have to be made, namely those that distinguish child behavior from adult behavior in a given society."[1] We do not adhere to either of the two.

Our view of adolescence is eclectic, psychosocial, and goes beyond current existing theories. Central to our concept is this: We do not see adolescence exclusively as a stage that human beings pass through, but rather as a segment of continuing human development. We reject the common conception that adolescence is solely preparation for adulthood, except in the sense that everything in life can be considered to be preparation for what follows. We believe adolescents are persons with specific qualities and characteristics who have a participatory and responsible role to play, tasks to perform, skills to develop at that particular time of life. The degree or extent to which an adolescent experiences such responsible participation will determine and maximize his human development.

## CULTURAL CONTEXT

Since we are talking about adolescent youth in the cultural context of the United States, it seems important to set out a few specific attributes of that culture which we consider particularly relevant to this statement. The list obviously is not intended to be exhaustive.

### Pluralism

Perhaps the word that best characterizes the United States is "variety." Its people fit no common mold. They reflect a broad mix of racial, national, religious, cultural, and socio-economic backgrounds. Their life styles and interests are diverse. They hold various views on what constitutes the "good life."

### Acceptance of Difference

Since ours is a heterogeneous society we must be accepting of difference, or at least work toward that goal. We embrace egalitarianism as an ideal. We reject all forms of discrimination, again ideally. The general development of an increasing

capacity on the part of each person to respect others and to be respected is seen as a necessary trend.

## Participatory Democracy

Inherent in the representative democratic form of government under which we live is the responsibility of citizens to participate. Every citizen possesses limited political power. Organized groups have greater power. To make democracy work, citizens should be reasonably well informed and be persons of good will—that is, concerned with the common good as well as with the individual, and acting on their concern. Those are not qualities people are born with; they are developed as part of the socialization process.

## Human Rights

Ideologically, ours is an open, free society based on the proposition that the purpose of government is to advance and protect basic human rights. Those rights are presumed to be inalienable—that is, natural, irrevocable, and nontransferable. Society is obligated to create the conditions under which human rights can be secure. Among those that we believe lie closest to the healthy development of youth are:

- the right of the individual to be himself, to think his own thoughts and to speak them, consistent with the rights of others;

- the right to grow and to develop his abilities to their full potential;

- the right to air his grievances and to seek redress;

- the right to make mistakes without unreasonable punishment;

- the right to justice.

What course society will take in the 1970's with respect to supporting the basic rights of individuals and groups remains to be seen. We assume the direction will be positive.

## Human Responsibilities

The enjoyment of rights carries with it the obligation to take responsibility. In our society, concern for one another with alertness toward handicap-producing circumstances is a basic human responsibility. Informed decision making is also a basic responsibility, since roles and opinions are not authoritatively prescribed.

## Change

Attitudes toward change come in all colors of the rainbow. Some people embrace any change simply for the sake of change. Others fight it persistently. Technological change or change in the material sense seems to be generally more acceptable than change in terms of social values, beliefs, morals, ethics, and life styles.

We assume change in all social domains will continue to be an important element in our culture, though at times its direction may be pendular. Significant changes in the world of work can be anticipated. Institutional change will perhaps continue to be gradual, incremental, and disjointed.

**Competition and Upward Mobility**

Emphasis on job advancement and increasing earnings seems to be a durable aspect of our culture. Young men and women entering the labor force may have even higher economic and social expectations than those of a generation ago; they may also be more militant in seeking middle class income and status.[2] The 1971 White House Conference on Youth report, on the other hand, said college age youth give top priority to finding work that addresses critical social problems rather than to jobs that offer the most money and security.

The key consideration here is the social structural availability of choices.

**Economy**

Trends to note are (1) the widening gap between the economically well off and the poor-that is, the maldistribution of income and material goods; (2) the increasing concentration of economic power and the growing powerlessness to influence the economy's direction through the economic system; (3) the accumulating evidence that impact on or participation in economic growth, development, and consequences is achieved increasingly by political means.

**Urbanization**

Ours is predominantly a complex, organization prone, urban society. Formally organized groups and voluntary associations, focused on a great variety of causes and interests, abound. They create a bewildering maze, but they also provide a means of socialization and constructive activity. Along with increasing urbanization we see a rather unrealistic romanticization of rural living and an enormous nostalgia for the rural environment.

**Communication**

The media have enlarged greatly the vision of "the good life" and, because of their persuasive power; have added an increasing burden on the human capacity to distinguish propaganda from facts. Their influence is global, ranging from economics to politics to "heroes" to music to modes of dress. The control of content and style seems to be narrowly constructed. The viewing-listening-reading audience, for example, receives the same selection of national and international news in the same style, though there are some exceptions, of course. The pervasiveness and immediacy of modern communication can turn eccentricities into fads, incidents into movements. The notion of a "generation gap," for instance, has been accentuated by the pronounced attention it has received. That youth are affected in many ways by the media goes without saying.

## VIEW OF MAN UNDERLYING THIS STATEMENT

"Every man is in certain respects

a) like all other men,

b) like some other men,

c) like no other man."[3]

That is to say: All human beings have qualities in common that make them human. The biological endowments of human beings, the physical environment in which they live, and the societies and cultures in which they develop, have some common features. Members of subgroups have additional qualities in common. Similarities exist, for example, among people in a certain socio-cultural group, among professional groups, among people belonging to the same economic stratum. But no one person is exactly like another. Each individual inherits a unique combination of biological characteristics. His environment is made up of a unique combination of factors. From birth onward he is shaped by countless, successive actions between his developing self and his environment. A given sequence of critically determining situations is never duplicated. Hence every man is in certain respects like no other man. It is important that the marvel of infinite variation among human beings never be forgotten. No general view of man fits any single individual.

Man is a holistic being. One may emphasize the physical, mental, emotional, and spiritual components of his makeup, but these components are not discrete. The whole is the synthesis of the parts.

Man is a social being. He is a product of the interplay of the environment and the individual—not exclusively of one or the other. Neither is supreme. Gesell left too much up to a random "magical" unfolding, while Skinner goes too far in the other direction by assuming an empty box, the old idea of man born as a "tabula rasa". Healthy growth occurs through appropriate interaction between man and the environment.

Man has a range of choices, but his choices are not unlimited. Total free will is an impossibility. Particular people, by virtue of their membership in a given population group or subgroup, have a broader or narrower range of choices in specific domains. At different times they have different choices.

Man is a developmental being, moving toward self-realization. Every person wants to be significant. The developmental process is never-ending. In it we see the totality of human life. No developmental stage is static. Each stage is related to other stages and builds toward other stages. Each stage is seen as having its own significant aspect. Each is characterized by stresses and exhilarations. The degree of stress and exhilaration in adolescence is enormous because of the great number of new experiences encountered in adolescence. The attainment of sexual maturity and the upsurge of tremendous physical and intellectual capacity are examples.

Man influences and is influenced by a variety of complex systems and subsystems. He acts and is acted upon. Throughout his life he has the capacity to grow, to change, to modify his behavior in accordance with his values. Value formation within the individual is a continuing process, partly emotional, partly intellectual. It is born out of interaction between the individual and the systems that touch him.

### VIEW OF ADOLESCENCE UNDERLYING THIS STATEMENT

The concept of adolescence emerges as part of the view of man. Historically it is a comparatively new concept. Our own view of adolescence, while it embodies some features of those theories, comprehends our experience in working with youth and our reflective thinking upon those experiences.

Once more we emphasize that we do not see adolescence purely as preparation for adulthood. Rather we see it as one part of the total developmental process—a period of tremendous significance distinguished by specific characteristics. *Basic to our view is the concept that adolescents are growing, developing persons in a particular age group—not pre-adults, pre-parents, or pre-workers, but human beings participating in the activities of the world around them.* In brief, we see adolescence not only as a passage to somewhere but also as an important stage in itself.

In setting down what we consider to be the significant characteristics or key concepts of adolescence, we call attention again to the fact that they will not apply in total to any person, group, or subgroup. Circumstances and timing, combined with individual differences, make for an infinite variety of behavior patterns, interactions, and outcomes.

### Key Concepts of Adolescence

*Experience of physical sexual maturity.* A phenomenon particular to adolescence that never occurs again in the life of the individual is the process of developing sexual maturation, different from the state of accomplished sexual maturation. Biologically this is a totally new experience. Its significance is due partly to its pervasiveness and partly to the societal expectations surrounding it. It creates in adolescents a great wonderment about themselves and the feeling of having something in common with all human beings. It influences their whole relationship to each other, whether male or female. Entering this part of maturity also stimulates them to newly assess the world. Indicative of the importance attached universally to maturation of the sex organs are the puberty rites and initiation rituals that mark the transition from childhood to adulthood in many cultures, including present day USA.

*Experience of withdrawal of and from adult benevolent protection.* Along with biological maturity attained in adolescence come varying degrees of withdrawal of and from the protection generally given to dependent children by parents or substitutes. We know that some young people were never protected, even as children, but we assume a modicum of protection as a healthy base. Whatever the degree of previous protection, the adolescent is moving out from the family toward interdepen-

dence (not independence, but interdependence) in three areas: (1) with his peers, his own generation; (2) with his elders, but now on an interacting or a rebellious level instead of a dependent level (adults often increase their attempt to control and direct adolescents, which tends to promote active rebellion); and (3) with younger children, not on a play level but on a beginning-to-care-for-and nurture level. This process of moving away from dependency creates tension and emotional conflicts.

*Consciousness of self in interaction.* The development of self and the searching for self starts in childhood, but the intellectual as well as the emotional consciousness of self in interaction with others is particularly characteristic of adolescence. It is a time when personal meaning is given to new social experiences. The young person defines for himself what he is experiencing in his relationships with others. His "meaning" may be different from that of those with whom he is interacting, but so long as it makes sense to him he can grow and move forward. The kind of categories he used as a child to figure out the world begin to break down. What may have been clear and explicable may suddenly become inexplicable.

*Re-evaluation of values.* Though the formation of values is a lifelong developmental process, it peaks in adolescence. It is related to both thinking and feeling, and is influenced by human interaction. In our culture where young people are likely to be exposed to a variety of contradictory values, questioning begins even in childhood. The adolescent engages in re-evaluation of values that have been either accepted at an earlier age or simply rejected because of individual resistance. He moves beyond simple perception (if I burn my hand it hurts) and sees things in a moral framework as "good" and "bad." He is consciously searching for value clarification. He becomes a moral philosopher concerned with "shoulds" and "oughts." Given the inconsistency of a society whose institutions frequently do not follow the general intent of the ideological system, value confrontations are inevitable. The young, because of the intensity of their total being, tend to be uncompromising. They may opt clearly for a thoroughly egalitarian value system, or they may give up and become cynics. The wish of each generation to start over again is not new. What is new in our time, however, is the intensity and the worldwide drive to translate this wish into reality.

Again, the younger child is constantly developing mastery of the outer world, but the adolescent encounters his untold with a new intellectual and emotional consciousness. He meets his world less as an observer and more as a participator who actually has a place to fill.

*Experimentation.* The young are possessed of greater physical, mental, and emotional capacity and therefore of a great thirst to try out those capacities. Experimentation is writ large—as important as eating or sleeping. Human beings learn through experimentation from childhood on. The child explores, for instance, by touching, putting things into his mouth, etc. Adolescents need to experiment with wider circles of life—meet various kinds of people, see other cultures. They need to experiment with their own strength and value systems—lead a group, try out inti-

mate relationships, engage in some form of adventure. The experimentation neces-
sary to adolescents usually includes a feeling of risk. It is their way of learning about
their own and the surrounding reality.

This need is fraught with danger because adolescents are not as cautious as
adults, yet it must have some outlet. It can become a major form of positive healthy
development of the young.

**Qualities of Adolescence**

Linked inseparably with the major phenomena of adolescence outlined above
are a number of qualities or characteristics peculiar to this period; at least they are
present in heightened form. We look on them as healthy and normal, not as detri-
mental or negative. A few of the more significant ones are highlighted here.

The drive to experiment is coupled with a mixture of *audacity* and *insecurity*.
The audacity is related to not being experienced enough to envision the harmful
consequences of a given action; the insecurity is related to the uncertainty that ac-
companies inexperience and the lessening or withdrawal of protection.

A deep sense of *loneliness* and a high degree of *psychological vulnerability* are
two other specific qualities of adolescence. Every attempt at experimentation and
reaching out is new and very intense. If the outcome is negative it is exceedingly
painful because youth do not have a "bank" of positive experiences to draw from
when defeats occur. Adults can say, "Oh well, you'll get over it," but such remarks
annoy more than they comfort.

Enormous *mood swings* are usually cited as characteristic of adolescence.
Many factors contribute to the swings. Physiological changes are related to emo-
tional changes. Moving from dependence to interdependence creates a whole
series of tensions and conflicts. The impact of peers is magnified. Ambivalence
is common. The yearning to jump into the next stage of development co-exists
with the desire to have things stay as they are. The feeling of omnipotence tan-
goes with the feeling of helplessness and inadequacy. The cocksure conviction
that "it won't happen to me" plays hide and seek with the fear that it will. Being
expected to act like an adult one minute and being treated like a child the next
is experienced as confusing. How can one be too young to do almost everything
one wants to do, and adult enough to behave as "they" think one should? Seeing
parents as mere humans with frailties can be terrifying after having depended on
them as all-wise.

Adolescents have a strong *peer group need*. They stress cooperation with that
segment of the group with which they identify. The sub-groups they form are of-
ten very tightly knit. To gain group acceptance the individual seems to relegate his
personal competitive drives to second place, at least temporarily. The emphasis is
on cooperation, whether the goal is positive or negative—manning a hotline emer-
gency service, for example, or "ripping off" a certain store.

Finally, adolescents need to be *argumentative* and *emotional* since they are in the

process of trying out their own changing values and their own relationships with the outer world.

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*Summarizing* the attributes of adolescence into *one* concept is difficult and may be an oversimplification. Erik Erikson gave us the concept of the age of identity-seeking; therefore his stress on provision of a moratorium as condition for healthy development.

I (Konopka) prefer to think of adolescence as the AGE OF COMMITMENT. It is the move into the *true interdependence of men*. The struggle between dependency and independence—so often described in the literature—is an expression of this entrance into interdependence.

Commitment includes the search for oneself, as Erikson stressed, but it also points toward the emotional, intellectual, and sometimes physical reach for other people as well as ideas, ideologies, causes, work choices.

This move toward *commitment* is so serious and so significant that providing healthy conditions to let it unfold becomes just as crucial for human development as providing healthy conditions for growth in early childhood. It elevates adolescence from a stage frequently regarded as one that must be endured and passed through as rapidly as possible to a stage of earnest and significant human development.

## Conditions for Healthy Development of Youth

Looking back now on our view of man and adolescence in the cultural context of the United States in the 1970's, we begin to see clusters or constellations of associated imperatives, skills, and tasks that—taken together—create a climate conducive to healthy development of youth.

A pluralistic society with egalitarianism as an ideal demands participation of people. Therefore it is quite clear that creation of conditions that facilitate healthy adolescent development begins with the encouragement of equal and responsible participation by youth in the family or other societal units.

Because we are living in a complex society, *choice-making* becomes increasingly important. It cannot be based on instinct. Therefore youth must develop the capacity to make decisions in many areas: school interests, work interests, use of discretionary time, the kind of friends they want to cultivate, and so on. Practical learning opportunities are essential.

As the protections normally associated with childhood are withdrawn and adolescents move toward wider interdependence, particularly with their peers, they need to have a sense of *belonging* to their own age groups and to adults as well. They need to find ways to interact with peers—both male and female. They need to acquire the skills to handle their sex drives, to develop and maintain friendship, to experience intimacy. They may choose to join a youth organization or a gang, take

up a "cause," concentrate on dancing or listening to records in a group, or adopt some other activity—and they should have the opportunity to do so.

Because of the conflicting values adolescents encounter in a rapidly changing world, they should have the opportunity to thrash out their reactions, consider the pluses and minuses, and try to determine where they themselves stand so that they will be better able to deal with ideas of all shades—including demagoguery. Those working and living with youth can foster healthy value formation by *encouraging open discussion* and refraining from trying to superimpose their values upon them.

Although "Who am I?" is a question that recurs throughout life, the search for identity becomes more conscious and highly emotional during adolescence. Therefore the young need a *chance to reflect on self* in relation to others (some use their peers as mirrors) and to test self in a variety of settings. The process is a healthy one so long as it does not consist entirely of looking inward.

In recent years people in the helping professions, and laymen as well, seem to have become engrossed in a very individualistic approach to healthy psychological development. Value clarification is discussed in terms of one person examining his own values; participants in therapy groups delve endlessly into themselves; books on self-analysis keep rolling off the presses. While we believe it is a condition of growth to be able to discover who one is, we also believe that inordinate preoccupation with self in the search for identity can become very unhealthy. Hence we emphasize the importance of looking outward as well as inward.

Since experimentation is essential to learning, adolescents should have the opportunity to discover their own strengths and weaknesses in a host of different situations, to experience success and also learn how to cope with adversity and defeat. These skills are usually acquired through active participation. Therefore *adolescents should have a genuine chance to participate as citizens, as members of a household, as workers—in general, as responsible members of society*.

Experimentation involves risks. With audacious but inexperienced youth doing the experimenting, the risks are magnified. If experimentation is essential to learning, as we have said, then it can be argued that adolescence should be a period in which youth can experiment without suffering disastrous consequences when they fail or make mistakes; in other words, that the means for a psychosocial moratorium should be provided. It can also be argued that learning and growth will not occur unless youth are held responsible for their actions and that participatory activity without such responsibility becomes tokenism.

Our view is that some allowance for experimentation is important for healthy development, but that the "moratorium" should not be total. Adolescents should be *allowed to experiment with their own identity, with relationships to other people, and with ideas, without having to commit themselves irrevocably*. They should be able to try out various roles without being obligated to pursue a given course—in school or in the world of work, for example. They should also have the opportunity to practice with limited hurt if they fail, because while their inexperience does not make them

inferior to adults, it does make them different. On the other hand, youth should understand that genuine *participation* and genuine *responsibility go hand in hand*; that a basic tenet of our social system is: for every right or set of rights there is a corresponding responsibility or set of responsibilities. To illustrate: young or old, a bona fide voting member of a governing board or some other decision-making body is responsible for his vote. Also we believe that youth should be helped to develop a feeling of *accountability* for the impact they have on other human beings—accountability not in a hierarchic sense, but *in the context of a relationship among equals*.

Finally, a climate that facilitates healthy development should provide opportunities to cultivate the capacity to enjoy life, to be creative, to be frivolous, to do things on one's own, and to learn to interact with all kinds of people—people of different races, different interests, different life styles, different economic and cultural backgrounds, and different ages.

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To recapitulate, conditions for healthy development should provide young people with opportunities:

- to participate as citizens, as members of a household, as workers, as responsible members of society;

- to gain experience in decision making; to interact with peers and acquire a sense of belonging;

- to reflect on self in relation to others and to discover self by looking outward as well as inward;

- to discuss conflicting values and formulate their own value system;

- to experiment with their own identity, with relationships to other people, with ideas; to try out various roles without having to commit themselves irrevocably;

- to develop a feeling of accountability in the context of a relationship among equals;

- to cultivate a capacity to enjoy life.

Given these conditions, adolescents will be enabled to gain experience in forming relationships and making meaningful commitments. They are not expected by the adult world to make final lifelong commitments; the expectation is related to their own need for interdependence and humanity's need for their commitment to others without losing themselves.

### OBSTACLES TO PROGRESS OF NORMAL DEVELOPMENT

Having looked at some of the conditions that facilitate healthy development,

we now look at the other side of the coin: obstacles to the progress of normal development. Both the presence of unfavorable factors and the absence of favorable factors constitute obstacles.

The factors selected for discussion here are closely related to the key concepts and qualities of adolescence described earlier. Those that impede normal development of all human beings—such as *lack of nutrition, inadequate housing, poverty in general, racial discrimination—are exceedingly important and are acknowledged here as basic*. In addition, we wish to underline the following specific obstacles to healthy development of adolescent youth.

## Violation of Adolescents' Self-Respect by Adult World

Violation of self-respect is detrimental to all human beings. In adolescence, because of increasing self-consciousness and interdependence with peers, anything that violates self-respect—such as racial discrimination, or being disregarded as a significant human being, or being labeled a failure—is taken with special hurt. It may result in withdrawal, complete destruction of self, mental illness, drug abuse, or enormous hostility. The adolescent sees many inconsistencies in the adult world which were less definable in childhood. He often perceives simple criticism as a demeaning "put-down." To ignore or to laugh off his hurt and frustration is to violate his self-respect in a very real way.

## Society's View of Adolescence as Preparatory

The prevailing cultural view that adolescence is only a time of preparation for adulthood is harmful because it places youth in an ambivalent situation where they are neither children nor adults. It causes expectations to be extremely confused: in one instance "You're too old to behave like that;" in another "You're still a child you know." The very rhetoric that adolescence is transition may be an obstacle in itself.

## Prolonged Economic Dependence of Youth

Youth's bursting energy, thirst for adventure and yearning for a productive role in society make it difficult for some to accept prolonged economic dependence. School dropouts especially in the middle class economic bracket often are motivated by wanting to make it on their own. A sense of violation of self-respect, inflicted by school or community, contributes to dropouts at all economic levels, perhaps more so at the lower level. While modern technology has increased the need for the more extensive knowledge and training that long schooling makes possible, educational requirements for many jobs are "standard" rather than job-related. They should be less rigid.

## Limited Outlet for Experimentation by Youth

Urbanization and population density diminish possibilities for experimentation. Though mobility increases at adolescence, space and places to go are lim-

ited. Opportunities for part-time work experience are limited by the inability or unwillingness of business and industry to accept large numbers of young people into their operations and by the desire of labor organizations to lock up jobs and entrance to jobs.

Mistrust is another basis for many restrictions on experimentation. Some restrictions are warranted on the grounds of reasonable protection, but others—such as some youth-serving organizations now allowing 16- and 17-year-olds to go on hikes without an adult present—are exaggerated.

### Popular Acceptance of the Generation Gap Concept

In recent years the concept of a generation gap has been widely accepted as inevitable—a notion reinforced by the media. Worse, the so-called gap has been acted out as hostility by both adults and young people, each placing the other in the role of adversary. This state of affairs is an obstacle to the healthy development of adults as well as youth since they are interdependent.

### Influences that Encourage Adolescent Egocentricity

An outcome of increased personal alienation and separation from responsibilities and participation has laden the problem of adolescent egocentricity. The lack of effective interpersonal competencies, both within the teenage generation and across teenage and adult generations, escalates the tendency toward a narrow individualism. The relativism inherent in the fad to "do your own thing" too often leads to further withdrawal and separation. Such experience can act as an effective negative barrier by preventing the development of needed interpersonal competency.

### Lack of Opportunity for Moral Development

It is important to note that many adolescents stabilize their value system at levels well below universal values of social justice. Society's failure to provide for significant experience and careful examination/reflection of that experience for most teenagers literally stunts their moral development. Simple precepts are no more acceptable. Critical to our statement is the finding that there is almost no increase in the level of moral maturity beyond that reached during adolescence. Clearly according to Kohlberg[4] and Konopka[5] the time to stimulate maximal psychological and moral maturity is during this stage.

### Society's Confusion about Sex

A conspiracy of silence shout sex or banal exchange on the level of advertising clichés are still characteristic of the wider society. Such practice prevents young people from clarifying their own attitudes about one of the most forceful drives at this age. It pushes them into clandestine experimentations that often frighten or demean them. Such ignorance has helped to increase the incidence of venereal disease in young people.

### Society's Belief that Family is the Only Place for Youth

For certain young people the fact that the traditional family (father, mother, children) is considered the only unit conducive to healthy growth, with no alternatives, is damaging. With no legitimate substitute available they are forced into runaway episodes, hiding, drugs.

### Dominance of Youth Organizations by Adults

Organizations are instruments of our society. Causes are fought and won by organizations. Yet when the young organize they are seldom permitted to run their own show. Adult needs often supersede the healthy development of youth. Adult leaders of youth organizations tend to view teenagers as minds to be molded and shaped as if they were young children. Governing boards are dominated by adults who make policy, "know what is best." Adult "advisers" engineer subtle (and sometimes not so subtle) roadblocks to action. Formal organizations which presumably exist to serve youth become top heavy bureaucracies impervious to the suggestions youth offer. Such tactics prevent youth from gaining experience as genuinely functioning citizens and breed cynicism.

### Denial of Equal Participation to Youth

In almost every aspect of society—family, school, civic organizations, political groups, social and religious groups—youth are usually not permitted equal participation. They may not even be allowed free passage into the organizations. This denial is inconsistent with the notion that people learn and develop by doing.

### Uneven Laws Pertaining to Youth

Laws pertaining to youth vary from state to state. Some are outmoded; some are ambiguous; all are variably administered. For those youngsters who run into legal difficulties the obstacles to healthy development are multiplied tenfold. If the offenders are institutionalized they are cut off from normal interaction with their associates and their development is stunted—contrary to the philosophy of the juvenile court which was established so that young persons could be protected and rehabilitated instead of being punished. "Juvenile status offenses" (truancy, chronic absenting, and incorrigibility for example) are offenses only if committed by the young. Teenagers are punished for behavior often necessary at that age. Laws making it impossible for young people to get medical care without parental consent are obstacles to physical health and to mental and emotional health as well.

## RECOMMENDATIONS

Several considerations influenced our approach to recommendations concerning the kind of programs and research endeavors we believe would facilitate the healthy development of adolescent youth.

The fact that this statement is addressed to a governmental agency led us to direct our suggestions primarily toward action that could be instituted by government.

We do not adhere to the simplistic view that by government action alone or by individual action alone will healthy development of youth be assured. At best it can only be facilitated and that pursuit will require the best efforts of both worlds—public and private.

It is understood that the fulfillment of basic needs is the foundation on which facilitation of any kind of human development rests. This statement is concerned for the most part with the psychosocial aspects of healthy development. Our recommendations are directly related to our previously stated view of adolescence taken as a whole.

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Two approaches to recommendations were considered: (1) giving attention individually to each system in which adolescents live and move—educational, family, work, discretionary time, correctional, and governmental; (2) looking at the total picture and thinking in terms of remedial or rectifying programs and research efforts. The second approach was agreed upon, chiefly because each system is so closely related to other systems that any program, to be effective, necessarily would have to involve more than one system. The pivotal position of the educational system should be specially noted. In the life of adolescent youth the schools are of critical importance. Unless they are supportive of programs aimed at reform in other areas, those programs are likely to fall short.

We begin with some general observations that apply to all systems.

**Priority Concerns Related to All Systems Serving Youth**

We assign top priority to actuating a major effort to educate adults who work with youth about conditions that facilitate health, development, and how such conditions can be created. Envisioned is an interdisciplinary focus on youth in formal and informal educational programs designed to improve the skills, insight, and understanding of persons involved with youth—teachers, parents, counselors, social workers, recreation directors, correction officers, health professionals, and other youth-serving personnel.

We also urge greater emphasis on the education of youth (1) to improve their competency and self-confidence in using the resources and power to which they have access and (2) to develop in each individual the strength or courage to cope with the system as it affects him.

Changes in structure and program are recommended whenever required to facilitate significant input by youth. Experience with federal programs, such as Models Cities, Housing, and Community Action could provide direction. In the educational system, for example, consideration might be given to student membership on the school board or key committees, or the development by students of student rights

statements, or the legitimization of organizations run by youth for youth. This is not, however, to suggest the development of a professional group of adolescents who are presumed to speak for the adolescent community. Adolescents, like any other population group, are not all of one mind.

## Criteria for Programs and Systems Serving Youth

The effectiveness of programs and systems serving youth can be judged by the opportunities they offer youth and the credibility they enjoy. We believe those which merit support are distinguished by:

- Provision of opportunity for youth to have experience in (1) making choices; (2) making commitments; (3) experimenting with a variety of roles to "try out" the choices and commitments they make.

- Credibility: validity of the program in the eyes of those served.

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Unless real options are available, choice-making becomes an empty phrase. Pseudo decision-making does not promote developing commitment. Therefore, intervention logically should be focused on the removal of limiting factors.

Carrying this line of reasoning further, law should be used to support healthy development rather than as it is now, presumably to, curb socially disapproved behavior (often including behavior that actually has become more common.)[6] The formulation and use of policy should be guided by the same principle.

## Greatest Urgency

It can always be said (and all too often is) that progress on this or that front cannot be made until such and such changes are made on some other front. While we are well aware of the complex interrelationships that make remedial action difficult, we believe an intensive national effort must be made to rectify conditions in areas where youth are being most cruelly battered and mangled.

1. We have singled out the correctional system as the greatest offender because it is the one in which youth are most powerless once they enter it. A total and concerted effort should be made to:

    a)  Close mass juvenile institutions;

    b)  Develop substitute living situations for young people who cannot live at home;

    c)  Provide access of juveniles to legal aid.

2. We suggest support of programs to make education (formal and infor-

mal) a base for healthy growth instead of humiliation and frustration. We recommend:

a) Creation of options and alternatives within and outside of existing school systems. The deliberate promotion of pluralistic learning environments staffed by adults from a variety of backgrounds would provide for greater learning experience and participation by a larger segment of teenagers. These options would include the development of adolescents as teachers and counselors—staff participants—in schools. Prior in-service (or other) education of participating teachers would be essential.

b) Provision of experiential education for young people through community participation.

c) With priority given to programs which educate teachers and other youth workers to genuinely respect and work effectively with adolescents from various backgrounds.

d) Our final suggestion is the creation of significant employment opportunities for youth. Our concern here is for underemployed and unemployed youth in need of meaningful job opportunities as well as educational and vocational counseling.

3. We have refrained from making detailed proposals for programs because that must be done by the people who will carry them out.

*We suggest that the Office of Child Development convene a small conference to develop priorities and exchange ideas for additional projects.*

**Research and Data Gathering**

Support should be given to research focused on barriers to opportunities for choice-making, experiencing commitments, and experimenting with many different social roles; that is, barriers to accomplishing that which we said all program changes should be designed to accomplish. We also believe:

• The combined efforts of youth and adults should be employed in research.

• Youth-initiated projects should receive serious consideration and youth should be encouraged to come forward with ideas for investigation.

• In projects undertaken, youth should provide documentation and monitor all processes, rules, norms, and points of contact with youth organizations.

• Particular attention should be given to field research studies instead of basic laboratory research; that is to examination of programs in natural environments.

- Data on youth should be feathered uniformly throughout the United States and reported periodically for each state. Findings should be analyzed and implications for national trends primed out.

- It is noted that at present no major office of the federal government carries a title with specific reference to adolescence or youth. It is highly recommended that such a reference be carried in the title of a governmental office responsible for coordinating, and facilitating research and experimental programs concerned with youth development.

- The Children's Bureau by tradition has carried this responsibility, but its major focus has been on the development of the young child. It has done superbly in improving health and emotional conditions for small children.

Yet too little attention in either research or experimental efforts has been given to youth. Youth in poverty (often of minority status) suffer not only from childhood deficiencies but carry the additional burden of adult hostility directed toward them. Furthermore all their adolescent needs are thwarted in the extreme: no hope for social or geographic mobility, no opportunity for legitimate adventure, no possibility for accepted social involvement. Middle class youth also often feel so alienated that their hostility mounts and is vented on other groups of youth the adult world or things.

As a country, we know little in hard facts of the aspirations, hopes, and wishes of all our youth. The experience of other countries has shown that an office for youth affairs in the central government can perform a valuable function without becoming dictatorial. Use of the term "adolescence" or "youth" in the title of the office would call attention to the importance of promoting the healthy development of persons in that age group. (The Center for Youth Development and Research at the University of Minnesota may present a working model for such a governmental organization.)

### EPILOGUE

"How can I establish a figure, even the crudest outline, if I don't know what I'm doing?…What do I know of the causes? The vital structure of a man that lies beneath the surface and that my eye can't see? How can I know what creates from within, the shapes I see from without?"[7]

Those are always the questions artists, scientists, educators, and finally all people must ask. They ask them all their lives, but especially in adolescence. The preceding statement raises the questions of deeper understanding of one age group related to our present day culture. It is set within the value system of a democratic society with all its possible advantages and its desperate search for realization.

It is my conviction that each life period has its sorrows and exhilarations for the individual who experiences them as well as for those surrounding him and that each period has its significance for the continuous development of the human race. Youth is neither golden nor rotten. It has the potential of all human ex-

perience. Only the adult generation is still partially responsible for helping youth to be healthy, sturdy, and able to cope with its own problems and also with the problems of the total society. And all human beings have a responsibility neither to demean others nor to hinder others from developing. Observation alone is never sufficient. It leaves the door open to negative forces sweeping over us. We must take the initiative first, to eliminate the destructive forces impinging on our youth and second, to strengthen those forces that will enhance their health and thus the fate of all of us. The world may never be perfect, but much can be done!

**Notes**
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(2) Kristol, I., (Feb. 1973). Job satisfaction: Daydream of alienation? *AFL-CIO Federationist.*

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(5) Konopka, G. (1973). Formation of values in the developing person. *American Journal of Orthopsychoiatry, 13*(1).

(6) The population of delinquency institutions for girls consist in the majority of girls whose "crime" is involvement in sexual experimentation.

(7) Stone, I. (1959). *The passionate journey* (p. 187). New York: Doubleday and Co.

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# TOWARD A PSYCHOLOGY OF POSITIVE YOUTH DEVELOPMENT

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*This article analyzes the development of initiative as an exemplar of one of
many learning experiences that should be studied as part of positive youth
development. The capacity for initiative is essential for adults in our society
and will become more important in the 21st century, yet adolescents have few
opportunities to learn it. Their typical experiences during schoolwork and un-
structured leisure do not reflect conditions for learning initiative. The context
best suited to the development of initiative appears to be that of structured
voluntary activities, such as sports, arts, and participation in organizations, in
which youths experience the rare combination of intrinsic motivation in com-
bination with deep attention. An incomplete body of outcome research suggests
that such activities are associated with positive development, but the develop-
mental processes involved are only beginning to be understood. One promising
approach has recorded language use and has found that adolescents participat-
ing in effective organizations acquire a new operating language that appears to
correspond to the development of initiative.*

It cannot be said, as for other domains of psychology, that developmental psy-
chology has neglected the positive. Development, after all, is a process of growth
and increasing competence. In the important subdomain of social and emotional
development, however, we are often more articulate about how things go wrong
than how they go right. We have a burgeoning field of developmental psychopa-
thology but have a more diffuse body of research on the pathways whereby children
and adolescents become motivated, directed, socially competent, compassionate,
and psychologically vigorous adults. Corresponding to that, we have numerous re-
search-based programs for youth aimed at curbing drug use, violence, suicide, teen
pregnancy, and other problem behaviors, but lack a rigorous applied psychology of
how to promote positive youth development.

The place for such a field is apparent to anyone who has had contact with a
cross section of American adolescents. In such a group, one encounters a surprising
number of youth who appear to be bored, unmotivated, and unexcited about their
lives. This malaise was brought home to me when we obtained a random sam-
pling of self-reports on 16,000 moments in the daily experience of a representa-

tive sample of White, working- and middle-class young adolescents—a group that seemingly has everything going for them. These youth reported feeling bored for 27% (4,300!) of these random moments (Larson & Richards, 1991). Of course, individuals differed in these rates, but what was surprising was that honor students were as likely as those involved in delinquent activities to be among those reporting high rates of boredom, in many cases for more than 50% of the random moments. The litany of explanations for this boredom—"algebra sucks,""I'm always bored on Sunday,""there's nothing to do,""the Odyssey is boring"—reads like a script from Bart Simpson. They communicate an ennui of being trapped in the present, waiting for someone to prove to them that life is worth living.

High rates of boredom, alienation, and disconnection from meaningful challenge are not signs of psychopathology, at least not in most cases, but rather signs of a deficiency in positive development. The same might be said for many cases of problem behavior, such as drug use, premature sexual involvement, and minor delinquency—that they are more parsimoniously described, not as responses to family stress, emotional disturbance, or maladaptive cognitions, but rather to the absence of engagement in a positive life trajectory. Many youth do their schoolwork, comply with their parents, hang out with their friends, and get through the day, but are not invested in paths into the future that excite them or feel like they originate from within. A central question of youth development is how to get adolescents' fires lit, how to have them develop the complex of dispositions and skills needed to take charge of their lives. This calling is made particularly difficult by the absence of a well-developed body of relevant theory and research regarding these dispositions and skills.

In this article, I am going to focus on adolescents' development of *initiative*, which I see as a core quality of positive youth development in Western culture. The construct initiative is closely related to capacity for agency or for autonomous action that others have discussed (Brandtstadter, 1998; Deci, 1995; Ryan, 1993). It consists of the ability to be motivated from within to direct attention and effort toward a challenging goal. In addition to being an important quality in its own right, I believe that initiative is a core requirement for other components of positive development, such as creativity, leadership, altruism, and civic engagement.

How does initiative develop? After situating this question in a cultural context, in the first section, I argue that initiative must emerge at least partly from adolescents' daily experiences, from the sparks of excitement and absorption that occur in their ordinary lives. In the following section, I examine how adequately the dominant daily activities of adolescents—schoolwork and unstructured leisure—produce the requisite elements. I conclude, as the boredom findings suggest, that Western adolescent life does not provide abundant daily opportunities for the experience and development of initiative.

In the middle part of the article, my focus turns to youths' experiences in structured leisure activities, such as arts, sports, hobbies, and participation in organi-

zations. These activities account for only a small fraction of adolescents' time, but preliminary evidence suggests they are a context in which the elements of initiative often coalesce and an operating language of initiative develops. Readers may know that there is a loosely defined field of practice called *youth development* that is concerned with these types of activities and that *positive youth development* is currently a hot term in this field (Carnegie Council on Adolescent Development [Carnegie], 1992). But, regrettably, this field has evolved separately from developmental psychology (partly because we psychologists have had little to offer) and has not had a strong base of research and theory, especially regarding positive youth development (Brown,1988; Dubas & Snider, 1993; Oden, 1995; Roth, Brooks Gunn, Murray, & Foster, 1998). The final section of this article envisions a new domain of developmental knowledge that is integrated with this applied field and is aimed at facilitating positive development.

## INITIATIVE IN A WESTERN CULTURAL CONTEXT

Given the renewed ideology of enterprise capitalism in U.S. and Western society, the importance of initiative hardly needs selling. The economic, social, and political order of our society presupposes an individual who is capable of autonomous action. Furthermore, we are moving into a new millennium in which changes in the occupational, interpersonal, political, and moral realms will demand new reserves of adaptation and creativity. In the last 50 years, we have already seen the wage value of rote, repetitive, and manual labor fall, as much of this labor is replaced by machines, and daily behavior, it appears, is less shaped by shared normative habits and goals than in the past (Oettingen, 1997). In the emerging heterogeneous global society where job demands and basic life course and life-style decisions are not preconfigured, adolescents will need to acquire the motivation and skills to create order, meaning, and action out of a field of ill-structured choices. Individuals will need the capacity to exert cumulative effort over time to reinvent themselves, reshape their environments, and engage in other planful undertakings. A generation of bored and challenge-avoidant young adults is not going to be prepared to deal with the mounting complexity of life and take on the emerging challenges of the 21st century.

Yet although the capacity for initiative is a presupposition of adult membership in our society, it is by no means a guaranteed result of our childhood and adolescence. In fact, it has been argued that the route to becoming an autonomous, agentic adult in our culture is problematic. The anthropologist Ruth Benedict (1938) observed that many traditional societies provide a progressive set of steps that socialize youth into the roles and responsibilities of adulthood, whereas in Western society there is marked discontinuity between what we expect of children and what we expect of adults, especially with regard to initiative. Benedict pointed out that children in our society are treated as dependent and given few responsibilities, whereas adults are required to be independent and suddenly take charge of all parts

of their life—to a much greater degree than in other societies (cf. Sampson, 1988). In a similar vein, anthropologists Schlegel and Barry (1991) found that American and European adolescents carry less responsibility and are given fewer occasions to engage in consequential and planful action than are adolescents in most other societies of the world. They experience little societal support or scaffolding to practice and develop initiative. They have few experiences of "preparing, planning, executing, and assessing" an endeavor (Heath, 1999, p. 64). It is not surprising, then, that young adults in our society fail to carry through on a high rate of the intentions they set for themselves (Gollwitzer, 1999).

One way that initiative might be instigated would be if adolescents were "pulled" by appealing images of adulthood. They might then be motivated to set themselves on a course of action aimed at reaching adult goals. Except for sports heroes, however, adolescents have few models of adults they seek to emulate (Balswick & Ingoldsby, 1982; McCormack, 1984); the prospect of current adult careers-for example, becoming a systems analyst, marketing specialist, or health technician—is not likely to inspire initiative. Recent commentators have also noted that the path into adult occupations is opaque to young people. Many poor and minority youth have little contact with successful adult models (Wilson, 1996) and perceive the transition into middle-class adulthood to be blocked (Ogbu, 1991). Yet, even for advantaged middle-class American youth, the steps required to gain entrance to many occupations are opaque (Hamilton, 1994; Schneider & Stevenson, 1999). Whereas an optimistic vision of the future can be an important influence on adolescents' choices (Nurmi, 1991; Seligman, 1990), images of adult careers do not have enough magnetic pull, in and of themselves, to motivate most adolescents to begin taking control of their lives.

The development of initiative, I believe, needs to at least partly originate from adolescents' experiences in the present moment. Rather than just being pulled, it needs to be propelled. Especially given that the future is unstable (e.g., that many current occupations may not exist in 20 years), it is better if adolescents are motivated by the process of initiative, rather than by anticipated long-term rewards. For this to happen, adolescents need a series of experiences and opportunities, a la Benedict (1938), that build their development of this capacity.

What opportunities do youths have? In what contexts do Western adolescents experience elements of initiative in their daily lives? First, let me elucidate what I think these elements are. I see three elements as crucial. To begin with, initiative involves *intrinsic motivation*, the experience of wanting to be doing an activity and being invested in it. Agency entails the experience that one's thoughts and actions originate voluntarily from the self (Ryan, 1993; Ryan, Sheldon, Kasser, & Deci, 1996). But intrinsically motivated action in a vacuum, or the confines of a solipsistic, self-created, or delusional world does not constitute initiative.

The second requirement is that this intrinsic motivation be experienced in association with *concerted engagement in the environment*, with exertion of constructive

attention in a field of action involving the types of constraints, rules, challenge, and complexity that characterize external reality. In defining this second element, I draw on various constructs from Csikszentmihalyi (1978, 1993, 1996; Csikszentmihalyi & Larson, 1984). Attention means devotion of thought and effort. Constructive attention means that this thought and effort is not random but directed toward creating some form of order, synergy, or negentropy. And this order or negentropy must be definable within an objective universe, within a field of externally recognizable challenge and complexity.

The third requirement is that this motivation and concerted engagement occur over time. Initiative involves a *temporal arc* of effort directed toward a goal, an arc that might include setbacks, re-evaluations, and adjustment of strategies. It is the capacity to carry out what Brian Little (1983, 1998) describes as a "serial" or "personal project." Despite its root in *initiate*, initiative is not just starting things but sticking with them. To be an agentic adult, one needs to be able to mobilize one's attention, one's mental powers, on a deliberate course of action, without being deterred by the first obstacle one encounters. Initiative is the devotion of cumulative effort over time to achieve a goal.

For initiative to develop, I believe that all three of these elements need to come together. An individual needs to experience the three in consort and learn to regulate them. Adolescence may be a particularly valuable time for the development of initiative, because the acquisition of hypothetico-deductive or formal-operational reasoning facilitates the growth of metacognitive strategies for selfregulation of psychological states and action over time (Brandtstadter, 1998; Lerner & Busch-Rossnagel, 1981).

## Contexts of Adolescents' Daily Experience

Where do these elements of initiative occur in adolescents' lives? In what contexts might these three elements come together? My colleagues' and my research provides a broad view of the different experiential contexts that fill adolescents waking hours and includes data bearing on the first two elements of initiative.

One major block of adolescents' daily experience is schoolwork. Schools are institutions deliberately created by society to prepare youth for adulthood, so one might hope they would foster this important capacity. In the United States and Europe, schoolwork, including classwork and homework, accounts for an average of 25-30% of adolescents' waking hours (Larson & Verma, 1999). However, our data and that of many others indicate that this is a limited context for experiencing the elements of initiative.

The limits of the school context are evident in the psychological states adolescents report during schoolwork. In our research, we have had adolescents carry electronic pagers or alarm watches for one week and report on their activities and experiential states at random times when signaled by the pagers, following the procedures of the experience sampling method. We find that during classwork and

homework, adolescents experience high levels of concentration (Figure 1), as well as high challenge. To me, this is evidence (albeit incomplete) of the second element of initiative: that they are exerting effort in an environment of challenge and complexity. But although this element is present, the first element is not. During schoolwork, adolescents report low intrinsic motivation (Figure 1). They also report high rates of boredom, and, although they report high concentration, they report difficulty in concentrating. Research by others using the same methodology also finds this pattern of concentration without intrinsic motivation during schoolwork (Csikszentmihalyi, Rathunde, & Whalen, 1993; Leone & Richards, 1989; Carli, Delle Fave, & Massimini, 1988). This is a context of what Gibson and Rader (1979) called "other-directed attention." It is mental effort that is under the control of incentives and structuring provided by adults.



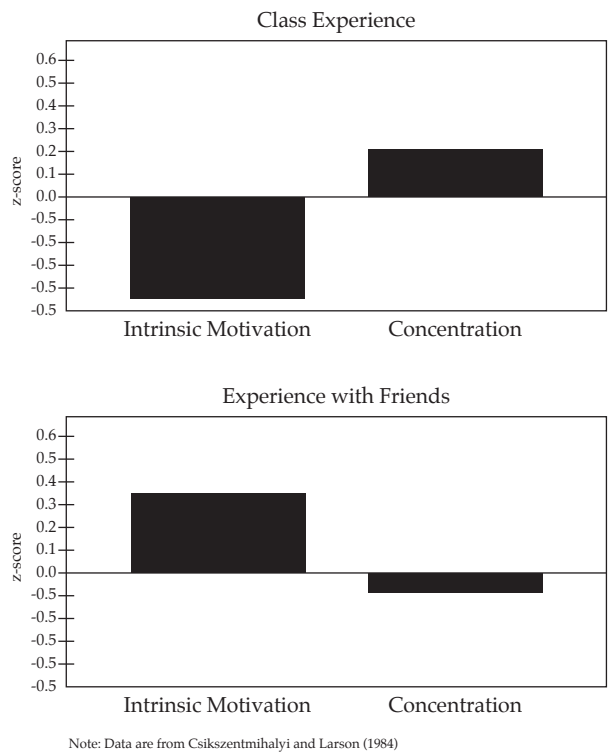Note: Data are from Csikszentmihalyi and Larson (1984)

Figure 1: High-School-Aged Adolescents' Average Ratings of Their Psychological States in Class and With Friends

This comparative absence of intrinsic motivation suggests that schoolwork is usually not a context conducive for the development of initiative. Indeed, the profile of experience just described appears to become less favorable as children advance into adolescence. We found that 15-year olds reported lower levels of concentration and intrinsic motivation during schoolwork than 10-year-olds, both on an absolute scale and in comparison with other domains of their daily experience (Larson, Ham, & Raffaelli, 1989; Larson & Kleiber, 1993b). Other studies confirm the reduction in intrinsic motivation between the elementary and junior high school grades (Eccles, Wigfield, & Schiefele, 1998) and provide behavioral evidence of reduced effort, showing a decline in school grades across this period (Eccles & Midgley, 1991; Simmons & Zhou, 1994). In observational research, Eccles and Midgley (1991) found that junior high classrooms provided fewer opportunities for student decision making than elementary schools. Although students are older and more capable of making decisions, the junior high school environment appears to provide fewer, not more, opportunities for the exercise of initiative.

My aim here is not to be critical of schools. There are many constraints on teachers, including large class sizes and an obligation to cover a broad ranging curriculum, that make it difficult to give students latitude to steer their own course. A number of researchers have suggested and demonstrated ways that schoolwork can be made to be intrinsically motivating (Anderman & Maehr, 1994; Csikszentmihalyi, 1993; Deci & Ryan, 1985). And there are parts of adolescents' schoolwork in which many do experience all three elements of initiative, for example, in doing independent research projects (Larson, 1985). But in the current reality, we need to look to other contexts of adolescents' lives to find consistent convergence of the elements of initiative.

Besides schoolwork, the other major block of adolescents' waking time is leisure. In the United States and Europe this discretionary activity accounts for a large expanse of time, 40-50% of waking hours during the school year and more during the summer (Larson & Verma, 1999). Because leisure is self-controlled, one might expect that it provides unique opportunities for the development of personal agency (Silbereisen, Noack, & Eyferth, 1986). One large segment of this time, however, is watching TV, accounting for 7-14% of the average adolescents' waking hours (Larson & Verma, 1999). Adolescents typically report high intrinsic motivation when watching TV, however, they do not report high concentration or challenge (Larson et al., 1989; Larson & Kubey, 1983), nor is it associated with effort over time. So it is hardly a context of initiative.

A large proportion of Western adolescents' leisure time is spent in activities with peers, mainly talking and hanging out. Might this be a context for the experience and development of initiative? Our data indicate that, on average, this context does yield some of the requisite features of objective experience. Adolescents report high intrinsic motivation (Figure 1), as well as ease of concentration. But they report low

concentration (Figure 1), as well as low challenge. In Dewey's (1913) terminology, this is "spontaneous attention," a type of engagement that children show in play. It is intrinsically motivated but does not involve concerted effort in a domain of challenge and complexity. Our data suggest that interactions with friends resemble positive feedback systems; ongoing feedback from friends is open, accepting, and uncritical, thus imposing limited reality constraints (Larson, 1983). Although there are certainly higher order challenges in negotiating peer relationships, most immediate interactions with friends do not appear to involve concerted engagement with challenge and complexity.

In conclusion, the great majority of adolescents' time is spent in two opposite experiential situations. In schoolwork, they experience concentration and challenge without being intrinsically motivated. In most leisure, including watching TV and interacting with friends, they experience intrinsic motivation but not in a context of concentration and challenge. Neither provides the combination of both of these elements necessary for the experience and development of initiative. There is, however, one small segment of adolescents' time that combines intrinsic motivation and concerted attention.

**Structured Voluntary Activities**

This one exception is a category we call structured voluntary activities, or youth activities for short. It includes activities that are organized by adults, such as extracurricular school activities and community youth activities, as well as structured activities that youth participate in on their own—such diverse things as hobbies, writing poetry, constructing a web site, or playing in a band with a group of friends. Our defining criteria for this category is activities that are voluntary (i.e., not required for school) and involve some structure, that is, where students' participation occurs within a system involving constraints, rules, and goals. Sports are the most frequent activity in this category, accounting for an average of 4-6 hours per week of U.S. adolescents' time (Csikszentmihalyi & Larson, 1984; Kirshnit, Ham, & Richards, 1989) and somewhat less in most European countries (Alsaker & Flammer, 1999). Other activities, including arts, music, hobbies, and participation in organizations, account for a total average of 1-2 hours per week, with variations across Western nations (Larson & Verma, 1999). These rates, it should be noted, do not include summertime, when structured voluntary camps, classes, and sports leagues fill a larger portion of time for adolescents from middle-class and affluent families.
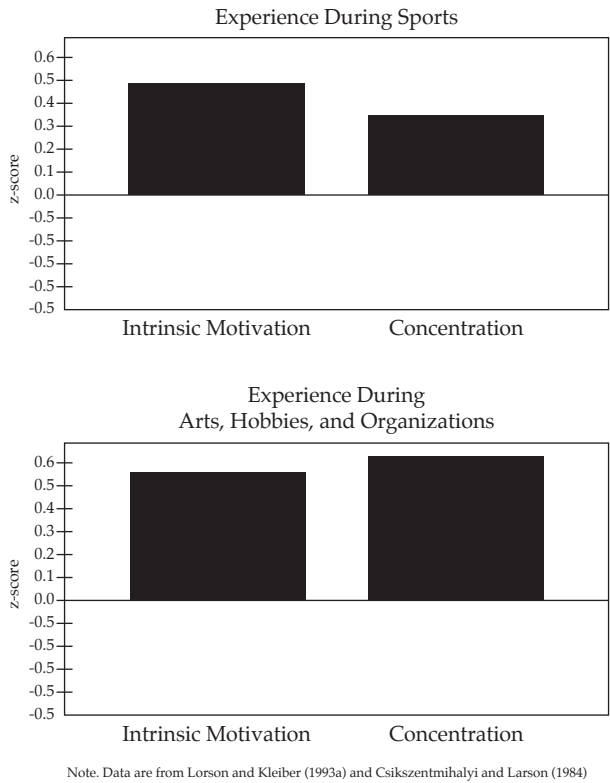
Figure 2: High-School-Aged Adolescents' Average Ratings of Their Psychological States During Structured Voluntary Activities

As Figure 2 shows, the immediate experience associated with these activities includes both high intrinsic motivation and concentration. We see this for sports and for arts, hobbies, and organizations. In both contexts, students also reported that concentration was easier than at other times and reported experiencing very high average challenge (Larson & Kleiber, 1993a). This conjoint pattern has been replicated in our study of urban African-American young adolescents (Richards & Larson, 1998) and in other studies of adolescents (Csikszentmihalyi et al., 1993; Larson & Kleiber, 1993a). This co-occurrence of motivation and attention, suggests what Dewey (1913) called "voluntary attention" and Gibson and Rader (1979) called "self generated attention": attention that adolescents themselves direct. In an interview about experiences during this type of activity, one 9th grader described feeling "real strong and in control, like I could do anything." Adolescents' subjective

involvement in these activities also resembles what Csikszentmihalyi (1975, 1990) calls *flow*; another 9th grader said, "You change, you forget everything around you."

This profile of experience, then, fits my first two criteria for initiative, intrinsic motivated effort in a context of complexity. Adolescents are highly motivated paying attention within a domain of challenges. We also found that the correlation between reported motivation and attention increased with age during these activities, which suggests that adolescents may be learning to coordinate these two elements (Larson et al., 1989). Indeed, in interviews, older adolescents reported exerting more control and self-regulation of these elements than did younger adolescents.

Our momentary sampling data do not provide direct substantiation of the third element of initiative: an arc of effort over time. But this arc is inherent in many of these activities. Many involve cumulative planning and action for the duration of a project or season (Heath, 1994; Larson & Kleiber, 1993b). They have the quality of Little's (1983) "personal projects," involving concerted effort over time toward an outcome.

A richer picture of this temporal arc of agentic action is provided by Rogoff, Baker-Sennett, Lacasa, and Goldsmith's (1995) observations on the experience of Girl Scouts engaged in a campaign to sell cookies. They observed that these girls, both singly and in small groups, developed plans for their sales that included rehearsal of their sales pitch and development of spatial routes through the neighborhoods. As they gained experience, they then adjusted their plans and strategies. Sales pitches became more refined, their methods for keeping track of orders became more systematic, and they took over responsibilities initially held by their mothers. The temporal course of their involvement included monitoring their activities and self-regulation: they modified their strategies in response to feedback from their experiences. Rogoff et al. also emphasized that this process of learning was collaborative—with parents, peers, and customers—and they provided a useful warning that development of initiative is not necessarily an individual process, but rather often involves this type of collaborative agency.

As a whole, these findings begin to suggest that structured voluntary activities are a context that is particularly suited to the development of initiative. The presence of intrinsic motivation, concerted engagement, and, in many cases, a temporal arc, suggests that participants in these activities are having experiences of directing and regulating their actions in pursuit of a goal. Such experiences, I believe, are likely to stimulate the learning of initiative dispositions and skills. The process of creating order or negentropy within the activity, I suspect, promotes secondary processes of change within individuals (personal negentropy), change that facilitates this type of endeavor in the future.

For me, the phenomenological profile that we discovered for these activities inspires further theorizing. The unique combination of psychological states, intrinsic motivation with concentration, suggests that adolescents are awake, alive, and open to developmental experiences in a way that is less common in other parts of their

daily lives. Research suggests that positive states are associated with more global and integrative thinking (Isen, 1987; Isen & Means, 1983) and that they can be "organizers of development" (Collins & Gunnar, 1990; Hauser & Smith, 1991). I believe that this unique combination of agentic states may make these activities a fertile context for adolescents to develop and teach themselves a wide range of positive competencies, in addition to initiative.

Such unbridled enthusiasm, however, has a long history in the discussion of youth activities and has often strained credibility. Proponents have frequently made uncritical claims that youth activities build character, redirect aggressive impulses, and promote initiative, without subjecting these claims to the test of falsifiability. We must ask, then, where is the beef? What is the evidence that participation in these activities is related to measurable developmental change?

## Outcome Research

Existent evaluation research on structured youth activities has typically dealt with the question of outcomes in general terms. It has examined outcomes from activity participation for broad, generic adjustment variables, without specifically focusing on initiative, and often without any theoretical base.

The history of these studies provides a textbook example on the difficulties of conducting truly critical outcome research. A substantial fund of cross-sectional, correlational research at first blush would seem to substantiate the claims that youth activities are related to positive developmental change. Participation in school extracurricular activities and community youth organizations has been found to be correlated with higher self-esteem, feelings of control over one's life, lower rates of delinquency, and higher educational aspirations and achievement (Holland & Andre, 1987; Larson, 1994). The problem with these correlational relationships, however, is that research also suggests that youths' participation in these activities is selective. Participation is greater among higher socioeconomic status (SES) and higher ability-tracked students, who have more parental support (Butcher, 1985; Carnegie, 1992; Holland & Andre, 1987; McNeal, 1995; Winnie & Walsh, 1980). These are factors that predict positive outcomes on their own, so they represent a confound in the interpretation of correlational findings. Once these factors are controlled, the relationships between participation and positive outcomes are reduced in strength and in some cases disappear (Agnew & Petersen, 1989; Holland & Andre, 1987; Schafer, 1969).

The claim that structured youth activities promote positive developmental outcomes is more adequately tested by longitudinal studies. These, however, are few and many of them suffer the same possibility of confounding self-selection variables as the cross-sectional research. A number of studies analyzing data over long time periods suggest impressive long-term effects. They have found associations between high school and adult participation in political organizations (DeMartini, 1983), the arts (Bloom, 1985), and sports (Howell & McKenzie, 1987) but do not adequately control for the possibility that prior, unmeasured third variables were

driving these relationships. Studies that control for some of the variables that affect high school participation, such as SES, grade point average (GPA), and academic ability, still find effects, though modest in size. Hanks and Eckland (1978) found that youth who participated in extracurricular activities in high school were more likely to be involved in voluntary associations at age 30, even with controls for initial SES and academic aptitude. Glancy, Willits, and Farrell (1986) found participation in extracurricular activities to be associated with occupational attainment 24 years later, with controls for parents' SES and high school GPA.

The most rigorous test of the thesis is provided by shorter-term longitudinal studies in which dependent variables are measured on multiple occasions. This design allows investigators to assess whether participation in youth activities is related to within-person change for these dependent variables. Using this approach with a sample of 1,259 middle-class youth, Eccles and Barber (1999) found that participation in structured youth activities in l0th grade predicted positive changes in GPA between l0th and 12th grade. They also found that participation in team sports was related to a comparative increase in use of alcohol. Analyzing longitudinal data from a sample of 10,000 youths in the High School and Beyond Study, Marsh (1992) found significant relationships between participation in extracurricular and community activities and positive changes in self-concept, schoolwork, and educational and occupational aspirations from 10th to 12th grade. Marsh noted that the effect sizes were small, under one percent. But this may be because the impact of effective programs or activities is diluted by the lack of impact among weaker ones.

Effects can, in fact, be much larger for specific structured youth activities, as is demonstrated by research evaluating adventure programs, such as Outward Bound. Adventure programs are not the prototypic structured youth activity; they involve experiences of intense mental, physical, and interpersonal challenge in a wilderness setting, typically for a period of two to four weeks. They are, however, structured and voluntary. What is more, they easily lend themselves to rigorous pre-post evaluation. Hattie, Marsh, Neill, and Richards (1997) conducted a meta-analysis of evaluation data from 151 samples of participants, approximately one half of whom were schoolaged adolescents. Aggregating findings for 40 different types of outcome variables, they found a mean effect size of .34 across all samples and .26 for the adolescent samples. In a similar, although less comprehensive meta-analysis, Cason and Gillis (1994) found a mean effect size of .31 for adolescents. The strongest effect sizes in Hattie and associates' meta-analysis were for variables dealing with self-control, such as independence (.47), self-efficacy (.31), assertiveness (.42), internal locus of control (.30), and decision making (.47)—variables that relate to my construct of initiative. The most striking finding of their meta-analysis was that, unlike in most program evaluations, effect sizes increased rather than diminished in the 25 months following participation in the program. This suggests that participants may have acquired some new quality, such as initiative, that is generative of additional, post-program positive growth.

This research on adventure programs is clearly the most compelling body of evidence that structured voluntary activities can have powerful, sustainable, positive effects on development, including what looks like development of initiative. But the differences in effect sizes between this and other youth activities also highlights how little we really know about what actually accounts for these changes. Several authors have lamented the absence of theory in this research and the lack of attention to process (Brown, 1988; Holland & Andre, 1987; Oden, 1995). Most of this outcome research does not allow us to conceptualize or discriminate what processes or experiences create positive development in some activities but not in others.

The one set of processes that is discussed in some of this research, but not rigorously tested, is the sociological phenomenon of social integration into a group (Eccles & Barber, 1999; Youniss, Yates, & Su, 1997). Classic sociological theory recognizes that joining a group leads to processes of secondary socialization, which include assimilation of the group's norms and internalization of an identity associated with group membership (Berger & Luckmann, 1966). In the case of youth activities, not only does a teen join the team, club, or activity group, but frequently other participants become part of the teen's peer friendship network (Brown, 1990), thus redoubling the opportunity and impetus for him or her to be socialized into group norms. Eccles and Barber suggested that the sequence is typically reflexive, that the choice to enter an activity may both grow out of and reinforce an adolescent's norms and emerging identity. Ethnographic studies provide in-depth descriptions of this socialization into group norms (Eder & Parker, 1987; Fine, 1983, 1987).

The most extensive and most psychological discussion of these processes of social integration are provided by Youniss, Yates, and their colleagues, who have focused on how participation in service activities, an important subcategory of youth activities, is related to adolescents' development of civic participation. They argued that service activities provide a context for youth to observe and practice basic roles and processes of civic engagement (Youniss, McLellan, & Yates, 1997). They also proposed that the formation of relationships with group members and adult leaders furnishes adolescents with valuable social capital (Youniss, Yates, & Su, 1997). Furthermore, they suggested that experiences in service activities can provide provocative reflective material at a critical juncture in identity development that adolescents incorporate into their identity work (Youniss, McLellan, Su, & Yates, 1999; Youniss & Yates, 1997).

These processes of social integration are useful for making sense of outcome findings regarding normative behavior. Reduced delinquency, increased self-esteem, greater career aspirations, and even athletes' increased alcohol use may reflect socialization into group mores and identity, and the social capital acquired in an activity may facilitate continued participation and advancement in that activity after high school. As a psychologist, however, I find these processes less useful for explaining what seem like organismic developmental changes, such as the acquisition of initiative. With the exception of Youniss and Yates's (1997) discussion of identity develop-

ment, these accounts do not seem very useful for explaining changes that increase after group membership ends, such as the rising effect sizes that follow participation in adventure programs. Recent research by Shirley Brice Heath (1999) provides a window on processes that are more internal, organismic, and better suited to explaining the development of initiative.

**A Language of Agency**

As a linguist, Heath has been interested in the oral communications of adolescents while they participate in structured voluntary activities. The speech samples she obtained provide a direct view of changes in adolescents' thought processes that reflect learning of initiative. Heath's research, conducted in collaboration with Milbrey McLaughlin and others, deals with youth participating in organizations that youth themselves have identified as being particularly attractive and effective (Heath, 1993; Heath & McLaughlin, 1993; McLaughlin, Irby, & Langman, 1994). Their sample of organizations included art and drama groups, sports teams, Boys and Girls Clubs, YMCA gang intervention programs, and other community organizations. All were in low-income neighborhoods, serving multiethnic groups of youth in urban, small-city, and rural settings. The researchers observed activities, interviewed participants, and recorded their language use.

Before discussing developmental changes in the youths' language, it is essential to provide a brief description of the psychological environments these organizations provided. These environments appeared to be structured to facilitate the three elements of initiative. First, these researchers found that all of these effective organizations were youth based: Although the original impetus for the groups came from adults, the motivation, direction, and goals of the groups' activities came from the participants. Adult leaders skillfully avoided assuming responsibility for the direction of the group, insisting that those decisions be made by participants (McLaughlin et al., 1994). A gentry was placed with the youth. Thus, rather than working toward goals set for them by adults, the participants held responsibilities for setting goals and identifying what problems needed to be solved. They held responsibility for raising money, writing grants, handling budgets, setting rules, and deciding schedules. These organizations depended upon the participants being intrinsically motivated, otherwise they quite literally went under (Heath, 1997).

A second feature of these effective organizations was that all of them engaged youth in an environment of real world constraints, and the leaders did not blanch from articulating these constraints. The coach of one Little League team that Heath studied repeatedly restated the rules of the game, including the constitutive rules of baseball and informal rules of strategy and good sportsmanship. He also continually asked players to recite these rules to encourage their internalization (Heath, 1994). In all of the organizations, the groups' work eventually led to some form of what Heath (1997) called "authentic evaluation," assessment of the group's product by an outside evaluator, criteria, or test. In other words, to the extent that partici-

pants devoted attention to the activity, they were required to engage with challenge and complexity.

Third, all of the organizations studied involved an arc of activity over a period of time. In some cases it was a season, in others the period of time required to develop a production or performance. As a result, all involved stages of planning, practice, or rehearsal, followed by production, performance, or achievement of a goal (Heath, 1994; Heath & Langman, 1994). This arc of activity frequently involved setbacks, obstacles, and emerging challenges, such as losing games, funding shortages, toilets overflowing in the organization's building, or the challenge of how to get 11 band members into a van when the insurance only covered 9 people (Heath, 1997). Therefore, youths were required to monitor and regulate the cumulative course of their actions.

These organizations, then, provided an environment of possibilities for planful action, for initiative. They provided a context that demanded self-directed constructive attention over time. What emerged within these environments was a language of agency. When adolescents first joined these organizations, they exhibited a type of language fitted to the bored youth that I described at the beginning of this article. They changed topics of conversation frequently, with few instances of sustained focus on a single topic. Their statements included almost no conjectures about future events and reflected a passive and self defensive orientation that viewed acts of initiative as inevitably doomed to failure. However, Heath (1997, 1999) reported marked changes in the language of young people in these organizations within their first three to four weeks of participation. Four types of language use increased that reflect skills to think about the world as a field of action.

To begin with, Heath found a dramatic increase in the use of conditionals, statements taking the form "If A, B, & C, then X, Y, & Z." These statements often laid out hypothetical scenarios for discussion and analysis. "Let's imagine that…then what?" Scenarios typically situated the individual or group as actors. They dealt with likely outcomes that might ensue from different courses of action. "If we spend our budget on set design, how much money will we have left for costumes?" Or they dealt with types of actions that might be required should certain situations arise.

Along with more frequent conditionals, new participants increased their use of modals, such as "should," "could," and "would." "Could we do so and so? Would it work out?" Heath observed a dramatic increase in probabilistic thinking. Their language reflected a weighing of hypothetical possible actions against realistic likelihoods that those actions would have desired versus undesired consequences. They were developing the language skills of contingency thinking.

Next, new participants increased their use of strategies for getting clarification from others. In discussion with each other, or with outside people with whom they were engaged, they more often sought to sharpen their understanding of conditionals: "You mean if I do X, then…?" This reflects increased value placed on precise knowledge of consequences. For example, "If we rent the band shell, will the city

give us access to electric jacks and bath rooms?" Contingency thinking requires accurate information about likely outcomes of actions.

Finally, Heath found that new participants expanded their use of varied genres and voices in their speech. They more frequently shifted registers in their statements, including adapting the perspective and language of board members, business leaders, reporters, and other adult worlds with which they interacted. Depending on the situation, they might use legalese, a care-giving register, or problem-solving language. In short, they became more able to play a variety of roles and take multiple perspectives (Heath, 1997, 1999). Heath (1993) reported that, when adapting the role of someone else, even shy youth showed an assertive confidence not evident when speaking as themselves.

What unites all four of these changes is the representation of thought and action in a world of contingencies and possibilities. These teens had learned to think of the world as similar to a chess board in play. They learned to perceive the array of strategic options and to estimate probable consequences associated with these options. In other terms, they had developed what I would call an operating language for initiative, with tools for anticipating, planning, adapting to others, monitoring progress, and adjusting behavior over time to achieve a goal. For most of the groups Heath studied, this language was learned in group contexts, reflecting the injunction from Rogoff et al. (1995) that the development of agency in these contexts often involves collective participation.

What Heath's work does, then, is begin to open the black box to internal transformations within participants, providing a window on what they are actually learning. It begins to make the processes of developmental change more tangible, including some of the processes that correspond to the development of initiative. These changes can be seen partly as secondary socialization: Leaders and older members modeled this operating language and new members, eager to be part of the group, internalized it (Heath, 1991, 1999; Heath & Langman, 1994). But these changes also involve organismic, developmental processes. Participants did not merely acquire a language, they learned to adapt and use it generatively. Although the sociological account elucidates processes of social integration, this linguistic-psychological account gives us a handle on processes of personal integration. New participants appeared to undergo a paradigm shift in their way of thinking, reflecting qualitative developmental change. They appeared to have developed skills for implementing plans, for directing and regulating their activities over time. They ingested a new mode of action. Along with it, they reported feeling more self-efficacious, more confident in their ability to affect the world (Heath, 1997). Such a paradigm shift could provide an explanation of why youth in adventure programs show sustained and increased effects after the program is over; they acquire an operating language that is generative.

It is too soon to be certain how much this language change corresponds to actual behavioral change. As of yet, there is no evidence regarding its association

with acts of initiative or anything else. Development of other constructs from the emerging social psychological literature on agency, such as implementation intentions and emotional self-regulation (Gollwitzer,1999; Mischel, Cantor, & Feldman, 1996), might also be fruitfully tested in this context. Nonetheless, Heath's work provides a very promising start.

## CONCLUSION: YOUTH ACTIVITIES
## AS DEVELOPMENTAL CONTEXTS

The thesis of this article has been that structured voluntary youth activities provide a fertile context for positive development, particularly the development of initiative. First, I showed that during youth activities, adolescents experience a unique combination of intrinsic motivation and concentration that is rarely present during their daily experiences in schoolwork and unstructured leisure. These two components of experience, I proposed, represent two critical elements of initiative, and when they occur in activities involving a temporal arc of action toward a goal, as is the case with many youth activities, all three elements for the experience and learning of initiative are in play. Second, I reviewed a range of outcome research that begins to confirm that such activities are indeed associated with positive outcomes, such as diminished delinquency, greater achievement, and increased self-control and self-efficacy. Some of these positive outcomes may be attributable to important sociological processes, such as secondary socialization into a group, but these processes were not adequate for explaining changes that appeared to be more internal and organismic. Thus, last, I presented Heath and colleague's work demonstrating that activity participation, at least in some cases, is related to acquisition of an operating language of agency. This gives us a window on organismic processes that might lie behind the positive outcomes associated with participation in structured youth activities, particularly the development of initiative. It suggests processes of personal integration that may work in tandem with the sociological processes of social integration.

The conditions that make structured youth activities a fertile context for the development of initiative, I believe, also make them a rich context for the development of an array of other positive qualities, from altruism to identity. Children and adolescents come alive in these activities, they become active agents in ways that rarely happen in other parts of their lives. This makes youth activities an invaluable laboratory for the study of processes of positive development, one that deserves much more scientific attention. Of course, positive development occurs across contexts—in school, with families, and with peers—but I hypothesize that this is a context in which there is often a higher density of growth experiences.

To advance knowledge of positive development, one useful avenue for developmental psychology would be to give youth activities equivalent status to school, family, and peers as a focal context of development. This might include comparable research funding and a separate chapter in developmental textbooks. True, this context accounts for much less of youths' daily time, but knowledge of developmental

processes in this domain has the potential to have equal or greater impact on practice. It is essential of course, that research on this context be done in collaboration with youth development professionals, for there to be the type of interaction between science and practice that has been called for in applied developmental science (Fisher & Lerner, 1994). I should also call attention to fruitful visions developed by others for such a field of research and practice (American Youth Policy Forum, 1997; Hamburg, 1997; Roth et.al., 1998).

An alternative avenue would be to envision positive youth development as a parallel (and closely aligned) field to developmental psychopathology, one that deals with positive development regardless of context. This might also be envisioned as a National Institute of Mental Health study section and a separate chapter in developmental textbooks. It would seek to integrate research on resiliency, initiative, emotional regulation, self-efficacy, identity, prosocial behavior, and moral development, among other topics. Although I do not want to diminish this later alternative (indeed, I would like to see both taken up), I spend the remainder of this conclusion drawing out the first proposal, because I think its focus on a specific context gives it more potential as a cohesive project. Here are some of the issues I see as foundational.

**Contexts**

A key to conceptualizing structured youth activities as developmental contexts is identifying the processes that occur in them, from learning an operating language to developing emotional skills to overcome disappointments. A major challenge to research and theory, however, is dealing with the heterogeneous array of extracurricular, community, and self-directed activities that can be included as youth activities, each harboring distinct opportunities and processes. From aerobics to service activities to creating a web site, the "treatment" is extremely varied. Some activities are collective and demand coordination with others, whereas others are solitary. Activities differ in the degree to which the goals and criteria for desirable performance are prescribed (gymnastics, school band) versus those in which participants have much freedom to create their own standards (plastic arts). Adolescents' activities on computer systems are particularly diverse in form, with some being structured and goal oriented and others requiring little cumulative effort over time. How do we categorize this array?

A useful starting point for conceptualizing and categorizing youth activities would be descriptive research that simply enumerates what types of process experiences participants typically have across different types of activities. How often do youth in swimming versus drama clubs versus service organizations have the experience of setting their own goals, developing plans, or empathizing with people from a dissimilar background to theirs? In gathering such enumeration, it would be useful to obtain parallel data for activities such as schoolwork, work at a job, and unstructured leisure activities, in order to test whether rates of these process experiences are indeed higher during youth activities.

## Developmental and Individual Differences

The occurrence of developmental processes in a given setting, of course, is not just a function of the context, but is a joint function of the context and the individual. What would be beneficial is theory and research that helps identify individuals' preparedness to engage in specific developmental processes. How might age, personality, culture, gender, and SES, among other factors, shape initial dispositions and how youths experience and participate in an activity?

The starting point for much developmental research has always been identifying ages at which specific skills are and can be mastered. For example, at what age are children or adolescents able to acquire the various elements of an operating language for initiative, such as the use of modals? Rogoff et al. (1995) observed that with age and experience, Girl Scouts had diminished needs for adult scaffolding in structuring their activities. Indeed, if one looks at the current array of structured activities available to youth, one sees that there is already a loose progression from activities in childhood, such as Brownies and Cub Scouts, that are highly structured by adults, to activities in high school, such as publishing a school newspaper, in which youths take much more responsibility for directing their action. More specific data on the ages at which youths are ready to master specific skills would be beneficial to the design of activities and, eventually, to knowledge that helps place individual youths in activities suited to their zone of proximal development. Other individual factors besides age need to be considered as well. For example, how do cultural differences in the construction of agency (Markus, Kitayama, & Heiman, 1996) affect youth's participation and learning?

## Leading/Coaching

Knowledge of the interplay between contexts and persons leads to the applied question of how leaders of structured voluntary activities can best facilitate developmental processes. Leaders face a fundamental problematic of allowing participants' actions to be self-directed, voluntary, and intrinsically motivated, yet also structured and challenging enough that participants are stretched into new domains of complexity. Leaders of Heath and colleagues' successful organizations tenaciously insisted that youths hold responsibility for major decisions of the organization, even when those decisions threatened the existence of the organization. But at the same time, these leaders played a role in defining the situation and modeling the language of agency. They laid out problems in the form of "what if" and "if then" contingencies. They prompted participants to think through alternative scenarios and hypothetical situations, posing open-ended dilemmas that required reflection, analysis, and drawing on past experience (Heath, 1991; Heath & Langman, 1994; McLaughlin et al., 1994).

Research in coaching sports is the furthest along in providing empirically tested paradigms for addressing this fundamental problematic. Roberts and colleagues have found that many youth coaches create a performance-oriented motivational

climate that is not conducive to development because it focuses athlete's attention on winning, public recognition, and performance relative to others. Athletes adapting this performance-focused orientation tend to think of talent as a native endowment and practice less, and their motivation flags when feedback suggests that they are less endowed with talent than others (Roberts & Treasure, 1992; Roberts, Treasure, & Kavussanu, 1997). In contrast, another set of coaches create a mastery-oriented climate that focuses athletes' attention on their development of skills relative to individualized standards. Athletes adapting this mastery orientation are more likely to see talent as something that results from practice, are more likely to persist in the face of difficulty, and show more skill development over the course of a season. These findings have had a direct impact on practice, leading to the development of techniques for coaches to work with athletes in setting goals for personal skill development that are independent of winning and losing (Roberts & Treasure, 1992; Roberts et al., 1997). Coaches learn to support self-direction, while encouraging structures suited to mastery of new skills.

A next step is to evaluate how well this and other knowledge of coaching can be applied to leadership in nonsport youth activities. In addition, we might ask, how much existing knowledge about good teaching and good parenting can be applied? For example, are good leaders like authoritative parents, like child-centered teachers?

**Outcomes**

Outcome research is often a necessary evil that is done before anyone knows what to look for, and that has been the case in this domain as well. Evaluative data have been needed to justify funding for youth activities, even though we are not yet sure what the independent and dependent variables for this evaluative research should be. From a scientific perspective, the first priority needs to be descriptive and process research, done in collaboration with youth professionals, that helps to conceptualize what the developmental phenomena are. What is especially needed is longitudinal action research and qualitative research that follows the same individuals over time in order to develop models of change processes. A useful strategy for some types of activities would be to identify individuals and groups whose participation in an activity showed exemplary objective progress, then look backwards to these longitudinal data to see how their processes differed from those exhibited by individuals and groups who spun their wheels and showed less progress.

When the field is ready for quantitative outcome studies, they need to use a higher level of critical rigor than has often been the norm. This calls for research that evaluates the occurrence of processes as a function of activity, participants' developmental stages, and leadership variables, and how these processes are related to progressive change over time. Researchers must study and control for self-selection characteristics. Evaluations need to assess possible negative effects of participation in youth activities as well as positive ones. For example, research on participation

in competitive sports suggests that they are associated with increased competition anxiety (Smoll & Smith, 1996) and acquisition of more self-centered moral reasoning (Bredemeier & Shields, 1996). Might these negative outcomes also occur in other demanding and competitive activities, such as in music competition?

The most strenuous evaluation research would test whether participation in an activity is related to effects outside the activity itself. I have argued that youth activities are a context for development of qualities and skills, like initiative, that have general applicability across domains of life. In a similar vein, Youniss, Yates, and Su (1997) hypothesized that participation in youth activities creates personal confidence that increases the participants' likelihood of engaging in public service in other contexts. Research evaluating these types of generalized, cross-context effects will be the most difficult to conduct, but will provide the most persuasive evidence.

**Practice**

The large applied discipline of psychotherapy currently exists to treat psychological problems. Imagine, if you will, a field of psychological practitioners whose knowledge, skills, and status are comparable with those of clinical psychologists, who have advanced training in diagnostics, mentoring, and program design, and who draw upon a well-developed body of research to provide guidance and counseling on positive human development. Such a field does not need to start de novo, as there are currently many youth development professionals. But it does need to evolve to incorporate a cumulative body of research and theory. One role of these practitioners would be to help place children, adolescents, and perhaps adults too in structured voluntary contexts that are suited to individuals' personality, developmental stage, and ability level. Another would be to provide process mentoring, to help keep people "in the envelope" of intrinsically motivated challenge and learning. Yet another role would be to design and run programs that maximize individual and group growth. Rather than leaving positive development in the hands of nonprofessionals, self-help gurus, and for-profit, ClubMed-type chains, we need a science and art, comparable with psychotherapy, regarding how to help people realize their full capacities across ages.

Research on coaching provides an example of the impressive payoffs that can result from a research-based, applied discipline of positive development. In observational studies, Smith and Smoll (1990) found favorable psychological outcomes to be greater for boys in Little League Baseball whose coaches engaged in high levels of positive reinforcement for both desirable performance and effort, who responded to mistakes with encouragement and technical instructions, and who emphasized the importance of fun and personal improvement over winning (Curtis, Smith, & Smoll, 1979; Smith & Smoll, 1990). On the basis of these and other findings, they then designed a three-hour training workshop for new coaches. Three hours is extremely short compared with most interventions; nonetheless, they found that athletes playing for the trained coaches reported substantially and significantly more

enjoyment than did control participants, showed increases in self-esteem and decreases in performance anxiety over the course of the season, and were more likely to return the next season, with the biggest effects being for athletes who were low in self-esteem (Smith & Smoll, 1997; Smoll, Smith, Barnett, & Everett, 1993). If a three-hour intervention can have such long-term impact, imagine what might be accomplished with a body of research comparable in size and sophistication with that for developmental psychopathology.

As someone with a special interest in adolescence, my vision for the 21st century is a society in which youth have a rich range of expertly staffed structured activities to choose from, regardless of their SES, gender, ethnicity, sexual orientation, ability level, and type of interest. This would include activities during the school year and summer, and activities with links to businesses, professional arts, and civic organizations, so that youths develop connections that integrate them into adult society. Participation in these activities would be self-determined but supported and guided according to age, stage, learning style, and ability, so that youths are stretched to their full potential. Each activity would have enough structure so that youths are challenged, but also enough flexibility so that, as youths gain experience, they assume responsibility for the direction of the activity. As a result, participants progressively learn to internalize an operating language for sustaining their own motivation and directing and monitoring their actions over time, a language that is generative and that carries over, helping them to create order, meaning, and direction when they encounter ill-structured choices in other parts of their lives.

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## Applied Human Development: Domain Guest Editors

### Joyce Walker, *PhD*

Joyce A. Walker, PhD, professor emeritus at the University of Minnesota Extension Center for Youth Development. A founding faculty member with the youth development leadership master's of education program in the College of Education & Human Development, she has given leadership to graduate level youth worker education throughout Minnesota. She has served as director of the Youth Work Institute offering non-credit training and professional development courses online and on site for youth workers in communities across the state and nation. Joyce is active on community boards, has served as national co-chair of the Next Generation Youth Work Coalition, and serves on the editorial board of the U.K. journal *Youth & Policy*.

### Dale Blyth, *PhD*

Dale Blyth provides leadership for the Youth Work Institute, a joint venture of the University of Minnesota Extension Center for Youth Development and the College of Education and Human Development. These efforts are focused on making a measurable difference in the quality, availability, and impact of non-formal community learning opportunities for Minnesota young people. The Youth Work Institute reaches more than 4000 youth workers with exceptional non-credit educational experiences, and applied research and evaluation efforts that bridge research, practice, programs, policy, and public understanding. He also uses his diverse background in university, non-profit, and policy work to help build the field of youth development. He is currently examining new pathways to improve the impact of youth programs through aligning different types of accountability, different perspectives and implications of extending learning time versus expanding learning approaches, the role of intermediary organizations in transforming community approaches to the quality, accessibility and impact of community learning opportunities, and the role of larger policy frameworks and tools for effective, long-term changes in children and youth outcomes.

In 2004-2005 Dale served as chief of staff for the university president's Minnesota Commission on Out of School Time and its report *Journeys into Community: Transforming Youth Opportunities for Learning and Development*. Working in collaboration with four legislative co-chairs, he helped found and support the bipartisan, bicameral Children and Youth Legislative Caucus. He is also a founding member and hosts the national Next Generation Youth Work Coalition, which is dedicated to developing the workforce of youth workers. He is a member of Minneapolis Mayor R.T. Rybak's Youth Violence Prevention Executive Committee, St. Paul Mayor Chris Coleman's 2nd Shift Commission, the Greater Twin Cities United

Way Education Committee, the Board of Youthprise, and the Hennepin County A-GRAD Oversight Committee.

## Jim Anglin, *PhD*

Jim Anglin began his career as a child and youth care worker in a mental health center in Vancouver after which he moved to Victoria and began a six-bed group home for four boys and two girls who were experiencing a variety of distresses in their lives. Following these front-line work experiences he pursued graduate studies and then spent two years in social policy work in Ottawa and two years as a senior project coordinator with the Children's Services Division in Toronto. Returning to B.C. in 1979, he joined the faculty of the School of Child and Youth Care at the University of Victoria where he is a full professor and former director.

His recent research interests have focused on a re-appreciation of residential care for youth and his latest book is titled *Pain, Normality and the Struggle for Congruence: Reinterpreting Residential Care for Children and Youth* (Haworth, 2002). He has published in North American journals and international texts on a variety of child and youth care issues in addition to residential care, including professionalization, quality assurance and standards, parent education and support, and international initiatives. He is on the editorial boards of the *Child and Youth Care Forum, Child and Youth Services,* and *Reclaiming Youth at Risk.* He was coordinating editor for the text *Perspectives in Professional Child and Youth Care* (Haworth, 1990). Over the past 20 years, he has presented papers, keynote addresses and workshops in over 40 countries. Jim currently serves as director, Office of International Affairs and Adviser to the Provost at the University of Victoria.

## Michael Nakkula, *EdD*

Dr. Nakkula's teaching and research focus on the development of resilience and the promotion of possibility development among low-income children and youth. He is particularly interested in the integration of counseling, mentoring, and educational processes in urban schools to create contexts that allow students to thrive in school and during their transition to higher education and career opportunities. Dr. Nakkula works with many national organizations to develop applied research strategies that promote the study of developmental and educational initiatives in support of optimal youth development.

## COMPETENCY IV: RELATIONSHIP AND COMMUNICATION

We selected writings for this domain with the awareness that relationship and communication are inseparable and central to all aspects of child and youth care work. In this regard, our path was a little like traversing a Mobius strip. As we traveled through the literature we looked at a number of writings from several perspectives within this inescapable band of thought.

To begin we each selected two articles for each of the assigned categories: classic, research, and practice. Rather than think of our selections as the best or definitive writings, we searched for writings that either generated or built upon many excellent contributions on these topics. We also agreed that there are too many bests in our field for there to be a single best.

After a few weeks of discussion we selected three contributions that were on all our final lists: "Growing Together: The Personal Relationship in Child and Youth Care" by Gerry Fewster, "Rhythmicity: A Powerful Force for Experiencing Unity and Personal Connections" by Henry Maier, and "You are What You Do and Become What You've Done: The Role of Activity in the Development of Self" by Karen VanderVen. As pivotal works, their writing challenged and stretched our understanding of the foundational knowledge and competencies in the relationship and communication domain. The authors built upon prior research and experience, showed us how it could be applied in the present, and made us curious about new approaches and applications for the future.

The selection of these authors should not come as a surprise. They have been influential figures in our field for many years. Their teaching and writing have been instrumental in the development of curriculum and in one way or another all of the domains in the certification process. Each one, Henry, Gerry, and Karen, is noted for numerous contributions to the child and youth care literature, and widely respected and admired as forward thinkers. Our work has been enriched by their friendship, spirit, creativity, and intelligence. Their teachings serve as models for us all.

As instructed by the editors, we attempted to categorize their work as classic, research, or practice, but we could not find a way to squeeze any of them into one category. Each contribution could be considered a classic and each exemplifies good research and best practice. As the competent practitioners and researchers, these writers observed, lived, critiqued, compared, analyzed, interpreted, and described what they experienced in their professional work and study of work with young people and those who work with them. Their conclusions were based on prior experience, literature reviews, and applied or scientific research. All three readings remain as relevant today as when they were written. Often referenced by others, their works are a vital part of the growing discourse that advances our collective understanding of child and youth care. At this point in our evolution, they are, in essence, truly foundational works. They are shoulders on which others may stand.

A central theme to these writings, it is the dynamic nonlinearity of relationships and communication between and among children and youth and workers as experienced in multiple contexts and activities. The writers ask us to think about how the concepts are applied with youth in the moment or activity, relating, doing, experiencing, learning, and being together as we move within and across systems, self, and personal spaces.

These papers overlap into many of the other competencies in the "Competencies for Professional Child and Youth Work Practitioners" document. In this regard the contributions are consistent with the framework in Appendix A of the document, which speaks to the need for an integrative approach. In child and youth work praxis, competencies such as listening do not occur in isolation from place, activity, self-awareness, developmental interactions, ethics, etc. For professional workers who seek to interact with young people with attentiveness and authenticity, the writers remind us that being and doing are inseparable.

The ability to foster, form, model, and nurture healthy relationships defines characteristics of those who choose to be with youth in developmentally positive ways. Unfortunately, the numerous duties and activities that comprise child and youth care can at times obscure the absolute centrality of relationship and communication to our work. Thus, we must come home to this centrality time and time again. It is, after all, what drew us to this way of being with and for young people in the first place.

In conclusion, our selections helped us see and feel relationship and communication, concretely and theoretically, which invited us to participate in dialogue and reflection. And we chose to do so. Now it is your turn to decide if you want to join in.

## Relationship and Communication Domain Editors

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# GROWING TOGETHER: THE PERSONAL RELATIONSHIP IN CHILD AND YOUTH CARE

## Gerry Fewster

ABSTRACT. The term "relationship" is used to describe many forms of interaction between youngsters and adults. In this chapter it is suggested that the "personal" relationship provides the critical learning context in the field of child and youth care. The nature of this relationship is analyzed and discussed.

This chapter is about relationships. In the broadest sense, it is concerned with the most critical of all learning contexts: that complex interpersonal arena in which we struggle to know who we are and where we stand in relation to the world around us. Here is the universal crucible that inevitably consumes all of our personal experiences and blends them into complex and wondrous configurations of understanding and meaning. Only through relationships, real or imagined, past or present, near or far, do we come to know our qualities, potentials, vulnerabilities and, ultimately, our humanness and our mortality. Only through relationships can we come to understand the existence of others and the paradox of how, through our very individuation, we begin to discover the network of connections that forever draw us toward each other.

More specifically, this chapter is about a very special kind of relationship. In all societies, the continuity of the culture is founded upon the ability of the children to learn the ways of their elders and understand the meanings that emerge from individual and collective experience. Children who are fortunate enough to learn and understand through personal encounters with adults are able to acquire the competence, confidence, and knowledge to establish their own unique pathways toward self-discovery, esteem, autonomy, and responsibility. Children exposed to inadequate or coercive teachers and those who are denied access to the personal meanings and experiences of their elders become prisoners of their own incompetence, self-depreciation and confusion. Unable to come to terms with themselves and the worlds in which they live, they may choose pathways of dependence, resentment, hostility or despair. For the most part, these are the young people who find themselves in encounters with professional child and youth care workers. Potentially, these very critical and challenging relationships always contain the hope that the adult-child connection can be successfully established to the personal benefit of *both* participants.

Having suggested that the interpersonal encounter embodies the essence of

all that we come to know and understand about ourselves and our worlds, it would be impossible to present an adequate analysis of the worker-child relationship within the scope of this chapter. The thoughts expressed here offer no more than a very brief and very idiosyncratic introduction to the topic. Bound up in the personal and professional experience of the author, they are not presented as "truths" or universal realities. The suggested approaches are not infallible, although they do have time-tested validity within a relatively limited sphere of experience. Behind all that is said here, however, is a fundamental belief that the personalized relationship continues to be the greatest challenge in professional child and youth care. From this perspective, it is suggested that child and youth care workers are in a unique position to explore new ways of connecting children with themselves and the adults that assume responsibility for caring and nurturing. To achieve this through relationships means that such practitioners must first become open to their own experiences and be prepared to examine their own meanings that emerge through their encounters with young people. The words that express these thoughts come easily. The actions that the thoughts imply demand courage, commitment, creativity and, most of all discipline.

## WHAT IS A RELATIONSHIP?

The term "relationship" can be applied to almost any type of human encounter. In the field of humanistic psychology, it has always been assumed that personal growth and development is inextricably linked to a person's awareness and understanding of others (e.g., Rogers, 1951; Perls, 1951; Derlega, 1984). By the same token, social psychologists have long been fascinated by the relationships between social interaction and personality development (e.g., Smelser & Smelser, 1963). In child psychology particularly the in fluence of primary relationships on child development and socialization has been a major emphasis (e.g., Hoppe, Milton & Simmel, 1970) and such influences have been well established in the areas of social cognition (e.g., Leahy, 1985), self-concept (e.g., Coopersmith, 1967) and social behaviors (e.g., Bond & Joffe, 1982).

The serious reader or committed practitioner should certainly examine the relationship literature carefully and consider the findings and conclusions in terms of her or his own experience. In the present context, however, we are concerned with one particular perspective (i.e., that of the author), on one particular type of relationship (i.e., where interaction is both personal and enduring), within a narrowly prescribed context (i.e., the world of the child and youth worker).

### The Personal Relationship

A personal encounter is one in which participants relate directly to their own experience as it occurs at that immediate moment in time. Any disclosure then becomes an expression of the self rather than of some covert agenda designed to create a particular impression or evoke a particular response. Where such inten-

tions exist they are disclosed as elements within the immediate experience. Since child and youth workers are generally burdened with a multiplicity of intentions associated with issues of control, treatment, and immediate task completion, this is not an easy stance to take. Caught up in the activity of the moment, even the act of being in touch with personal experience may demand a supreme effort. If this is not achieved, however, there is no way that such experience can be made available to a young person and the learning potential of the personal encounter is lost. In many relationships between adults and children, particularly in "therapeutic" environments, both parties are more concerned with "impression measurement" than self-disclosure (see Goffman, 1963; Schlenker, 1980).

This is not to suggest that a personal encounter calls for a total and absolute act of self-disclosure. If we are to maintain any sense of self-integrity it is essential that, in each encounter, we determine how much we are prepared to share at any particular time with any particular person. A failure to establish such personal "boundaries" can have devastating personal and inter-personal consequences. It should be emphasized that a commitment to pursue a pathway of complete self-disclosure is a very serious decision to be made and agreed upon by two people who intend to experience a state of "intimacy." Within the context of the practitioner-child relationship this goal is considered to be both impossible and undesirable. On the other hand, relating from the personal is possible across a wide range of encounters and contexts, and inevitably contributes to the ongoing process of learning and discovery. Where it occurs, the person creates an opportunity for both participants to address the most critical existential questions of "Who am I?" and "How do I fit into the world?" It is essentially an interactional process to the extent that it brings together two unique sets of experiences within the same arena of analysis. Hence, the benefits accrue as much to the practitioner as to the child.

Through being personal an adult extends an invitation to the child to respond from her or his own place of immediate experience. Of course, the young person may not choose to do so and that decision must always be respected. To invade the boundaries of another person by assaulting her or his private world of personal experience is an act of disrespect that can only serve to depersonalize the encounter. On the other hand, the need to examine personal experience through the personal experiences of others is one of the most crucial developmental tasks and child care practitioners can do much to ensure that such opportunities are constantly available. A willingness to make use of these opportunities is clearly bound up in such issues as trust, self-worth, and risk-taking but, even when strangers meet in suspicion, the potential for a personal encounter is built into the equation. Similarly, it is always possible for a child care worker to establish a personal way of relating to a child regardless of the conditions, deficits, or developmental histories involved.

Existentially speaking, it is being suggested that in understanding ourselves and the worlds in which we live we have only our own experience to guide us. Personal relationships then become the most critical of learning contexts through

which we all come to "understand." From this perspective they provide the foundation for self-awareness and development. In psychological terms, they are the very essence of self-esteem, personal autonomy, and individual responsibility; notions that have become the cornerstones of contemporary child care practice. To fully appreciate the value of such concepts, however, it becomes necessary to abandon, or at least suspend, the traditional image of a practitioner "doing something to" a child. We must step away, at least temporarily, from the magic of "intervention" in order to fully experience the mystery of two lives, caught up within their own unique struggles, learning together by taking the risk to be personal.

This does not mean that roles and responsibilities should be cast upon the wind in a gesture of cathartic abandonment. On the contrary, it is a disciplined process of examination and analysis that brings together thought, feeling, and action. In its most energetic form it involves an active and precise interchange where even the words employed are examined for their fidelity to experience and shared understanding. Roles and responsibilities become essential parts of the analysis to the extent that they enter into immediate experience. In its most evolved or developed form, the personal encounter actually requires very few words since immediate experience is quickly understood, communicated, and acknowledged between people who know themselves and each other. Usually this is the experience of people who have spent many years sharing the journey of self-discovery and it should not be an expectation of child care practice. For the most part, we must be satisfied with the Airline's exhortation that "getting there is half the fun."

## Why Do We Choose to Be Impersonal?

Despite our best intentions and the obvious benefits of developing personalized practices, it seems that we are often reluctant to take the risk. In this regard, we are no different from the children we serve. We also have our own self-doubts and confusions built into our personal struggle. At the professional level, however, child and youth care can also provide us with an effective impersonal cloak, if we choose to be seduced by its glamorous pretense. Grasping at its promise of invisibility, it is possible to enter a world where knowledge and understanding become matters of theory and concept rather than process of discovery. Hiding behind the role that it offers, we can choose to accept a safe identity that is shared with others and evaluated according to prescribed performance criteria. In this way it is possible to avoid the more threatening prospects of self-evaluation. Then, when the action gets underway, we can happily fall back upon all of those skill-based intervention strategies that have become part of the trade. In this way, we always have the choice of attributing success to ourselves and failure to the tools. The real danger here is the sacrifice of the self in favour of the professional identity. As we objectify ourselves, so we turn children into objects to be treated, changed or otherwise controlled. At best, we create a sterile learning context and, at worst, we establish a climate for depersonalization and abuse.

For the practitioner who accepts the mantle of professionalism with humility and self-commitment, there are still many aspects of the world of practice that offer temptation toward depersonalization. From the outset, most practitioners must come to terms with the control functions of the agencies that employ them. Expectations are set and embodied in policies, regulations, and procedures that promote accountability and standards, on the one hand, while encouraging routinization and control on the other. Where these influences cannot be recognized by the practitioner, it is easy to slip into the role of assuming responsibility for all that the individual child does while engaged within a particular program. Caught up in this expectation the practitioner has effectively taken away the autonomy of the young person and may well feel obliged to resort to strategies of coercion and manipulation in order to make sure that she or he complies with a set of agency standards or treatment out comes. Here the youngster may be perceived as a threatening object who needs to be controlled from a distance. Many of the forces that have the potential to create these conditions are, in fact, legitimate aspects of service delivery and do not have to adversely affect practitioner-child relationships. Understanding how they operate, how ever, surely assists the person who wishes to place the personal relationship at the centre of child and youth care.

## BECOMING MORE PERSONAL

In order to embrace the personal relationship within the core of child and youth care practice, it is necessary for practitioners to fully acknowledge that the primary commitment is to their own personal growth and development. If personalization is approached simply as an orientation for intervention strategies or treatment techniques, integrity is immediately lost and the scene is set for manipulation and control. Only when the self is fully invested in the process will the full potential of the relationship as a learning con text be realized. Then it becomes possible to generate hypotheses, construct concepts and develop skill-based practices. As I have suggested elsewhere, "The practitioner who seeks to truly understand the nature of the relationship enters a world of intimidating complexity" (1982, p. 73).

For the person who is intent upon carving out a pathway through the forest of personal experience, there are many interactional theories and models that others have offered for consideration. Some have attained impressive empirical support while others seem to rely extensively upon intuitive appeal. They should all be examined from the perspective of personal experience at some point in any analysis. Then there are forestry guidebooks that point direction and teach basic survival skills without telling very much about the history or ecology of the environment. In child and youth care, the popularity of skill-based training approaches suggests that we will always have great needs for efficacy and survival in a context that we will never fully understand. Unfortunately, many of the solutions and prescriptions offered do not encourage self-involvement, personalization, and relational practices. As such, they are generally low risk and control focused. The following suggestions

are prescriptive to the degree that they move the person toward personalization. From that point, however, specific outcomes are unpredictable and risks are high. These are the costs of personal and professional growth.

**Becoming Present**

To be fully attuned to any immediate experience, the self must be totally invested in the process. This involves being exclusively attentive to the situation and in touch with all of the sensations and feelings experienced at that moment in time. In a personal encounter, this state of "presence" represents a condition of self-aware ness from which the individual reaches out in an attempt to grasp and understand the experience of the other. It is not essential for all of the thoughts and feelings to be shared, merely that they be identified. In this context, a state of presence is a necessary precondition for any personal encounter.

For child and youth care workers caught up in their routines and responsibilities, becoming present generally requires both discipline and commitment. Previous activities, future aspirations and obligations, role-based ideals, long-term agendas, and the like, must all be suspended. Taking a moment before each "session" with a child to get in touch with the thinking and feeling self, should assist in making the transition from the pragmatic to the personal. Essentially, this involves a process of allowing thoughts and feelings to be acknowledged, and then letting them go with the security of knowing that they can be retrieved for future reference. In this way, the self becomes sensitized and "vulnerable" to the experience of the other person and aware of its own place in the moment. This is well exemplified by the Zen Master, Paul Reps, who when asked, "What are you doing this morning?" replied "Listening to you ask a question." For all who experience it, being present is an energizing rather than a draining experience. This is good news for all who work in the helping professions and fear the spectre of "burnout."

**Making Judgements**

Given the perspective presented here, it is impossible for any one person to "know" another; all that is available is the personal experience of the encounter. Hence each person is the "owner" of her or his judgements and opinions. Such interpretations are a direct function of the self and not of the other … from an analytic perspective, they are self-revelations. In this way, for example, the positive and negative qualities that we attributed to others turn out to be the likes and dislikes that we hold about ourselves.

For professionals trained to believe in clinical judgements, the above statement may seem offensive, bizarre, and nonsensical. On the other hand, a person who accepts full ownership for personal judgements assumes a position of personal responsibility for all actions based upon such interpretations. As statements of self-disclosure, rather than fact, they are simply information for the other to consider without prejudice. In this way, both participants in an encounter are free to express

judgements and interpretations with out manipulation, coercion or condemnation.

While this seems like something of a lofty idea, experience suggests that children and young people can very quickly grasp the self-related function of judgements and learn by taking this perspective. Children with needs to protect their self-view learn to understand that they cannot be hurt directly by the judgement of others; they must take the dagger in order to stab themselves. By the same token, children with needs for acceptability can avoid losing autonomy to the imposter of flattery or "social reinforcement." Conversely, children can learn that their own attempts to manipulate through insults and flattery are more self-revealing than controlling. On the other side of the coin, once the ownership of judgements is understood, the adult or worker is free to be open without having to be "right," or responsible for the choices and interpretations made by the child. In an important way, this orientation gives people permission to be human.

## Role-Taking Ability

"Role-taking ability" is a concept that emerges from the Symbolic Interactionist tradition in social psychology, particularly the work of George Herbert Mead. Briefly stated, it refers to the process through which we are able to look back at ourselves as if through the eyes of others. This ability represents a critical developmental task in the genesis of the self, but it continues to be fundamental in most forms of social interaction. One way or another, we are all interested in the images that others have of us, particularly those people whom we consider to be significant in our lives. This is an important aspect of self-awareness and discovery as long as we are clear about those images and understand them for what they are—the experiences of others.

Seen this way, information from role-taking becomes highly relevant in the process of understanding and deciding among the courses of action open to us. In child and youth care, for example, the young person who understands how she is perceived by the workers is aware of how they might respond to the choices she makes. In this way she is able to assess the possible consequences of her actions and is in a position to take control of her own destiny, rather than take pot luck. In the same way, this young person is also in charge of meeting her own self-esteem needs since she is able to choose how, and from whom, she would like to be accepted, recognized and cared for. Conversely, workers who understand how they are perceived by children are able to operate in a sensitive manner and continue to act in the best interests of the child. In its most effective form, role-taking is inter-personal understanding and is best exemplified by those individuals who, somehow, manage to move together in unison without verbal instructions or predetermined scripts.

Effective role-taking can undoubtedly enrich the personal aspects of the worker-child relationship. To some extent, it is a skill that can be enhanced through experiential training and practice. In its most basic form the role-taking person

attempts to predict the responses of others by observing their behavior and assessing (1) that person's intentions; (2) that person's feelings about themselves and (3) that person's feelings about the role-taker. The training procedure involves an open disclosure of these assessments and interpretations within an interactional sequence. In this way, each person has an opportunity to check out such interpretations by inviting the other to attest to their "accuracy" and to provide further elaboration. Each participant can keep an accuracy score and may be encouraged to monitor progress over time through an accuracy chart. In the author's experience, where this procedure has been employed, role-taking has invariably improved and participants almost always report that their relationship has become more personal.

The benefits of role-taking training can often be quite dramatic, as participants move toward greater depths of personal disclosure and understanding. As more and more information is made available, people generally experience increased control over personal destiny, enhanced feelings of competence and esteem and expanded awareness of the needs of others. There seems to be little doubt that effective and accurate role-taking is an essential ingredient of any close relationship and a skill possessed by all people considered to be socially "successful."

**Keeping Things Clear**
In all relational networks, people carry around thoughts, beliefs, opinions, and feelings about others that profoundly affect individual encounters. In many cases, this hidden "baggage" inhibits open and personal communication to the extent that it influences intentions and responses. In child care settings, many of the assumptions and interpretations made about children come to the surface in public bars or staff rooms, and may even become formalized in carefully guarded reports or closed case conferences. Similarly, people carry feelings and thoughts drawn from other experiences into relational encounters that have no legitimate place in that experience. We are all familiar, for example, with the husband who returns home from a frustrating day at work to "take it out" on his wife.

In child and youth care, it is easy for experiences with one child to be carried over into interaction with another or, even with the same child, it is possible to harbor resentments from one session to the next. The dangers of hanging on to such assumptions and beliefs, along with their associated feelings, are self-evident. Even so, for workers bound up in the pursuit of pragmatic goals and expectations, it takes considerable discipline and "presence" to take the time and the risk to confront this unfinished business. When external pressures prevail, such matters may be conveniently tucked away and dismissed as insignificant. A commitment to relationships would render this reaction intolerable.

To confront this issue directly, it is possible for child and youth care practitioners to incorporate a process of "clearing" into their daily practices and routines. This begins by specifically setting time aside to be with the young person for "personal" time. At the beginning of each session, both participants should have the opportu-

nity to identify, acknowledge, and express any carry-over assumptions, interpretations, thoughts, and feelings. Similarly, at the end of the session, each person should take the time to reflect upon the immediate encounter and clear anything that could potentially be carried over and, thereby, influence the course of subsequent interaction. Where judgements, interpretations, resentments, or appreciations are offered, there should be no expectation that the listener must respond. This is not the purpose of the exercise and, in any case, over time it should be clear that such expressions and experiences belong entirely to the speaker and their acknowledgement is for her or his benefit. Once such procedures are incorporated as part of the normative interactional expectations, they readily become accepted and, just like dental flossing, their absence becomes immediately apparent.

### Establishing Boundaries

Whenever people step beyond immediate tasks and roles in interaction with each other, the prospect of a personal encounter is presented and the rules become less clear. This can be anxiety producing and many opportunities for personal growth are lost or rejected in favour of a safe passage with a "goal and role" approach to life. On the other hand, the individual self and its private world of experience makes us who and what we are. Ultimately, it's all we have and there can be no sense of integrity or cohesion if it can be bombarded at any time by the forces of the external world. At the extreme, individuals who have no boundaries, who are unable to separate themselves from the world, are considered to be in a state of psychosis.

Within the helping professions, the inability of practitioners to establish clear boundaries for themselves is one of the most common areas of difficulty. In the terms of this chapter, it means that the worker has not decided how personally she or he wishes to be involved with children. In some cases, the practitioner becomes literally swamped with personal pressures and conflicts resulting in resentment, avoidance, fatigue, and burnout. On the other side of the coin, the person may simply reject any temptation to become personally involved, preferring to reside in the impersonal world of "objectivity." Perhaps the most tragic of all is the person who constantly shifts personal boundaries in accordance with the perceived needs or demands of others. Relating to such a person is an exercise in acceptance and rejection, care and resentment, or love and hostility. Where such a relationship cannot be avoided, as is often the case with children, the result may be one of learned anger or learned helplessness.

Being personal in relationships is more an issue of style than of content. In other words, it is possible to be personal without being particularly self-disclosing. The latter issue is a choice that we must all make for ourselves with particular people, in particular situations, at particular times. In no arena is this more important than in the field of child and youth care. This means that each practitioner must decide for herself or himself where the boundary lines are going to be drawn. In any situation where status roles and prescribed responsibilities exist, any move toward, or away

from, the personal can readily upset the balance of the social equation. In a structured learning environment for children such a disruption may have consequences that should be considered.

From an individual perspective, there is no simple formula for establishing boundaries although it is crucial for all concerned that they be identified and communicated. As a simple rule of thumb, experience clearly attests to the conclusion that it is easier to work in the direction of "opening up" than "closing down." Although they will vary across individuals and situations, once established, they should be clearly communicated and maintained. If they change over the course of time, this must also be communicated through a process of renegotiation. Above all, it should be kept in mind that the learning, for both child and practitioner, is contained within the *process* and not in the location of the boundaries themselves. With this in mind, practitioners should be able to give themselves permission to establish boundaries according to their own particular needs and not according to some predetermined expectation of "openness." By the same token, the requirements and expectations of role responsibilities can, and should be, incorporated into decision making although this is usually more an issue of disclosure than personalization.

**Maintaining a Personalized Workplace**

The practitioner who is intent upon working through personal relationships with children must somehow manage to retain a fundamental commitment to her or his own sense of self-discovery and personhood. Unless this type of commitment is constantly addressed, the chances are that the pragmatic demands of the work environment will take over and create a climate of purposeful activity that is essentially impersonal. With this in mind, the person must be prepared to bring the real self into the role identity that is prescribed by the system and expected by colleagues. Once this position has been negotiated, the practitioner must then insist that the work environment becomes responsive to personal needs. To simply sit back and expect this of others would be an act of self-abandonment and diminished responsibility. This means that personal needs should first be identified and acknowledged. This will not occur unless time is made available for this purpose.

A child caring environment is not a factory of tasks and skills; it is an interactional milieu in which all of the primary benefits emerge from a sharing of individual knowledge, beliefs, and experience. It is not a place where personal issues should be pushed aside since each one of these issues is a potential learning vehicle for all participants … adults and children. The environment should be responsive to the personal needs for competence, esteem, and autonomy by providing ongoing feedback within all relational structures and configurations, while involving people directly in those decisions that impinge upon their daily lives. This is a dynamic, personalized environment that will only reach its full potential

when all participants share a commonality of commitment to become fully human in recognizing their potential, individuality, and above all, their relatedness.

## SUMMARY

This chapter has attempted to present one idiosyncratic approach to the role of the relationship in child and youth care practice. From this perspective it is proposed that the personal relationship represents the primary vehicle through which we come to "know" ourselves and the worlds which we live. In the field of child care, this proposition applies as much to the practitioner as it does to the child. The relationship is not, then, another tool or vehicle to be used by one person in relationship to another for the purposes of intervention, treatment, or therapy.

At one level, the position taken here may be regarded as being "motherhood" and naïve. On the other hand, the implications are both profound and sophisticated, since they penetrate the very nature of being and suggest explanations of monumental complexity. All of this makes for interesting speculation but, in working with children, the point of departure is the recognition that, in a personal relationship, practitioner and child are equal partners in a process of growth and development where the experience of one provides a learning context for the other. From this simple perspective, the objective has been attained when, after each encounter, each can say "thank you" to the other … and mean it.

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# RHYTHMICITY: A POWERFUL FORCE FOR EXPERIENCING UNITY AND PERSONAL CONNECTIONS

## Henry W. Maier

*ABSTRACT: Research on the rhythmic aspects of human communication opens up to care practice a number of promising ways for working with children, youth and adults. This article highlights the importance of locating the mutual "pulse" of care interactions and then employing interpersonal techniques in the overt use of rhythmicity to foster a sense of togetherness and common purpose.*

Have you noticed that when people jog, dance or throw a Frisbee in rhythm with each other, they seem to experience momentary bonding and a sense of unity? At these and other moments of joint rhythmic engagement, they discover an attraction for each other regardless whether there has been a previous sense of caring. In fact, it is almost impossible to dislike a person while being rhythmically in "sync." Rhythmic interactions forge people together. Rhythmicity provides a "glue" for establishing human connections. The value and power of these pulsating interactions may offer an eye opener for the practice of care interactions of young and old, for caregivers and care receivers alike.

### RHYTHMICITY EVIDENCED AND RECOGNIZED THROUGH HUMAN HISTORY

Throughout the ages we find rhythmic interactions and the subsequent fostering of group cohesion in folklore and daily practice. Illustrations of these are rocking or singing lullabies to babies for comfort or sleep (evidenced in most cultures), or a gathering pulled together by the rhythmic beat of a drum, a dance, song, or a folk hymn. In looking at our own diverse working spheres in preschool education as well as in martial youth activities, rhythmic experiences are powerful agents for achieving quite differentiated objectives.

While rhythmicity can be a powerful force for linking people together, it can also be a vital force in the search for internal togetherness. For instance, playing rhythmically with one's necklace or beard, humming a catchy tune, or repeatedly jiggling the coins in one's pocket: each one of these activities is part of a search for locating predictiveness and a center of connection within oneself.

## Social Sciences' Recent Discoveries of Rhythmicity as a Part of Human Communication

Rhythmicity as a potent ingredient in everyday life has long been sensed and drawn upon. Only in the past decades, however, has rhythmicity been "discovered" scientifically for its intrinsic power in human relations. In a sense this recent documentation reflected self-evident phenomena. Life itself entails a spectrum of natural rhythm like the regularity of the heartbeat or the alteration between day and night. What is old can indeed be new! A whole new branch of psychology has been established (Birdwhistle, 1970; Brazelton, Koslowski & Main, 1974; Byers, 1972; Condon, 1970; Davis, 1982; Hall, 1976; Whitehead, 1974). Studies of rhythms in kinesthetics and especially in the rhythmic pulse of human contacts have spawned original scientific concepts, enhancing the spectrum for understanding human behavior and development.

Interestingly, Paul Byers, one of the pioneers of this group of researchers, became so excited by their discoveries that he thought that they had located "the molecules of human behaviors" (Byers, 1972, p. 1). They discerned in their specialized and highly technical research, based upon electronic and pictorial measurements, that rhythmic interactions are revealed in an "unconscious undercurrent of synchronized movements" (Hall, 1976, p. 66). William Condon in turn demonstrated that there is synchronization "between the body movements of the listener and the articulatory structures of the speaker's speech" (Condon, 1975, p. 85). Their empirical research established that these "molecules of human behavior" occur even in film frames of 1/64 per second. Such startling revelations imply that our human communication is joined together by its rhythmic fit—a challenging message for all human relation efforts. Edward Hall explains further:

> When two people talk to each other their movements are synchronized. Sometimes this occurs in barely perceptible ways, when finger, eyelid (blinking), and head movements occur simultaneously in sync with specific parts of the verbal code (the words with pitches and stresses). In other cases, the whole body moves as though the two were under the control of a master choreographer. Viewing movies [of the details of human communication] in very slow motion, looking for synchrony, one realizes that what we know as dance is really a slowed-down stylized version of what human beings do whenever they interact (Hall, 1976, p. 72).

Rhythmicity probably is not the sole mainspring of human behavior as hailed by this new brand of psychology. However, research contains ample, promising new data, pertinent for all of us in search of more skillful and effective efforts for working with children and adults amid relevant social context.

This research and practice is in line with today's recent scientific emphasis upon nonlinear perspectives (Kuhn, 1976, p. 49). Moreover, an exploration of the forces

of rhythmicity reflects also the notion of "chaos theory" (Gleick, 1987) with its stress upon minutiae as the key elements of energy and change: be it the quartz, the inherent minute constellation of the gene, or the little recognized pulse of human interactions. These more recent perspectives upon life steer us away from a Darwinian obsession with locating and pursuing a single hierarchical superstructure for human existence and move us toward the diversity of life with each person's multipotentials. And for the human relation fields, these studies can add much to our own search for developmentally sound and situationally competent care practice.

### Rhythmicity as an Essential Ingredient in Human Communication and Development

Infants' and their mothers' (or other relevant caregivers') early attempts to establish communication with each other are essentially prototypes for all initial critical relationship formations. The caregiving person "falls into step" with the baby's cycle by talking and smiling in a kind of "dance."

If the mother falls out of step and disappoints the infant by presenting a still, nonresponsive face while the infant gazes at her, the infant becomes "concerned" [frustrated], and keeps trying to get her attention (Hersh & Lewin, 1978, p. 3). Typically, caregiver and infant try to stay in touch in a cyclical pattern. It is a process of mutual inclusion; both parties search for a way to establish and maintain a joint rhythm.[1]

Similarly, lullabies and patty-cake and other child-rearing activities provide a repertoire of caregivers' actions that evoke predictable responses. These, in turn, cause the adult to feel more care-effective and the child more secure and powerful. The practice skills in communication of both parties are subsequently enhanced (Lind & Hardgrue, 1978, p. 8).

Fathers or any care interactors establish their very own communicative patterns with infants. As early as three weeks of life an infant is a communicator on the basis of the rhythmic patterns that can be witnessed by the movements of their finger, toe, hand, or foot (Brazelton, 1981, pp. 144-147). These findings alert us to be aware for similar evidence of effective (rhythmic) communication with individuals along the life span (possibly noticing slight eye, body, or breathing movements).

An awareness of conjoint engagement will likely help us to pace our interactions. It can further our capacity to interact and to speak *with* rather than to a person. It seems that the focus partially shifts from what we do or say to finding *together* a synchrony: recognizing "the kind of rhythm they are moving in, as well as the many tiny unnoticeable events that make up any transaction" (Hall, 1976, p. 71). These observations have an important potential message for care interactions: finding a mutual and sustained rhythm is one challenge of care *work*. It is interesting that children and with another.

This new understanding of the impact of rhythmicity upon close personal relations requires, in care practice, the progression from mere sensitivity to purposeful enmeshment with the individuals served. While talking or walking, playing or

working, eating or just being together, care workers and youngsters need to grant each other mutual investment so as to be fully with each other. As noted, we learned from the interplay between infant and caregiver that they had to find and fulfill each other's rhythm. So also in the subsequent encounters all along the life span, the adult and youngster have to fall into "the rhythm of relationship" (Moustakas, 1981, p. 20). In other words, it is not merely the content of the phrases exchanged nor the nature of the activities in which they are engaged. *Significantly*, it is also the give-and-take with *clear* cycles of approach *and* withdrawals, continuously maintaining each other's rhythm, that create meaningful relationship. This quality of reciprocity presents value in limes of "lust" being together as well as in active engagement. In care work, being in each other's presence, sitting comfortably together, and in particular having ample leisure time for constructive loafing are vital moments of "flow" for living and developing together. The natural evolvement of being in synchrony is worthwhile in itself.

In Edward Hall's fascinating observations (1976, pp. 65-66) of a grade school's playground behavior, children are observed running and skipping at random. Each child apparently is doing his or her own thing, transversing much of the play area. When a film of them was reviewed at lower speeds, the researchers detected, to their amazement, "that while the group was moving in synchrony to a definite rhythm... not only was there a rhythm and a beat, but the beat seemed *familiar*" (p. 66) as if it were from a contemporary rock tune.[2]

With this and other research findings in mind (Birdwhistle, 1970; Brady, 1977; Condon, 1975; Davis, 1982; Gleick, 1987; Hall 1976; and Moustakas, 1981), it seems that we might have to learn to listen, to look and explore in a new way to find the "pulse" of groups with which we are working. The hubbub in the dining room might not necessarily be a melee of *noises;* the excitement in the *living* area may reveal a source for finding rhythm and commitment for some kind of joint action. The loud noise in the shower room might merely reflect a joint rhythmic experience of exuberance over being unattended "uncovered" with each other. We know from our own work with children or youth out-of-doors that it is not the noise per se but the rhythm of the encounters of these voices which conveys the youngsters' degree of contented togetherness.

We all have witnessed in moments of uncomfortable tension, in the dining room, a single rhythmic banging of a spoon, even as an accidental occurrence maybe picked up in a flash by a whole chorus of spoon bangers! Indeed, at times such evidence of rhythmic unity may be a desirable response to severe uneasiness and a probable manifestation of repressed underlying process behavior. This same process of contagious behavior can be found in the rhythmic chanting or clapping at rallies and demonstrations, marches, etc.

## Bolstering of Rhythmic Experience

The implications of all these spontaneous pulsations are significant. But more

important, building on this knowledge, other efforts can be purposefully introduced. Great numbers of rhythmic-prone opportunities are available to us: greeting someone by fully entering into the rhythm by an embrace, handshake, or casual wave. The built-in rhythmicity of a ball toss, walking in unison, or in giving a backrub. Each of these special moments of oscillating cycled interactions fosters togetherness. Joint rhythm offers the most promising chance of course, in such activities as dance, kinesthetic movements and in common musical experience. All of these activities have high promise for blending each other's rhythms, linking peers with peers, or one generation with another.

## The Beat of One of Many Drummers?

The binding qualities of rhythm must not be confused with the lockstep quality of the single drummer's efforts to gain conformity. True rhythmicity, in contrast, requires a process of mutual engagement and inclusion, a response to the beat of several drummers. Such an awareness separates for us the modality that highlights the authority of a single voice, an overriding call upon control and order, in contrast to a modality that recognizes the necessity to link together many diversified individuals into a functional whole. The former entails a linear approach with a hierarchical muster, citing the band director and band as an ideal unit. The latter can be conceived as an assembly moving rhythmically. This model is akin to a disco where each person carries his or her own interpretation and movements of the event but remains strongly in sync with the beat of the music. Such a "dance" with its multipolar (nonlinear) configurations implies order and control but these elements are subordinate to the pattern itself.

## Rhythmicity as a Source of Predictiveness

In infancy, baby and caring adults attempt to find each other's rhythm, ultimately achieving assurance of each other's accountability. They both gain an awareness that life is and can be *predictable*. They discover that there is order in the world (Piaget, 1954) (a powerful learning for the infant and most likely a reassuring experience for the caring adult).

It is notable too that infants' and young children's toys and games provide a rhythmicity, self-actualized repetition, as their hallmark. Just to cite a few: rattles, peek-a-boo play, or patty cake, swinging on a swing, nursery rhymes and songs. Rhythmicity assures continuous predictable circular responses as indicators of the immediate course of events (Piaget, 1954, p. 66).

It is no wonder that children as well as adults tend to rely upon rhythmic experience when facing stress, frustration, and uncertainty. For instance, tapping one's foot or fingers, as if to assure oneself predictability at moments when one waits desperately for a tardy bus, inviting a friend for a casual football toss after a stressful day, or finding recourse in needlepoint, with its demand for predictable regularity.

Rhythmic experience can be impactful in furthering a sense of well-being and internal cohesion. Repetition within any one activity provides a promise of continuity and a touch of permanency by locating predictability. Our own experience with children verifies Piaget's classic research (1954) that children's play is basic to their learning. It is also a vehicle for forecasting and becoming aware of continuity patterns in the processes of living. We observe the potential mode of learning for young children as they repetitiously water play, in their repeated reliance upon the bouncing balls, or their seeming nonending trials with marble shoot or Nintendo games!

Such understanding challenges us to build in resources that invite repetitive play. For example, provision of huggable stuffed animals (a joy for young children and adolescents alike), simple and more complex toy objects for juggling or fingering, and such good old stand-bys as tapes, together with a common tape recorder. Most important, items like these are not necessarily to be programmed or to be stowed away on a shelf. They should be left out at random in order to be at hand when needed.

### Rituals are Often Institutionalized Rhythmicity

Rituals in many ways constitute an institutionalized form of rhythmicity (Maier, 1987, pp. 47-48). They culturally confirm a repeated and valued practice, which brings the participants an experience of togetherness. In group care, and for children and youth in general, rituals have particular significance so long as they represent the youngsters' rituals rather than the adults' ordained routines. Joining in the same song at the beginning of a meal, formation of a friendship circle, or a joint prayer can be a unifying experience or an arduous routine, depending whether these activities have been spontaneously internalized or serve essentially as an adult's need for orderliness. The latter is apt to be shrugged off as a "drag" while the former would mutually enhance the comfort level.

Actually, as far as it is known, all greeting rituals, regardless of their cultural or ethnic roots, have rhythmicity as a vital ingredient: the German or the powerful black handshake, the "give-me-five," the oriental bowing, the continental kiss on each cheek, the waving of farewell and many others, serve as a gesture of unity—however momentarily. Folk practice is so wise! As already cited, such practices deserve to be utilized, not so much for the sake of politeness but for their binding qualities, their inherent ingredients of rhythmicity.

### IN CLOSING

Clark Moustakes sums up the intrinsic need for rhythmic interactions:

*"In a sense all rhythm is drama, is dance, is play. The therapeutic focus with children [or youth] from the start concentrates on the rhythms of relationship, and on the rhythms of play" (1981, p. 20).*

## Notes

Lester and Associates; research (1985, p. 15) reveals that rhythm in attention and nonattention interactions are more difficult to establish for pre-term babies.

Special appreciation to Judith Christman (social work student at the University of Washington) for alerting me to this piece of research.

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# YOU ARE WHAT YOU DO AND BECOME WHAT YOU'VE DONE: THE ROLE OF ACTIVITY IN DEVELOPMENT OF SELF

## A Non-Linear Dynamic Systems Relational Approach

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*Abstract: The usefulness of professional knowledge is often judged by its ability to bring subjective experience into a comprehensive theoretical framework. In this article, the author uses the broad and rapidly developing parameters of modern systems theory to examine the relationships between "doing" and "being."*

*"Each of our youth has a special activity interest and a hobby," the agency director comments as she leads you into the day room of the group residential home. As you walk in you are stunned. You've never seen such an engaging scene. Several small groups of youth are seated around tables, each one with a worker nearby. One group is playing chess. Another group is working on a quilt, while still another is carefully selecting and gluing tiles onto a mosaic grid. You overhear snatches of conversation, and somehow even the occasional "swear word" seems appropriate for the activities at hand. "S—, man, that was some move you just made!" Looking up for a minute, your eye travels out the window and you see a flash of colour headed for the hoop of a basketball court. Then you hear a whistle: "Coaching instruction for our intramural team," explains the director. You then realize something smells good. "Kitchen detail," she says. "They're interested in cooking and are preparing tonight's snacks."*

Contrast the above snapshot—an all too rare occurrence in the world of group care—with the description that follows.

*"Each of our youth participates in a weekly self-esteem discussion group that all youth must participate in," the agency director boasts. When you arrive in the day room, however, you are stunned. The wall is dirty and full of holes. Old magazines are strewn around the floor. There is a fleabag of a pool table stuck over in a corner. Looking through a dusty window you notice the grounds with patchy grass, mounds of dirt, and a rusty old basketball hoop without a net. Nobody is at "self-esteem" group—or outside—now. On couches, grimy with years of use, loll the youthful residents, looking scruffy and desultorily glancing at the television set. Inside the staff station, the workers are smoking and writing up their notes. Right now everything is "fine"; the kids are not "acting up" or fighting—although the staff later will tell you this is their main problem with them.*

Many people would see nothing wrong with this latter scenario. But there is; most emphatically so. Why are not the children and youth doing some thing? Something engaging, challenging, productive? Because many of the children and youth in the human service system seem to have problems around relationships, emotions, and interpersonal skills, the focal point of child and youth work practice and professional education has concomitantly encouraged practitioners to handle these areas. The intent of human services to promote positive self-development of clients is continually stressed.

Yet despite this emphasis, there are still scenes like the above—and children and youth whose behavior continues to be unfocused and nonproductive. This hardly contributes to development of self. In biographies and similar other accounts, people have described how their interest in and competence in an activity such as art or sports has contributed to their identity and their sense of having a meaningful place in the world. Successful adults who have written about their experiences "in care" similarly describe the significance of activities in enabling them to develop a strong sense of self, meaningful relationships, and adult success (e.g. Brown, 1983; Seita, Mitchell, & Tobin, 1996).

Yet, many occurrences in practice directly deprive children and youth of the opportunity to be exposed to and participate in these activities: the use of point and level systems and the current "self-esteem" movement.

Point and level systems are now endemic in many programs serving children and youth. Children and youth must "behave" properly in order to "earn" the "privilege" of participating in activities and, in some settings, even relationships, by "having enough points" to spend time with an adult. These literally deprive children of the major therapeutic and developmental ingredient needed to develop of a strong sense of self, with internal self-regulation, and the skills needed for adult mental health and success (VanderVen, 1995).

The "self-esteem" movement, while already recognized as misguided (Curry & Johnson, 1990) has made provision of meaningless praise, rather than encouragement of real accomplishment, a common practice. Practitioners are reluctant to provide the activities (that is, if they have "earned" them) that will lead children to a higher standard of performance or skill because this "will lower their self-esteem." Children can spend hours in stupefying, punitive boredom yet be sent to an hour-a-week "self-esteem" group, complete with smiley stickers, in the expectation that this will increase their "self esteem." If we can even accept the developmental utility of the concept of "self-esteem," both the practices of point and level systems and self-esteem groups can be seen as more likely to lower, rather than increase, it; the only true positive evaluation of the self comes through real accomplishment.

Furthermore, these practices fly in the face of contemporary advances in identifying the core purpose and processes of developmental and therapeutic child and youth care work as primarily relational and interactional as embodied in the work of Gerry Fewster (1990), Thomas Garfat (1998), Mark Krueger (1998), and Henry

Maier (1990). A related, although philosophically somewhat different, stream is the hermeneutic approach to youth work as described seminally by Nakkula and Ravitch (1997). For purposes of this paper, the approach to child and youth practice as collectively embodied by these works will be referred to as "relational child and youth work." Activity is certainly embraced by this body of work, as one of the possible contexts for the interaction and the evolving relationship. Examples in the writings often mention an activity that situated the relationship, for example, the rhythmicity of a game of basketball youth and workers are playing. The possibility exists that articulating more specifically how activities can define, mediate, and enhance relationships and interactions will extend the power of this breakthrough in conceptualizing the distinct nature of child and youth work.

Thus the major premise of this article is that development and reconfiguration of the self of children and youth as focused upon in the new relational model of child and youth care work would be further enriched by the formal inclusion of the concept of "activity" into the approach.

In order to propose such a theory of self-development through activity, it is important to bear in mind contemporary trends in theory construction so that such a theory will have coherence and utility. One major trend is analogical scholarship (Gergen, 1990), in which a paradigm from another field is juxtaposed against the subject field. Non-linear dynamic systems theory, sometimes referred to as, "chaos" or "complexity" theory, originating in the physical sciences, has been applied in recent years to a wide range of social phenomena, on the premise that such an approach can best express their systemic characteristics and enable greater and more realistic insight into productive ways of working with them (e.g. VanderVen, 1997; VanderVen & Torre, n.d.). In this article, non-linear dynamic systems theory will be applied to construct a beginning outline of a theory of self-development that includes activity as one of the major components of self-development. Included in the paper will be a description of source theories for the theory outline:

- A description of the major tenets of relational child and youth work

- "Activity theory" and its application "activity programming"

- Non-linear dynamic systems theory and specific concepts that can be related to development of self through activity

- The significance of self in personality development of children and youth, how self is developed, and the self as a complex adaptive system

- An outline for a proposed non-linear dynamic systems theory of self in activity as mediated through relational child and youth work, including core principles

- Implications of the theory for child and youth work, most particularly activity programming and relationship-centered practice

## SOURCE THEORIES FOR A THEORY OF SELF DELOPMENT
## IN ACTIVITY

**Relational Child Care**

The breakthrough work on "relational child care" as already described will serve as the core for integrating self-development, activity theory, and complex adaptive systems theory into an integrated theory of self-development.

Although summarizing can hardly reflect the texture and intricacy of these seminal theories, by viewing them across authors, common threads can be identified:

- The relationship between the child/youth and the worker is the central mediator in that youth's development and is forged in mutuality, rhythmicity, and caregiving interactions

- The process and synchronicity of interaction, focusing more on process than on prescriptive technique, with content of situations being co-determined rather than unilaterally applied from an authority position, is the way in which positive development is encouraged through the relationship that evolves

- Much more so than in other human service professions, the personal selfhood and style of the practitioner is admissible into the relationship, in fact forms its meaningfulness

- The interaction occurs "in the moment" and is multiply determined by personal attributes of the participants and the context (e.g., a caregiving situation, an activity, even a crisis)

- A reconfigured and/or stronger sense of self emerges as the multiplied aspects of the relationship are internalized by the youth and affect his or her ongoing transactions with the environment

With activity integrated into this approach, it is proposed that its ability to promote positive development will be even further enhanced.

### ACTIVITY AND ACTIVITY THEORY

**Activity Theory**

Activity theory, as mentioned, is seldom if ever referred to in the "child and youth care" literature, being found, generally, in literature on cultural psychology. This theory is relevant to, and supportive of, the role of activity in child and youth development. Pioneered by the Russian psychologist Leont'ev and drawing heavily on the thinking of Vygotsky, activity theory is now represented by such scholars as Lave and Wenger (1991) and Cole (1996). In general "activity theory" is concerned with how informal learning—particularly skill development—takes place in the

context of social interaction with others rather than in passive reception of information. It also stresses how the role of the adult is to encourage new learning by providing support to the point that the child finally has mastered the skill and can use it autonomously.

Apprenticeship, for example, is a way of providing "situated learning" through "legitimate peripheral participation" in which knowledge and skills are developed in a cooperative enterprise in context, and result over time in the increased access of learners to participating roles in expert performances until they reach the point of "full participation in the sociocultural practices of a community." Such "participation networks" are structured; in fact they need to be in order to allow peripheral participation to take place (Lave & Wenger, 1991, p. 17). The concepts of "situated learning" and "legitimate peripheral participation" provide a strong rationale when considering activity and relationships in interaction as crucial in the development of self.

## Developmental Aspects of Activity

Within the child and youth work field the number of writings on activity programming as a function of the practitioner are far fewer in number than those that focus on the relational aspects of child and youth work. Where a rationale for "activity programming" and "activity" is given, it often focuses on the notion of "providing recreation," filling up "free time," or "keeping them (children and youth) busy." There is much less emphasis on how "activity" can promote positive developmental outcomes and, even more so, how "activity" might actually be one of the primary cornerstones of learning, overall development, positive mental health, and successful adulthood.

"Activity" in the context of this paper might be viewed as existing in "domains" of occupations of young people, particularly, but not exclusively, when they are "out of school." Domains of activity include play, sports, games, arts, crafts, service, music, hobbies such as collecting, tricks and rituals of childhood, even entrepreneurship. Traditionally we think of school age and older children as participating in activity and younger children as participating in play, particularly imaginative or "pretend" play. Of course, imaginative play, and certainly the spirit of "playfulness," are not the exclusive domain of preschoolers. The literature on the crucial role of play in development of young children in all spheres—social, emotional, cognitive, and physical—and as an integrator of these capacities is substantial and compelling.

There is much less formal articulation of the developmental benefits of "activity" for older children, especially those in group care settings. Although adults may recognize the need of children and youth to eventually develop vocational and employment maintenance skills, they fail to see the connections between the developmental outcomes encouraged by participation in activities and a developmental process, the growth of activity skills into vocational skills.

However, this author has enumerated these in numerous presentations (e.g., VanderVen, 1981, 1985, 1998). They include promotion of identity, industry, mastery,

self-regulation and frustration tolerance; physical skill and body image; a wide array of social skills such as empathy, perspective taking, team work, sharing, cooperation; anticipation (time sense); and attending (to name just some of them). Werner and Smith (1992) cited activity, that is, possession of a hobby, as a resilience factor for "at-risk" children. Csikszentmihalyi's (1990) theory of "optimal experience," or flow, relates to activity outcomes, in that "flow" is often attained while deeply involved in a "favorite" activity. Nakkula and Ravitch (1997, p. 249) state that "a childhood … lacking in the richness of play" (i.e., activity) "compromises opportunities to develop flexible strategies for communication, relationship building, and creativity development."

The significance of self-development through activity is underscored, interestingly, when one views adult development theory, with particular reference to adults (Erikson, 1975) and older adults. With this population, their sense of self is very much determined by their interests, their activities, many of whose origins can be traced in an ever growing trajectory, from childhood. Friedan cites research indicating that older adults who participate in meaningful, substantive activities actually live longer (1992), although for the elderly the nature of these activities and who they do them with is extremely significant in relationship to their having a positive effect.

Certainly, then, there is reason for more concerted attention to articulating the relationship of activity to "self" development in children and youth. Non-linear dynamic systems theory, to be discussed next, provides a cornerstone for seeing how activity participation contributes to the development of a rich and complex "self."

## NON-LINEAR DYNAMIC SYSTEMS THEORY
## AND THE DEVELOPMENT OF SELF

### Non-Linear Dynamic Systems Theory and the Complex Adaptive System

Non-linear dynamic systems theory is concerned with the behavior of systems which are complex, that is, composed of multiple components that interact with each other in various ways and are open to taking in, and responding to, information from the environment. The process of psychological development, including development of "self" (Butz, 1997), can itself be conceived as a complex adaptive system in which the organism takes in information from the environment, which is mediated through other human beings and the person's own evolving psychic structures. This is then fed back into the structures, continually changing them and therefore the way in which new environmental information is processed. All of this leads to a more complex mental organization and a better ability to relate to challenges in a complex world. Key concepts in non-linear dynamic systems theory that are particularly applicable to developmental processes are connectedness, recursion, sensitive dependence on initial conditions, attractor, self-organization, far-from-equilibrium, "weak chaos," coupling, entrainment, and emergence. These

concepts will be central in building a theory of how activity is fundamental in the development of self and will be referred to in the rest of this paper. Table 1 offers a definition of these terms.

## The Self as a Complex Adaptive System

A review of a variety of writings about the nature of "self" yields a number of key attributes that support the contention that the self can be viewed as a complex adaptive system in the context of non-linear dynamic systems theory. The first is that the self has a core, an essential sense of existing and being (using systems language, an attractor) that is maintained even in the face of continued external change. The self is organized and has a pattern as a means of maintaining one's ongoing sense of personal identity, even though that pattern may be constantly shifting. The self has a structure that enables it to entrain new information, yet maintain

*Table 1:* Key Terms in Complex Adaptive Systems Theory

*Sensitive Dependence on Initial Conditions:* A small input into a system can reverberate through it, have multiplicative effects, and yield a large output.

*Recursion:* A system's output is fed back into the system continuously, thus creating a newer, more complex, and differently behaving system.

*Attractor:* The governor of a system; the point to which it continually refers back,

*Self-organization:* The tendency of a loose system to organize itself into patterns.

*Far-from-Equilibrium:* When a system is continually dynamic, and "off balance."

*"Weak Chaos":* Making a more static system turbulent and dynamic by "introducing" chaos; this usually means taking some decisive action strong enough to perturb the components of the system.

*Coupling:* When there is interaction between subcomponents of a system.

*Entrainment:* When a system co-opts another system which becomes linked to it.

*Emergence:* An evolutionary-type process in which systems continue to grow and change toward greater complexity and may generate new systems.

this internal sense. The self is complex and dynamic, continually open to new information that it integrates into its current structure, but which alters that structure toward greater complexity and intricacy. The self is actually actively constructed as an individual responds to the messages received and adapts to them in terms of the meaning they have, reflecting the processes of entrainment and recursion. "The child is as much an agent of his or her own development as a recipient of the direction of others" (Forman & Larreamendy-Joerns, 1998, p. 105). This approach to self-construction is very congruent with the concept of constructivist learning as described in Fosnot (1989, pp. 20-21) by VanderVen (1997, p. 45) "in which knowledge consists of past constructions which come from interaction with the environment and the learner's adaptation to new acquired information through a continuous process."

Thus, the self can be seen as a complex adaptive system: the attractor is the core of self, which provides the basis for continued entrainment of information with the self continuing to emerge in greater complexity over time. That is, the self is involved in an ongoing process of recursive construction—if development proceeds well. That complexity of self is crucial in development is supported by Rescher (1998), who states that the most effectively functioning mental capacities are those that are complex—have the most structures, the most openness to new information.

Thus, the paradox of the self in the developing human being is its stability—it continues as a stable and central personality feature throughout the life span, yet it is constantly undergoing change and modification, behaving very much like a complex adaptive system. It has been obvious, of course, that the "self" and "self-concept" do not develop in a vacuum. It goes without saying that significant adults play a fundamental role in offering and mediating the experiences that contribute to a child's developing sense of self, first through serving as attachment figures and later, in a multiplicity of teaching, caregiving, coaching and other supportive roles (Curry & Johnson, 1990) that situate the experiences children have that in turn they use to construct their sense of self. As children become older, the peer group (Selman, Watts, & Hickey-Schultz, 1997) assumes a central function as a social force affecting the self. The "textures" of these relationships help children assess themselves and their place in the social world; their sense of self then contributes towards determining their "place" in that world in a continuous interactive process.

## THE THEORY OF ACTIVITY IN DEVELOPMENT OF SELF IN RELATIONAL CHILD AND YOUTH CARE: A BEGINNING OUTLINE

Using selected concepts outlined in the preceding discussion of activity theory, complex adaptive systems theory, and development of self, the following outlines the beginnings of a new, integrated theory of activity in development of self in the context of relational child and youth work. The concepts of non-linear dynamic systems theory are used to construct the basic premises of the theory.

*Connectedness.* Perhaps the central function of activity in self-development and relationship is the fact of connectedness. Presence of an activity—to attract interest or even resistance—enables both parties to connect with each other. Without such a mediator to enable two different "selves" to cross boundaries and engage with each other, such a connection may be less likely to occur, particularly if—as is likely the case with at-risk youth—they have few internal resources and social skills to bring to the transaction. The activity is indeed central in setting the context for "situated learning" and "legitimate peripheral participation."

*Attractor.* The notion of attractor—the governor of a system—is crucial in the development of self. When there is no structured or focused activity in a setting, there is no external attractor in the system that situates the youth(s) and in that way the following can occur:

- The youth(s) will be bored and unfocused, and there will be a greater tendency for unproductive and acting-out behavior to occur. This will move the staff toward limiting and punitive responses, thus diminishing the quality of any relationship and interaction that existed.

- A relationship that is not mediated by an activity may move over acceptable boundaries—even with the more flexible boundaries permitted in relationship-centered child care—without a mediating influence, or not be enabled to occur at all.

- An activity initiated or embedded in the context of a setting serves as an attractor in the interactive setting between youth and staff.

This then provides focus for the relationship, its process and content depending on the staff's perception of the youth's readiness for relationship. The activity can be used to allow distancing and neutrality. Often inserting an educational and structural aspect to an activity allows this, that is, giving formal skill instruction and practice enables this to occur until, through the trust that hopefully evolves, more closeness can occur. In this situation, more "selfhood" emerges on the part of the worker, who tempers education with style, which provides greater variety of expression to be internalized by the youth in his or her self-development.

*Sensitive dependence on initial conditions.* This phenomenon—that a small input may lead to a major outcome in a complex system—supports the concept of utilizing an activity to initiate a relationship. The focus this begins can then iterate over time to become a major attribute of self and lead to very positive outcomes.

A basic example of an entry behavior that can determine the evolution of a relationship and activity interest that can contribute to self-development is a worker who arrives and says, "Hey, I brought my yo-yo today. Used to play with it a lot when I was a kid. Want to try?" Immediately a context to shape and focus the interaction is set. The youth may respond in any number of ways: ignore the worker, walk away, brighten up, or hold out his hand for the yo-yo. But immediately there is something for the worker to respond to, and the dynamic aspect of the interaction is primed. It is even possible that some youth will become truly interested in developing yo-yo skills that can be used to help him engage meaningfully with others and contribute to the growth of an ever more complex and positive self—with the origins being a very simple initial situation. Imagine the contrast if the worker begins by saying, "You just lost 50 points for not having this place cleaned up." The youth stiffen up with resentment which can similarly reverberate through the context and future interactions—ending up some time later, with angry, unaccomplished, disengaged youth.

*Recursion.* The notion that information generated as an open system evolves is fed back into that system, spurring it on to greater complexity, is a dynamic that explains paradoxical results in interventions with children and youth, and supports the relationship-centered model, especially as activities are increasingly made part

of the content of those relationships. When the focal point, or attractor, in the system (context) is control, such as embraced by a point and level system, the more the context emphasizes control, the more resistance develops, resulting in even greater attempts to control and greater resistance, ultimately yielding alienation, anger, and disengagement from relationships and productive interactions.

In child and youth care settings, short-sighted adults attempting to control their youthful clients will either make them "earn" what little activity there is (VanderVen, 1995), by "good" behavior—even when they do not have the skills to attain such a behavioral standard (which might be attained through more unconditional participation in activity)—or will simply not offer sufficient activity, thus compromising the opportunity for them to begin to develop the complexity of personality that will enable them to attain a more positive adulthood. Thus they give way to boredom. Although in some cases boredom may force a child to utilize his or her own resources for stimulation and engagement, thus contributing to development, more likely the individual either gets involved in anti-social or negative behavior or simply settles for an emptier personality akin to his or her daily living situation.

*Far-from-equilibrium.* Utilizing an activity as the situator of relationships and interactions sets up a situation that is analogous to triangulation in family systems, with the activity being the third point. Without a third entity, two entities can become static, whereas with three there are constant shifts in balance. This encourages the system to be far-from-equilibrium, actually an optimal state, because it can entrain more information and hence grow in complexity. A worker offering an activity to a youth or a group, or vice versa, can encourage a far-from-equilibrium state.

*Self-organization.* The tendency of a system with even minimal structure embedded in its context does not need a great deal of energy inputted to evolve its own coherent structure and pattern, that is, self-organization. For example, a youth who is introduced to star-gazing by a worker and begins to spend his evenings purposefully doing his homework so there will be time to work on building a telescope with that worker and watching the constellations is exhibiting internal self-organization. The expanded knowledge, connections, and interests that develop represent the ideal complex, coherent, evolving self that will be able to approach new situations with greater complexity.

*Weak chaos.* Deliberately "stirring up" a system by injecting "weak chaos"—perhaps doing something paradoxical or unexpected—can keep a system "dynamic" and open to change including the evolving self-hood of youth. This is a prime function of the worker in the relationship-centered model, using activities as an extension of himself. Allowing a youth to stay up unusually late, taking him on a challenging trip, shopping for a new piece of equipment, simply adding novelty or surprise to an activity or any number of other actions can restore declining energy, move things in another promising direction.

*Coupling.* In self-development, as either an activity or a relationship connection become internalized, the mental subsystems these represent can begin to connect with each other and affect each other transactionally. The activity will change the youth's internal sense of self (toward greater richness and complexity) and conversely, as the sense of self changes, relational capacities will increase.

*Entrainment.* One of the most exciting aspects of activity occurs when a youth is enabled to establish a new interest, with the support and investment of a worker (which situates the activity and relationship). There is then the potential for this system to relate to other external systems, that is, other domains of activity, related domains of activity. For example, a youth who becomes interested in ceramics might participate in community ceramics activities, meet other ceramicists, write about ceramics, and take up painting and drama as well.

*Emergence.* Finally, we can consider the concept of emergence in the development of self through activity. As the self as a complex dynamic system evolves both internally and externally, as described above, competencies for living and for relationship building—as mediated by activities—and activity interests and skills—as mediated by relationships in ongoing oscillation—emerge.

## Core Principles

From the above non-linear dynamic systems theory conceptualization of the development of self through activity, I offer the following core principles to specifically guide efforts to enhance use of activity as a child and youth work intervention:

1. Context is crucial in child and youth work and exerts an inexorable influence on interaction and relationships. The context reflects the systemic aspects of person and environmental interaction.

2. Activities can define the nature of the environment and the feedback it gives to the interaction and relationships of participants. The nature of the activity, who introduces it, how it is structured and delivered, the responses of participants—all interactively affect and shape the overall content and pattern of interaction and relationships.

3. When the context is "activity-rich"—that is, there is an activity situating the interactions and relationships—greater complexity and mediation are possible, increasing the possibility that these are developmentally productive. Activities provide more energy, options, and variables for modifying the processes of interactions and relationships. Specific knowledge of activities (e.g., kinds of responses elicited by various media) allows utilization of activities to enhance interaction and relationships.

4. Activities engaged in by children and youth mediate relationships and interaction. Because the activity adds an additional component

to the interactional system, it encourages greater complexity, thus providing the youth with a greater number of possible pathways to explore in the future and options from which to choose.

5.  Activity knowledge and skills directly encourage development of positive self-concept. Activity interests promote and allow the forging of connections, and the opportunity to gain feedback in response to one's offering and sharing of activity knowledge and skills. An individual's own internal awareness of interests and skills increases confidence in initiating and maintaining relationships. The element of complexity thus introduced continues to expand and enhance the self-concept.

## IMPLICATIONS FOR CHILD AND YOUTH PRACTICE

The theory of self-development through activity as situated in relationships and context offered in this paper suggests that not only are relationships enriched when activity is an attractor in the system, but the activity can actually serve to mediate the formation of relationships, especially in at-risk children and youth.

For this premise to be enacted in practice, training and education, and settings, practitioners might consider the following:

### Training and Education

*Self-in-reflection.* Progressive training and educational programs openly endorse discussions, journals, the concept of the reflective practitioner, and the like that help the developing practitioners recognize their own selfhood as it affects their style: ways of relating to others and applying new information. Activity should be encouraged in contrast to implementation of control strategies such as point and level systems, and the power of activity in constructively modifying behavior, as well as enhancing the relational capacity of both adults and youth, stressed.

Added to these activities might be more emphasis on recollections of play and activity, and the role these played in the development of self, relationships, and one's current life pattern. Similarly, more emphasis on the role of activity in one's adult functioning could be made. These reflections will bring the significance of activity more to the forefront, and make it more accessible for actual use by the practitioner.

*Activity theory and activity programming.* Training and educational curricula can give appropriate balance and in-depth consideration to activity theory. Although activity theory has been stressed in preparation of European educateurs, it has had little attention in child and youth work. This could be changed, however, as this theory is a crucial component in understanding how self develops in environmental contexts that can be structured to enhance their effectiveness in promoting learning and development. Activity programming, while included in some curricula, might follow the example of European social pedagogue education and bring the theory, practice guidelines, and knowledge of specific domains of activity to the forefront.

Prospective child and youth workers should be formally prepared in a number of activity areas, and apply them in guided practice.

**Practice**

*Systemic changes.* More activity-centered settings can only be implemented through attention to their systemic aspects. Administrators must recognize how activities not only lead to positive outcomes for children and youth, but also how to support their implementation in the milieu. They must promote throughout the agency a value system that supports activity programming, as well as specific practices. These include actively reducing endorsement of point and level systems, providing adequate and well-maintained equipment and supplies, including activity knowledge and competence in job descriptions and hiring practices, and providing activity-oriented on-the-job training. Supervisors also need to be able to translate these premises into their practices.

*Direct changes.* Direct line workers need a situation in which ongoing activity, formal and informal, can continually be conducted, and in which their personal interests and competencies can be comfortably entered into practice. They will undoubtedly find that their relationships with youth and youth's relationships with each other are enhanced and their joy in the work increased as they experience the pleasure of youth growing and learning through relationship and activity.

**CONCLUSION**

This paper has presented an outline for a non-linear dynamic systems theory of self-development through activity as mediated by relational child and youth work and situated in the contexts in which interactions take place. Whichever is the initiator of these transactions—the activity or the relationship—the fact remains that we are what we do, and what we do is integral to who we are and what we continue to become.

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**Relationship and Communication: Domain Editors**

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**Thom Garfat,** *PhD*

Thom Garfat, PhD has been working in our field for 40 years. He is the co-founder of the International Child and Youth Care Network (www.cyc-net.org), the senior editor of *Relational Child & Youth Care Practice* and the developer of the training program "The Therapeutic Use of Daily Life Events". More information about Thom can be found on his company website *www.cyc-net.org/transformaction*.

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Claire King, EdD is a youth advocate and educator who has spent her career as a youth worker in the classroom. Her experiences with young people in formal and informal education in under-resourced schools and youth groups in urban and rural settings in five states led to her interest in positive youth development and appreciative inquiry of the environments and approaches that best facilitate youth voice, identity and vocational awareness. A 2003 Journey Fellow, Claire developed a comprehensive online curriculum for professional youth workers based on the CYC-P competencies. Preceded by 19 years in K-12 schools, Claire recently completed 13 years in higher education in Indiana working in leadership development and transformative educational practice with "failing" schools. She is now an administrator in a small urban New Jersey high school working directly with adolescents and the adults who support their growth.

# COMPETENCY V: DEVELOPMENTAL PRACTICE METHODS

In these days of "evidence based practice", we all look to see if our work is indeed based on some kind of factual base that it will indeed have a positive effect. The 'evidence' is still out on what actually comprises 'evidence', since many still feel that direct experience that has been reflected upon and thoughtful applications based on respected theories also are can serve as the basis for practice. Fortunately our field accepts useful information from multiple methods and multiple sources. As well, when it comes right down to it, it is difficult to classify articles as 'research', 'practice' and 'classic'. Many valuable pieces contain aspects of all three, although it is true for some that one form may predominate. This is true of the pieces selected, after a great deal of deliberation, for inclusion in the Developmental Practice Methods section.

**Classic:** Maier, H. (1994). Attachment development is "In". *Journal of Child and Youth Care, 9*(1), 25-51.

**Research:** Jones, K., & Perkins, D. (2006). Youth and adult perceptions of their relationships within community-based programs. *Youth and Society, 38(1)*, 90-109.

**Practice:** Schneider-Muñoz, A. (1986). Strategic activity programming for emotionally disturbed children and adolescents. *Journal of Child and Youth Care Work, 4,* 71-79.

## CLASSIC

Nobody could be more classic than Henry Maier. His humanity and essential understanding of the true meaning of child and youth care work has helped lay the foundation for this field whose mission is to provide care and thus enable youngsters to develop positively. Child and youth work more than any other human service field or profession is responsible for ensuring the quality of daily life in the milieu, providing the environment, relationships, and activities, among other variables that promote healthy development.

Today the disruptions that occur in many youngsters' lives early on as their families struggle with a multitude of problems have the potential to disrupt their ability to form the most crucial psychological attribute–attachment. Our beloved Henry reminds us of this—and solidly establishes the role of our field in ensuring that attachment occurs for all the children and youth with whom we work.

## RESEARCH

This empirical study utilized formal data gathering methods to assess youth and adult involvement and youth-adult interaction in a variety of community programs. It has strong implications for practice and implementing the community aspect including relationships with adults that is so key in an ecological approach to child and youth work. Specifically, the authors draw upon intergroup contact theory in building the case that youth participation and leadership, rather than adult-driven collaborations, are critical to youth involvement in community. That there is

little in our literature on youth relationships in the community further supports the selection of this article.

<div align="center">**PRACTICE**</div>

Many in the field have felt for years that the provision of stimulating, engaging, challenging and rich activities, while recognized as a function of the child and youth care field, has been its "weakest link". Even where there is understanding of the development benefits of activities, child and youth practitioners somehow have difficulty implementing an activity program in their settings. The Schneider-Muñoz article, both a classic and a practice piece, gets right to the point. It's full of wonderful ideas that child and youth workers can use to transform their milieu from one of boredom and acting out, to one in which children and workers interact over play, projects, and hobbies. Both the activities suggested and the strategies for designing and implementing them, can help strengthen activities in the milieu and promote the positive development of children and youth.

**Developmental Practice Methods Domain Editors**

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# ATTACHMENT DEVELOPMENT IS "IN"

## Henry W. Maier

*Abstract: The current focus of research in the discipline of child and youth development is upon attachment development. In the fields of child and youth care practice, efforts are beginning to apply these recent findings to care approaches. In order to sustain the trend, this article outlines concretely, and step-by-step, a study of attachment development and, subsequently, the application of this knowledge to the day-by-day practice of the care of children and youth having to live away from their families.*

### ATTACHMENT DEVELOPMENT AS CURRENTLY CONCEIVED

Attachment formation as a linking together between child and parent or care receiver and caregiver has really always been recognized. It is envisaged as a basic human process; profound, powerful, yet so simple as it maps the development of children, youth, and adults whether they are at home or away (Maier,1990). Scientific studies of attachment development document actual accounts of almost fairy tale quality. In fact, you the readers no doubt can recall that your grandparents as well as you knew long ago about this almost mystical phenomenon of bonding and growth. Frequently, scientific breakthroughs have been established by folk wisdom and cultural practices far ahead of actual scientific "discovery." (Yes, folk wisdom is still so wise!)

Attachment theory is currently moving into the forefront (Rutter, 1979; Scarr & Eisenberg, 1993; VanderVen, 1992), replacing earlier preoccupations with psychoanalytic, ego psychology, behaviour modification, and cognitive formulations. Such a trend is in tune with present-day concerns about the quality of interactive processes for furthering satisfactory life experience (Corter, 1981). This paradigm is also consistent with the alteration of a prevailing preference toward contextual (non-linear) thinking as contrasted to a linear mode; that is, away from a preoccupation with the preceding formulations, characterized by "Why?"—to the "What?" (the circumstances associated with interactions within a situation). Recent scientific explorations have bolstered earlier intuitive know-how. To cite a few, in empirical research: Ainsworth,1982; Booth, Rose-Krasnor, and Rubin, 1991; Bretherton and Waters, 1985; Reite and Field, 1985; Rutter and Rutter, 1993; Weiss, 1982; and Werner and Smith, 1982; as well as powerful conceptual formulations by Ainsworth, 1985; Bowlby, 1982; Bronfenbrenner, 1979; Delancy, 1991; Maier, 1990; Rutter, 1979; Singer, 1992; and Werner and Smith, 1982. In addition, there is substantial ground-

ed-practice experience as models (Brazelton,1979; Curtis, 1991; Fahlberg, 1990, 1991; Hawkins, 1993; Krueger,1994; Maier,1991, 1992a; McElroy, 1988; VanderVen, 1992).

The following pages serve to familiarize ourselves step-by-step with this psycho-socio knowledge about attachment development. I will later include the application of this more recent comprehension of human development to the practice of care of children and youth within the family or alternate forms of care provision. Readers are alerted to the underlying assumption of attachment development: it relates to life development regardless of setting and social labelling. It is germane to initial as well as later life development along the spectrum from infancy through adult life. It is recognized as a pivotal but not the sole process of universal human development. It is basically sensitive to the diversity of human nature and experience and incorporates genetic, maturational, gender, experiential, and environmental phenomena (Ainsworth, 1985; Booth, Rose-Krasnor, & Rubin, 1991; Bowlby, 1982; Bronfenbrenner, 1979; Scharer, 1990; Sroufe, 1978).

A familiarity with the essence of attachment development is particularly crucial because it has been established that almost all youngsters presently living away from their birth families have inadequate or maladaptive attachments. They are usually acknowledged risk." Nevertheless, they have a good chance for a promising future, if they can find selected alternate persons who can stand by and care actively for them (Hirshon, 1987; Werner & Smith,1982). Such later positive attachment connections can be readily traced to the quality of care experience in foster care or other alternate forms of group living.

## ATTACHMENT DEVELOPMENT DEFINED

*Attachment development* can be broadly defined as *lasting psychological connections between human beings as well as their anchorage in their ongoing community*. Although attachment is an abstract construct, it embodies powerful visible human connections reflecting an *interactive, reciprocal* process. Most important in the emotional bonds between care receivers and caregivers are feelings of attachment and mutual personal connectedness, goodwill, and a sense of a continuous presence between the attached persons even while they are physically apart. Here is the "heart" of genuine attachment. Attachment gives one the assurance of the other's continued presence and support, although they might not be in immediate touch with each other. Attachment continues to persist over space, time, and other ongoing associations, fostering independent autonomous existence and the slow emergence of a sense of self.

The forces of development can probably be best, explained and understood by turning to our own experiences. If we were to select one person who gives particularly significant meaning to our own life, we would likely recall a parent, a partner, a close friend, or a counsellor. We could quickly recognize the strengthening power of such a person, even while apart from him or her. When we feel assured of the

person's closeness, we may notice that we remain open to learning, attending to an ongoing task, or risking new ventures. However, if a person should lack a steadfast attachment, one's openness to learning or ability to be fully engaged tends to be hampered and lacking in energy investment. In general, comfort with regard to one's attachment seems to spark our ongoing emotive-socio life experience.

## AITACHMENT DEVELOPMENT THROUGH THE LIFE SPAN

From infancy on throughout life, attachment issues may reoccur in initial significant encounters between two persons. Unlike love, attachment cannot emerge or disappear instantly; it requires a process of reciprocal evolvement. For infants a caregiver (parent or alternate) tends to reach out, and most of the time the child independently demands proximity. Infants are born with a biological propensity to behave in ways that promote proximity and contact with their mother figure (Rutter, 1919). We can cite the infants' cries, presumed searching looks, and their very state of naked helplessness. It remains an open question who reaches out first in creating a mutual interactive process with roots in these initial encounters. Interestingly, it has been suggested that "a responsive infant can generate parental feelings of efficacy" (Werner & Smith, 1982, p. 57).

Most basic is the contention that humans as well as many mammals, e.g., monkeys (Rutter, 1979), have an innate tendency to remain close, near to the primary caretaker (Singer, 1992). These spontaneous thrusts for closeness are evidenced in the automatic clinging, cuddling, and repeated demands for immediate body contacts of the young beings. This need for closeness is also reflected during the formation of potential new attachments later on in the life span.

To emphasize that striving for proximity is a fundamental human quality, we need only to look at the ordinary requirement for infants and young children to be held or at least be very near to the caring adults. This need is manifested throughout life and proximity-seeking for nurturance, because finding direction and protection serves effectively as a means of survival for humans and other mammals (Delancy, 1991). The desire to hold on (literally or figuratively) is neither "good" nor "bad"; it is *human*.

Mutual involvement with a caring person becomes, for the infant after a few months, a cyclical experience. It is either encouraged or thwarted by the infants' reflexes and endowed alertness (Reite & Field,1985) as well as such environmental factors as nutrition, physical comfort, and the caregiver's own well-being and cultural attitudes toward her or his own course of child rearing (Werner & Smith, 1982). Inherent in those interactions is that a sensitive, caring person gives "the child the feeling of having control over her behavior [an awakening of self]. The child builds up expectations that the caregiver's behavior is predictable and can be influenced" (Singer, 1992, p. 124). These interactive childhood experiences are moderated by variance in child-adult interactions and ecological circumstances (Bronfenbrenner, 1979). Nevertheless, the commonality is that attachment development has its roots in genuine behavioural encounters, charged with the effect of sensitive emotional mutuality.

These processes combine social learning and emotional openness to the interactions. The early months of infancy can be conceptualized as the "pre-attachment" period. In everyday life any sensitive, sufficiently involved caregiver can assume these functions.

**Early Childhood**

By 6-12 months of age the quality and meaningfulness of the experience, especially conversational interactions, seem to be crucial rather than the sheer amount of stimulation per se (Rutter, 1979). An attachment to a specific person emerges. The infant becomes a "child" with discriminating favouritism for his or her caring attending person. This pattern turns separation into a complex issue. The experience of being left is intimately tied to the factor of continuance and "what comes next?" If alternate attachment prone persons are "on deck," transfer is less of a concern. Other attachments are apt to develop with the person who brings comfort to the care moments. Sensitive responses foster potentially secure personal bonding. A cyclic, goal-directed process and a regular feedback system make for a satisfactory ongoing process and for wider attachment formations. This phenomenon seems to occur more readily in large households and may stretch over several generations (Werner & Smith, 1982). In a like manner, potentially solid social contacts emerge within the contemporary social scene where we find, in addition to the immediate family, that other persons may serve as attachment figures: day care workers, teachers, counsellors, neighbours, older peers, and siblings, who take an active interest in the young child (Hawkins, 1993).

A curious contradiction to the innate demands for closeness emerges in infancy and becomes more pronounced in early childhood and subsequently throughout a person's whole life span. Humans manifest a tendency (a life force) "to counteract 'safe' proximity with an urge to explore, to discover through trial-and-error and through play what there is beyond their familiar nurturing experience" (Singer, 1992, p. 123). Around the age of three a child moves in an opposite direction with a strong pull toward independent actions of his or her making, if the child has the feeling of assurance of the safety of the caregiver's lap when needed. Naturally, the child is apt to test this "insurance policy" from time to time. In short, human beings proceed with two opposite pulls: (a) to maintain proximity to their nurturer, and (b) to strike out on their own, to explore, and to prove themselves beyond their known and predictable life spheres.

Research has taught us that "attachment frees" (Maier, 1987, p. 121). Children's solid experience of dependency upon the central adults in their lives assures them of these persons' lasting interest and support while away from them. Their attachment persons are in a sense with them even while not present. These children can be left without much fuss and additionally they themselves find it safe to leave temporarily and venture out, exploring and risking new situations, just as Beatrix Potter's Peter Rabbit once felt sufficiently attached to leave his mother for Mr. McGregor's garden (Potter, 1982).

This newly acquired urge to move from the known to unknown is a familiar pattern seen in behaviour such as testing TV buttons, tasting fluffs of dust, reaching up to grasp, and validating new experiences (including adult reactions to new ventures). The assurance of a sound, mutually satisfying, anticipated "togetherness" combined with the caring person's message, "You can try on your own even with natural setbacks," evidences the position of the caring adult as a person of trust for safe dependency, a source for control and direction when needed (Curtis, 1991). Toward the end of the first year, trust for care and trust for control emerge. By trying out their own actions, children subsequently begin to locate and discover their own autonomy, building an early trust of self, including a budding conscience.

However, we need to keep in mind that development never occurs in a straight line (Bronfenbrenner, 1979). At times of stress, at unexpected turns of events, or when merely fatigued, the person representing attachment is much in demand. We note that anxiety and other forms of distress intensify the quest for attachment reassurance, temporarily diminishing play behaviour and repressing openness for learning (Rutter, 1979). Nurturing, especially physical incorporation (embrace, hand-holding, or full cuddling), may be urgently needed "medicine." In such instances the attached person may think that the child has slipped back months in their joint development. No danger! The more readily that calm emergency aid is applied, the quicker the youngster will be off on her or his own again. It is like shifting the car gear to a lower one in order that the car can master a sharp incline, with a reliance upon a different level of functioning. In human response, it is not regression when nurturing is sought. That very act of support provides hurdling help toward more adequate functioning.

In the development of attachment there is a transferable quality of the attachment experience. This experience of making connections opens or hampers opportunities for close contacts evolving toward broader social engagement (Fahlberg, 1990). The quality of attachment formation can be directly assessed by the strength a youngster senses that he or she has in the relationship with the chosen protector and ally. In actuality, it is the experience, the nature of their mutual interactions, that is paramount rather than the care person's repertoire of therapeutic or social skills.

## Mid-childhood

During mid-childhood, roughly 5 to 12 years of age, secure attachment becomes particularly important. During those years the youngster becomes more and more involved in life experiences beyond home. It has been established that attachments lends greater freedom to progress apart from the immediate protective attachment person. Ordinary experience in school, with peers, on excursions, and a multitude of activities in the community build the readiness to transfer and relate to newly selected connections. All these build upon former foundations of attachment formation (Fahlberg, 1991; Sroufe, 1978).

In the foregoing, attention has been directed to an understanding that, in the course of attachment development, dependency is an essential ingredient. In fact, dependency is a natural, human, and desirable process. Dependency upon selected individuals early in life and on others (chosen as well as designated) later in life universally forms the "micro-network of our existence" (Sroufe, 1978, p. 50). Independent functioning is embedded in secure dependency during mid-childhood.

**Adolescence**

In adolescence, personal attachment striving tends to move from those who protect to those who are better in-the-know and perform more expertly among peers and adults in selected circumscribed areas. Attachments seem to cluster around two sources. The first is connections in terms of special personal relationships that assure life's demands as outlined thus far. Second, there is a thrust toward attachment to a communal base in order to attain social membership in one's immediate society. Personal closeness and community rootedness are at stake. Research reveals that youth and adults demand sustained secure personal connections and dependable community affiliation as a means of avoiding social isolation or loneliness (Weiss, 1982).

**Adulthood**

Much of what has been outlined thus far relates as well to attachment development in adulthood. The story is much the same at any point in one's life when there is occasion for new attachment formation or re-establishing earlier alignments. We need to be mindful that, initially, attachment formation was rooted in ordinary mutual behavioral experiences of engagement in an event of common interest. Casual encounters can blossom as personal emotional energy is invested. It is not too distant from a smile response from a caregiver to the infant's grimace as it struggles with stomach gas. An adult's sensitive response to another person as they encounter a joint dilemma may widen their mutual path. A developmental progression occurs from pre-attachment to a budding alliance when a chance acquaintance becomes a preferred friend.

As in the regular developmental progression, the strength of attachment is influenced by ongoing circumstances. In adulthood, moments of crises, fluctuations in health, or societal events may daunt or spurn the growth or development of new attachment relationships. "The actual thrust for dependent attachment is behavioural in the interest of safety and surviving [for child, youth or adult], and in this regard can never be outgrown" (Golden, 1980, p. 101). Through adulthood, attachment assurance provides the balance that allows the individual to be autonomous and self-reliant on the one hand, and dependent and trustful on the other (Fahlberg, 1990).

## ATTACHMENT DEVELOPMENT REQUISITES-
## ATTACHMENT BEHAVIOURS

### Attachment Development Requisites

As in the true fairy tale where the good fairy is always readily at hand with a welcome assist, so too in today's childhood: attachment is clearly anchored in the caring person's availability when needed. This readily-at-hand care person typically is there with a warm guiding hand, or a firm unconditional "no", or an attentive ear. Such assured readiness conveys a sense of worthiness and a trust that the individual doesn't have to go it alone. Most important in understanding and supporting attachment formation is that the process evolves out of small, often trivial, minute interactions. There are no grand behavioural schemes nor are there emotional ground rules; instead, connections emerge from such apparently inconsequential moments such as a spontaneous pat or wink of an eye, a casual embrace, a readiness to engage spontaneously, inclusion in joint planned fun activities, or finding pleasure in hanging out.

Rhythmicity, the force of joining together as in a dance, constitutes a powerful process for furthering mutuality and potential attachment opportunities. In this way, persons are linked together. This phenomenon may occur while marching for a cause, listening jointly to favourite music, throwing a frisbee from one to another, or feeling in sync while nodding silently to each other (Maier, 1992b). Such moments of togetherness provide occasions for both parties to learn from each other in casual exchanges with possibilities for eventual valuable bonding.

### Attachment Behaviour

An essential component of "attachment theory" is the repertoire of behaviours associated with attachment formation. These are actions that enhance the striving for more personal connections between the persons involved rather than merely accounting for behavioural accomplishments (Ainsworth, 1982). In the literature they have become recognized as *proximity-seeking* and *distancing* behaviour. Although they are starkly different, each set serves to nurture attachment. Thus far no definitive research has been undertaken to discern the use of one as distinguished from the other. Proximity-seeking behaviours efforts recognizable for their mode of outreach. Illustrations include: holding on with eye contact, a welcoming posture, physical contacts, initiating conversation, and gift giving. Gifts can be akin to transitional objects (Maier, 1987). These proximity-enhancing efforts represent outreach from one person to the other, conveying, "You are worthwhile for me." And commonly there is a reciprocal response with an implied message, "And so are you for me."

Distancing behaviours such as turning away or walking or running away may be significant for denying the presence of the other. This series of behaviours may camouflage or deny connections and thereby negate the other's outreach; the in-

dividual may actually be unable to express a hidden desire for closeness. One vivid example comes to mind. At a junior high school dance teenagers often gather at opposite ends of the hall, eyeing the others but feigning indifference.

Interestingly, at moments of separation and leave-taking, proximity seeking behaviours are particularly acute and obvious. We often discern practices like intense embraces, handshakes, hand-waving, or extended goodbyes over the phone. These latter processes become particularly pronounced when an attachment appears either shaky or in a phase of early formation.

At moments of reuniting after long or even brief absences from each other, attachment behaviours become operative. They are significant for mutual assurance of a meaningful bond. Usually the attached persons need a "dose" of proximating behaviours, especially physical demonstration of caring such as a squeeze or other symbolic reassurance that each is again "at hand."

Attachment formation requires a full utilization of connecting behaviours because they provide the building blocks for attachment development. These instances become especially important when attachment is in a crucial formative state or is perceived as endangered. We note that a caregiver's ready response to an infant's hunger cry is instrumental to a sense of eventual bonding for both. Other subtle activities like the experience of being emotional, consumed by listening to music together, sharing a mourning period, or being mutually engaged in the cheering section form core experiences.

## VARIATIONS IN THE QUALITY OF ATTACHMENT

We have just learned that attachment behaviours, especially the range of proximity-seeking ones, enhance closer bonding. Careful observations of the constellations of these behaviours may reveal their nature and quality. Variations in attachment behaviours might alert us to the fact that attachment formation is in process but continuously varying rather than being constant. Even in the case of the most solid attachment developments, in moments of change such as temporary parting or some minor circumstance (e.g., unwanted news from a landlord or welcome news about family), attachment connections are on trial and may require added attachment behavioural expressions. When a young child is unable to relax and sleep or partners receive emotionally laden news, these circumstances demand demonstrative proximity, assuring each other of their togetherness and that neither one has to go alone.

Far-reaching research has established that in infancy, childhood, adolescence, and adulthood, even securely attached individuals reveal momentary "dips" in their ongoing activity and energy output immediately after separation as well as at the point of reunification (Ainsworth, Bell, & Stayton, 1974; Ainsworth, Blehar, Waters, & Wall, 1978). In each of these diverse personal experiences they seek out behavioural, symbolized closeness, often with a strong clinging quality. Young children, for instance, will embrace or climb on the lap of their returning care person, stay

momentarily in the person's proximity, but after a brief period will return to their ongoing activity with a sense that "all is well" (Ainsworth, 1985). Briefly stated, even "normal" secure attachment requires moments of repair and mutual verification of the basic intimate relationship, and after many repetitions of such salutary experience, transfer of attachment becomes less of an issue (Ainsworth, 1985). After "independence," which actually requires acceptance of and dependence upon the norms and values of other intimates, is again a "system" of dependence.

Different processes of attachment behaviours are in evidence when there is a history of insecure, anxiety-prone, ambivalent attachment (Ainsworth, 1985; Crittenden & Ainsworth, 1989). Here we find individuals who insist upon added proximity, often severe clinging, in situations with young children where neither verbal assurance nor added physical togetherness can augment the uncertainty of leave-taking. Similarly, the caregiver's return does not produce solace nor create a learning experience. The "hurt" individual will, instead, unpredictably respond with aggressive anger against the returning person. At other occasions the child may respond by distancing as a denial of an acceptance of the reunification (Ainsworth, 1985). It seems that ambivalently attached youngsters are severely impacted by the recognized absence of their desired person. These individuals tend to be very much at a loss and display reduced energy investment in whatever they are engaged. They are unable to settle during this period of bereavement and "desertion."

There also seems to be another pattern of differential behaviours in which attached persons are essentially angry and at a loss for being without dependable attachment. Their behaviour seemingly creates minimum havoc and tends to be extremely puzzling. These youngsters most often show no overt reactions to the parting or return of their caregivers, implying an indifference to the status of their care (Ainsworth, 1985; Bretherton & Waters, 1985). As we examine these special patterns, there are at least three distinct clusters of interactions. They are: what has been defined as "normal" reoccurrence of very temporary proximity-seeking efforts (designated in the research literature as "b" group); individuals with anxious and ambivalent attachment formation ("a" group); and youngsters with strong anger and denial of their attachment strivings ("c" group). Recent research also located a fourth constellation ("d" cluster), but these findings are as yet too inconclusive to go into at this time (Rutter & Rutter, 1993).

At present we know that regular attachment formation has no linear developmental patterns. Development has its differential progression with ever-present loops of regenerations and contextual trials of loss and enrichments. Simultaneously, variations in attachment hint at the different reactions that identical experience might provoke. In short, a caregiver's well-meant greeting of, "Here I am again!" after a temporary absence might carry quite different meanings for various children or youth, and consequently arouse quite a range of reactions, thoughts, and feelings (Singer, 1992).

Taking into account all these variations, it is still most essential to recognize that compensatory connections can be reconstituted. Rutter and Rutter most recently called our attention to the notion that:

> Attachment qualities in relationships are evident throughout life ... It appears that confiding emotional exchange may index attachment relationship during adolescence and adult life in a way that they do in early development.

They point out further that:

> [I]t seems that the experience of selective attachment [i.e., with the care worker] may in some fashion underlie development of a range of close relationships in adult life (friendships, sexual love relationships, and parent-child relationships) … Research findings suggest that to an important extent close relationships may compensate for earlier lags (Rutter & Rutter, 1993, p. 256).

### APPLICATION OF OUR UNDERSTANDING OF ATTACHMENT

The preceding serves as underpinning for the following section: the application of this rich knowledge to the everyday practice of care work. This section addresses professionals involved in the daily care of children and youth as well as those active in administration and in policy formation within the boardroom or in government departments. The foregoing findings demand decisive changes in overall policy and approach for care provisions. Agency philosophy and structure require review efforts, along with endeavours to support innovative care interactions of staff working with the group care residents, their families, and communities. Care workers' daily activities are continuously impacted by that which their supervisors and administrators think and expect of them. Equally important is the elusive quality of openness allowing for real mutual engagement between youngsters and workers in everyday programs of group living. Care workers are here challenged to adopt new approaches in view of this recent knowledge; it is also applicable for foster parents, counsellors, and birth parents (Krueger, 1987, 1991, 1994; Maier, 1987, 1991).

It is important to remind ourselves of the earlier observation that individuals with limited or defused attachment development can be assisted to a fuller attachment formation when they have a renewed chance to experience nurturing, reciprocal relationships. Such "second chance" opportunity (Werner & Smith, 1982) will best occur within the context of child and youth care or foster care utilizing the workers' interactions in a group setting (Curtis, 1991; Fahlberg, 1990, 1991; Krueger, 1994; Maier, 1987, 1992a).

We have learned that a fundamental factor affecting the likelihood of attachment formation is the elder person's constant availability and readiness to stand by.

In practice it would require that the worker would feel permanently free and ready to be actively at hand within a setting that structures, supports, and values such a range of involvement. Consistent availability within the young persons' frame of reference takes precedence over bureaucratic necessities. The children have to feel the adults' presence by their being on hand and actively conveying their pleasure and support in the youngsters' daily experience (Krueger, 1991, 1994). Being present is not enough: it means visible involvement in the children's or youth's daily lives far beyond the tasks of being supervisors or appraisers of their behaviour (Sorce & Emde, 1981).

In fact, the fertile ground for the highest sophisticated therapeutic work emerges from the subtle transactions of ordinary interactions. As in early childhood, so too in selective attachment development in later years, potential building blocks rest upon minute exchanges and experiences like sitting restfully next to each other, attending to a spontaneous snack of crackers with peanut butter, being spared a squabble or fight by a win-win intervention, assisting with homework, finding excitement or a way out as youngsters report successes or ever-present defeats. Above all we need to be discovered as the children's advocates, however bleak the immediate future looms at that moment. Care work transforms into pathfinding with hurdle lowering rather than hurdle maintenance entailing subsequent consequences (Maier, 1991; Powell, 1990).

Intertwined with active engagement of the minutiae of daily living are the challenges offered when the workers introduce enjoyable activities. Being together for fun could also include task-oriented routines such as leaf raking or a unit wash-down party. Workers have to be deliberately known for their sharing of enthusiasm and adding fun into their lives through lighter moments. It is not too difficult from earlier childhood interactions when spontaneous smiles, finger play, or a hilarious peek-a-boo added frivolous pleasures and emphasized the care person as a symbol of power for spontaneous pleasure. In the later stages of childhood an unplanned beanbag or ball toss, a struggle with a riddle, a quick decision to make cookies, to create music, to recruit others for a game of cards, and so much more, are all authentic opportunities for attachment while producing multiple moments of enjoyment. Care work means locating or creating such pleasurable occasions.

For a few moments let us set fun aside. Much of the care workers' efforts admittedly are directed toward dealing with troubles: troubles between the group members, strain in regard to necessary daily commitments, tension with staff, difficulties with people in the other units or community, and the struggles and conflicts each youngster carries with him- or herself over time. Here, as in early childhood, attachment development finds roots. The workers can offer genuine identification with the youths' struggles and readiness to stick with them through the ups and downs while searching for better ways. Most important is the challenge to steadfastly remain the children's rather than the establishment's advo-

cate. Here connections are made (Garfat, 1989)!

For attachment formation at moments of trouble there is a need to forego recourse to logical explanations, wishful thinking that "things will get better," or attempts to handily tax youngsters' guilt. We have to challenge ourselves to stand by the youngsters' feelings, appraising their emotional readiness for input. Experience tells us that during these critical moments, appeals to reason hardly find a taker. Moreover, reprimands by personal pleas or the impersonal bestowal of consequences tend to be perceived as scolding and personal rejection (another one on their long path of previous "outcast" roles). The stirring-up of guilt may unwittingly relieve the care persons of their sense of involvement while shifting the young person's emotion from personal investment to frustration and anger against the individual in charge "who just doesn't understand!!"

Interestingly, the kids seem to be right. "We just don't understand!" It is this mastery that is at stake if we want to promote attachment formation. A joint search for the ways change can come about while maintaining the youngsters' confidence is the task at hand. Then, possibly, a realistic review and an attempt to reinforce an emerging conscience might find a potential taker. The inevitable developmental progression, as in early childhood, can proceed on course and may possibly be implemented toward trust of care and trust of control with an eventual rootedness in trust of self.

It is timely to add that workers frequently find themselves on the spot when they themselves (like the youth in their care) are at a complete loss as to what can or should be done or whether there is a way out at that point. An honest recognition of the care persons' own frustration and identification with the youths' dilemma and sense of futility can be fruitful soil for building reciprocal connections—beginnings for promising attempts for a way out and closer attachment. The point is that each individual in his or her everyday life has to experience that another person is unconditionally invested in his or her well-being before he or she can expand emotional trust to the other.

Attachment behaviours on the part of the child and the worker have to be understood for their ramifications beyond the behavioural event, as a medium for furthering connections. For example, let us look at the workers' leave-taking with variations of goodbye gestures. The care persons are actually engaged in linking their shared present with possible anticipation for a joint future. Opportunities are evident in care work: "See you tomorrow," adding the relevant touch, "I want to know if you have any new riddles; I shall try to find a new one, too." On another day it may require acknowledgement of a rough day and the worker's commitment to return with new effort.

On a day-to-day basis, individualized and hopefully reciprocal responses are helpful to bridge connections, utilizing proximity maintenance attempts. In these interactions two dimensions are to be kept in mind: (a) Body language is a powerful dimension of one's communication, including the relevant mode of touch from a

casual wave of the hand to a hearty embrace or gentle pat. Let your body language accentuate what you want to convey verbally. (b) Reciprocity, the other's response, and the worker's response to it are all part of one exchange. A child's distancing or "thumbs down" response may challenge the seriousness of the worker's original statement. We suggest the worker is then obliged to deal with the sincerity and intent of her or his message of care.

Attachment behaviours within the context of connection building spell out for us the attachment formation demands. Many children, even over their protest, have to discover and must repeatedly have confirmed their craving for care through frequent experience. Trust of care is anchored in bodily care and, for them, in initial well-meant soft body contacts of handholding, a gentle squeeze, or possibly a back-rub. These will confirm the natural pleasure of body experience akin to the fondled infant. As in early life, so later attachment formation outreach by the care worker enhances readiness for proximity. And when these interactions do occur they can be accentuated with relevant added attachment behaviours. This approach is illustrated when, for instance, workers ask for a response to the offer, "Give me five," comment favourably on a person's appearance, or cite a recent successful moment of togetherness with the child.

Other opportunities emerge on occasions such as signing off for the night or meeting anew in the morning. However, we need to remember that in belated attachment building, attachment behaviours are salient tools of the workers and they should also be valued as "tools" of the children in their efforts to solidify attachment strivings. Michael Rutter sums up the research in attachment formation at a later age, as follows: "Children can develop attachment later on but they will do it at the expense of stronger and more persistent attachment behaviors" (1979, p. 292). Rarely do we have such concrete and complete social science findings that can inform us in situations where attachment formation or "repair" are attempted. There is the necessity for special attention to the need for extra close and frequent interactional experiences for the individuals involved (Garfat, 1989).

Emphasis has been placed upon the reciprocal nature of attachment development and caregivers' appropriate responses to youngsters' moods and circumstances. As in all sensitive mutual interactions, both parties need to be intimately involved. The workers' astute awareness of their own disposition and values in their interactions is also crucial, because the workers themselves are equally impacted by their personal life experience and their own private values and beliefs (Fewster, 1990, Rose, 1991).

## POSTSCRIPT

I hope this article presents a full account of the importance of attachment development in the lives of everyone and offers a challenge in the use of the recent knowledge for the care of children who haven't yet had a chance for such satisfactory development. As earlier cited, powerful contemporary research findings inform us: Attachment formation can be fostered later on if the attachment-deprived per-

sons receive a second chance through *close, creative, and intimate opportunity for attachment via care in their daily living experience—and that is what child and youth care work is all about.*

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# YOUTH AND ADULT PERCEPTIONS OF THEIR RELATIONSHIPS WITHIN COMMUNITY-BASED YOUTH PROGRAMS

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*Abstract: This study examined perceptions and experiences of youth and adults engaged in various types of community-based youth-adult relationships. Involvement and interaction rating scales were completed by 108 participants involved in community groups from 12 communities in 10 states. The rating scale measured three constructs: youth involvement, adult involvement, and youth- adult interaction. Significant gender differences in participants' perceptions were found on all three constructs, with females being more positive. Rural participants were found to be significantly more positive than urban participants on the construct of youth involvement. Finally, significant differences were found between all participants within categories of the youth-adult relationship continuum. Participants in youth-led collaborations were significantly more positive toward youth involvement than participants in adult-led collaborations. Moreover, adults in youth-adult partnerships were significantly more positive toward youth involvement and youth-adult interaction than those adults in adult-led collaborations.*

*Keywords: positive youth development; youth-adult relationships; youth-adult partnerships; youth-adult perceptions*

Strengthening local youth and adult relationships could potentially be a successful strategy for addressing community issues and a tremendous learning process for both youth and adults. However, adults all too frequently perceive youth as most often in need of assistance rather than being community assets. According to evidence from empirical studies, adults in the United States are ambivalent at best about youth and their roles in society (Guzman, Lippman, Moore, & O'Hare, 2003; Rennekamp, 1993; Zeldin, 2000). The stereotyping of youth by adults limits the potential of young people at the community level (Camino, 2000; Gilliam & Bales, 2001; Glassner, 1999; Klindera, 2001; Yohalem, 2003; Yohalem & Pittman, 2001; Zeldin & Topitzes, 2002). Several scholars have indicated that young people

can and will solve community problems if empowered through participation (Flanagan & Faison, 2001; Kaba, 2000; McLaughlin, Irby, & Langman, 1994; Ostrom, Lerner, & Freel, 1995; Villarruel, Perkins, Borden, & Keith, 2003; Zeldin, McDaniel, Topitzes, & Calvert, 2000). However, preconceived negative stereotypes often foster the widening degree of separation between adults and young people that restricts youth participation (Benson, 1997; Irby, Ferber, Pittman, Tolman, & Yohalem, 2001).

## Adult Perceptions of Youth

Studies have reported adults' perceptions of youth as being less than accurate and unaware of positive trends in youth development (Gilliam & Bales, 2001; Guzman et al., 2003). Many believe teens are "different" than they were in the past and that teens have rejected traditional American values. Stereotypes perceived by adults constrain the potential of young people at the community level by hindering their ability to relate to adults, even causing youth to doubt their own competence (Glassner, 1999; Guzman et al., 2003; Kaplan, 1997; Klindera, 2001; Males, 1999; Zeldin & Topitzes, 2002). Furthermore, the experiences of adults when they were young are crucial in understanding youth-adult relationships (Galbo, 1983). Youth-adult relationships are a challenge for some adults because working with young people may cause memories of their own negative experiences as a youth to resurface (Atwater, 1983; Gilliam & Bales, 2001). For instance, studies have revealed that "storm and stress" (e.g., identity crisis, rebellion, and parental disappointment) during the adolescent years of parents correlate with relationships between their own teen-aged children (Scheer & Unger, 1995).

## Youth Perceptions of Adults

Several researchers have pursued scholarship that focuses on the influence of youth-adult relationships and the influence on the attitudes of youth. Lynch and Cicchetti (1997) conducted a study reporting that middle school students had more positive perceptions of their relationships with peers and less positive perceptions of their relationships with adults than elementary school students. In addition, Lempers and Clark-Lempers (1992) reported similar findings, noting that relationships with parents rated highest by all adolescents whereas teachers were rated the lowest.

One dilemma that appears to widen the gap between youth and adults is that both young people and adults have limited experience in working as partners (Zeldin, Larson, Camino, & O'Connor, 2005). Many youth programs fit into the traditional program structure wherein youth are receivers and adults are the providers. As youth enter their middle-adolescent (ages 14-17) years, they become identity seekers and need to have more decision-making power. Thus, traditional programs may perpetuate the impression of adult authority, ignoring the identity-seeking nature of adolescents and in turn discouraging motivated youth. As a result, negative perceptions abound, and successful intergenerational social ties

remain a foreign experience for the majority of youth and adults in the United States (Zeldin et al., 2005).

Social contact between those groups that are often segregated (e.g., by age, gender, and race) can lead to more positive perceptions and reduced prejudices (Allport, 1954). Building on the work of Allport and other intergroup contact theorists (Caspi, 1984; Pettigrew, 1998), certain variables may facilitate positive attitudes between youth and adults just as certain variables facilitate the development of more positive attitudes toward racial and ethnic groups.

## Intergroup Contact Theory

Intergroup contact theory is based on social psychology research centering on the desegregation of schools during the civil rights movement. Much of the literature stems from Allport's (1954) contact hypothesis, which argues that bringing members of different groups together in an interactive setting will have positive effects on in-group members' (i.e., those possessing power, privilege, and status) attitudes toward out-group members (i.e., those outside of the in-group circle that are less connected and often seen as undesirables) and ultimately lead to reduced prejudices (Brewer & Miller, 1984; Hewstone, 1996; Pettigrew, 1998). According to Allport, four key conditions must be present to achieve successful intergroup relationships: (a) equal status existing among group members; (b) individuals in groups having active, goal-oriented endeavors or common goals; (c) intergroup cooperation that exposes members to the personal qualities and skills of others; and (d) a sense of shared values and support of authorities, laws, or customs.

There is much debate as to how much contact constitutes greater levels of reduced biases and more positive attitudes. Pettigrew (1998) offered evidence that intergroup contact has positive effects even when all of the key conditions presented by Allport (1954) are not met. Lee, Farrell, and Link (2004) reported recent findings that supported this argument. In their national study of the public's attitudes toward the homeless, all types of exposure (i.e., observations, face-to-face interaction, out-group membership, and information from third-party sources) were found to positively affect attitudes of the public. Pettigrew also presented the need for in-group reappraisal, which forces a group to dismiss paradigms and embrace new perspectives that reshape their attitudes toward individuals outside of the in-group's social network.

Intergroup contact theory can be useful in constructing a theoretical framework for the development of youth-adult relationships, because the theory proposes that group interaction can promote mutual learning and equal voice through working together in pursuit of common goals. For youth-adult partnering to be successful, there must be a sharing of power among youth and adults that in essence reflects Allport's (1954) condition of equal status among group members. Youth and adults are more likely to have higher levels of interest in community efforts if they have ownership in a project and feel as though their time and commitment make a difference (Cargo, Grams, Ottoson, Ward, & Green, 2003; Forum

for Youth Investment, 2004; Mitra, 2003; Mueller, Wunrow, & Einspruch, 2000). This resonates with Allport's conditions of intergroup cooperation and importance of sharing common goals. Finally, the intergroup contact theory literature states the importance of having those members who support authority, norms, laws, and/or customs. This is closely related to the literature of youth development that calls for movement from youth tokenism to higher levels of participation while providing mutual respect for individuals (Eccles & Gootman, 2002; Hart, 1992; Hohenemser & Marshall, 2002; Lerner, 2004; Perkins, Borden, & Villarruel, 2001). Thus, intergroup contact theory presents criteria that mirror the benefits of youth-adult interaction while also aiming to address parallel issues that often jeopardize the success of community partnering.

## This Study

The purpose of this study was to examine the perceptions of youth and adults toward their involvement and interaction when working together on community projects. The major research question addressed by this study was, What are the perceptions of youth and adults toward their involvement and interaction with one another when working together on community projects?

The continuum of youth-adult relationship model (Jones & Perkins, 2005) was employed to examine the youth-adult relationships within these community efforts. This model includes five key categories to identify groups consisting of varied levels of youth and adult involvement. The continuum focuses on individual choices and enables organizations to exist at any point depending on the level of engagement of youth and adults. The categories on the continuum of youth-adult relationships include adult-centered leadership, adult-led collaboration, youth-adult partnership, youth-led collaboration, and youth-centered leadership.

An adult-centered leadership relationship consists of programs that are conceived and driven completely by adults. An adult-led collaboration includes programs or situations where adults provide some guidance for youth but the youth have some input in decision making, albeit limited by adults' discretion. The youth-adult partnership is located centrally on the continuum. This is a point of stasis where a partnership is achieved between youth and adults. Youth and adult participants have equal chances in utilizing skills, decision making, mutual learning, and independently carrying out tasks to reach common goals. Youth-led collaborations are programs or projects where youth primarily develop the ideas and make decisions while adults provide assistance when needed. Youth-centered leadership includes programs or activities led exclusively by youth with little or no adult involvement (see Jones & Perkins, 2005).

## METHOD

This study included a convenience sample (Patton, 1990) of youth and adults that was part of a larger evaluation study of the Engaging Youth Serving Commu-

nity (EYSC) Initiative of the Northeast 4-H Region State Cooperative Extension Services. The EYSC Initiative targeted rural communities to provide youth and adults with opportunities to work together (see http://www.fourhcouncil.edu/RuralYouthDevProgram.aspx). Those states participating in the EYSC Initiative were Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Vermont, and West Virginia. In addition, two groups from the greater Philadelphia area were recruited for this project to provide an urban sample to examine any distinct differences between rural and urban participants. These urban groups were selected to be in this study because they were in the beginning stages of bringing youth and adults together to promote community change. Having groups in the initial stages allowed the researchers to more adequately evaluate the dynamics that occurred as youth and adults encountered varied experiences of working together. If the groups were in the mid to late stages of their projects, the researchers may not have been able to capture through observations the changing experiences and actions of the participants over time.

Approximately 51% of the participants were youth (n = 55), whereas 49% were adults (n = 53). The youth participants comprised 33 females (31%) and 22 males (39%), whereas the adults consisted of 42 women (20%) and 11 men (10%). Thus, a total of 69% of the sample were females and 31% were males. The largest ethnic group was European American (n = 52, 48%), followed by African American (n = 37, 34%), Hispanic Americans (n = 6, 6%), Asian Americans (n = 5, 5%), Native Americans (n = 1, 1%) and others (n = 7, 6%). Forty-one percent (n = 44) of the participants lived in rural areas, whereas 44% (n = 47) reported living in urban areas. The remaining 16% (n = 17) indicated living in suburban communities. Of the 108 participants responding, 36% indicated that this was their first time participating in a youth-adult partnering effort in their community.

Approximately 41% (n = 22) of the youth were 15 to 16 years of age, followed by 33% (n = 18) aged 17 to 18, and 24% (n = 13) aged 13 to 14. The majority of the adults (90%, n = 48) were ages 26 and older, whereas 10% (n = 6) were between the ages of 19 and 25.[1] All of the African American participants were from urban areas, whereas the rural groups consisted primarily of European American participants. There were only a few adult male participants among all groups, and most of them were members of the two urban groups (8 out of a total of 11 adult male participants).

**Data Collection**

EYSC group coordinators were requested to complete a "Group Activity Rating Scale" that rated a group's progress on a community project (on a scale of 1 to 5) and to indicate the type of youth-adult relationship, based on the continuum

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1 There was only one 19-year-old in the 19 to 25-year-old adult category. This participant was a former youth member of his group who had taken on adult responsibilities.

of youth-adult relationships. Generally, the coordinator was a state 4-H youth development specialist or area 4-H youth development agent or educator. The coordinator categorized the groups into one of the above-mentioned relationships (i.e., adult-centered leadership, adult-led collaboration, youth-adult partnership, youth-led collaboration, or youth-centered leadership) and provided the name and contact information of each group's adult leader. Coordinators indicated the level of participation and progress with a community project by rating the group's activities by using the "Group Activity Rating Scale" (see Jones, 2004). The "Group Activity Rating Scale" consisted of nine items on a 5-point scale that assessed whether the group was more of an adult-driven or youth-driven program or project, or a youth-adult partnership. Once the coordinator's rating scale was received with the contact information of the adult leader, the groups' adult leaders were then contacted by e-mail or phone. The adult leaders were asked to describe the type of project or projects the group was working on, the number of youth and adults involved, and the schedule of group meetings.

The "Involvement and Interaction Rating Scale" was used as a survey instrument to assess youth's and adults' perceptions of three constructs (i.e., youth involvement, adult involvement, and youth-adult interaction) pertaining to a community project group (Jones, 2004; Jones & Perkins, 2005). The group participants were asked to rate the quality of their existing youth-adult relationship with members of their group. Previous studies have reported that participants' perceptions of their relationships is a key indicator of determining program quality and effectiveness (Dubois, Holloway, Valentine, & Cooper, 2002; Jekielek, Moore, Hair, & Scarupa, 2002; Pinquart, Wenzel, & Sorensen, 2000; Rhodes, 2002).

Relationship quality was rated on a 10-point scale that assessed the given constructs (i.e., youth involvement, adult involvement, and youth-adult interaction). The scale ranged from 1 to 2 (very poor); 3 to 4 (poor); 5 to 6 (fair); 7 to 8 (good); 9 to 10 (excellent). The 38-item rating scale included bipolar statements (i.e., positive and negative) to measure participants' perceptions of their experiences. Parallel forms were developed for youth and adult participants. Negative statements were reverse coded to reflect positive aspects. The constructs used were selected and adapted from existing instruments (see Camino, 2002; Yohalem, 2002; Zeldin, Day, & Matyzik, n.d.) related to this study to more accurately fit the uniqueness of this investigation. Some of the items were based on the mentoring and youth-adult partnership literature and were modified to fit the emphasis of the current study on youth-adult relationships within community projects.

The "Involvement and Interaction Rating Scale" contained items that measured youth involvement. These items were used to assess whether young people demonstrated high or low levels of youth voice and decision making, responsibility, and commitment to the project. A high rating in youth involvement indicated that youth worked primarily with their peers to carry out a task (e.g., organizing an event) related to the project. A high rating in adult involvement entailed only adults working

together in a given situation (e.g., administrative duties). The construct adult involvement utilized items that measured adults' support through their commitment to nurturing youth voice and decision making and dedication to the project. A high rating of youth-adult interaction and partnering indicated that youth and adults worked collectively, both engaging in one or more components of the project and fully exercising an equal opportunity to utilize decision making and other leadership skills. High youth-adult interaction would also reflect civility and mutual respect for one another. A comparison of individual responses between the groups was made to determine the differences in relationship quality, experiences, and level of youth and adult involvement to distinguish contrasts between the various types of continuum relationships.

**Rating Scale Development**

The "Involvement and Interaction Rating Scale" was reviewed for content and construct validity and cultural sensitivity by a panel of faculty and graduate students with knowledge in survey design (for a complete description, see Jones, 2004; Jones & Perkins, 2005). An evaluation team from the United Way's Center for Youth Development (Philadelphia) also reviewed the instrument. Adaptations were made based on feedback from the panel and the evaluation team. As a measure of reliability for the "Involvement and Interaction Rating Scale", a post hoc test was conducted that reported an overall Cronbach's alpha of .94. The instrument contained three groups of items that measured the following attitudinal constructs: youth involvement, adult involvement, and youth-adult interaction. The Cronbach's alpha reliability coefficients were Youth Involvement (.83), Adult Involvement (.84), and Youth-Adult Interaction (.87).

The nature of this investigation lent itself to some limitations. First, the generalizability of the results does not extend beyond those participants and groups involved in the small convenience sample. The sample size of this study limited the use of appropriate inferential statistics (e.g., ANOVA and *t* tests). Second, although the researcher made two to four site visits to four groups, a more thorough investigation of the dynamics of group interactions might have been conducted if more frequent visits were completed. Third, the study was limited to examining specific types of community groups, thus posing a restriction on examining various types of organizations (e.g., schools and faith-based institutions) as an influential context affecting youth-adult relationships.

<div align="center">

**RESULTS**

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Several forms of statistical data analyses were employed. Descriptive statistics were used to analyze the data. ANOVA and independent *t* tests were also used to develop models to measure and compare the perceptions of the youth and adult participants. Table 1 lists the groups by state or location and classification along the continuum according to the groups' adult leaders. This information was pertinent

to the study, for these classifications were used to make comparisons between the groups. The mean score, in parentheses, notes how they ranked on a scale of 1 to 5, with 1 being an adult-centered leadership and 5 being a youth-centered leadership. However, all groups were categorized into three relationships: 2 = adult-led collaboration, 3 = youth-adult partnership, and 4 = youth-led collaboration. The researchers expected to find all groups within these three categories, because the purpose of the groups was to encourage youth and adults to work together. Thus, all of these groups were expected to reflect some level of youth-adult cooperation. During initial conversations, the adult leaders of each group all informed the researchers that their groups were youth-adult partnerships.

*Table 1:* Classification of Youth-Adult Groups (Mean Rating) by State/Location

| Adult-Led Collaboration (n = 5) | Youth-Adult Partnership (n = 5) | Youth-Led Collaboration (n = 2) |
|---|---|---|
| Philadelphia-area Group 1 (2.3) | Massachusetts (2.7) | Delaware (4.1) |
| New Jersey (2.3) | Pennsylvania (3.1) | New York (4.3) |
| Philadelphia-area Group 2 (2.3) | Maine (2.8) | |
| Connecticut (2.3) | New Hampshire (2.7) | |
| Vermont (2.7) a | West Virginia (3.0) | |

Note: The mean score, in parentheses, notes how each site ranked on a scale of 1 to 5, with 1 being an adult-centered leadership and 5 being a youth-centered leadership.
a. Although the mean score for Vermont is at the youth-adult partnership range of 3, the group leader indicated that the group was an adult-led collaboration. This may be due to the fact that the adult in the group was in the process of getting more youth and adults involved, but no progress had been made at the time of data collection for this study.

Participants completed the "Involvement and Interaction Rating Scale" to indicate their perceptions toward their experiences working together as a group. Mean scores were computed as a separate index variable for each of the three constructs (i.e., youth involvement, adult involvement, and youth-adult interaction). A *t* test was used to determine significant gender differences in perceptions of the three constructs between participants. As shown in Table 2, both female and male participants had positive perceptions of the level of youth involvement in their groups; however, females were significantly more positive than males on their ratings of youth involvement (mean of 7.38 and 6.53, respectively), adult involvement (mean of 7.77 and 6.96, respectively), and youth-adult interaction (7.14 and 6.50, respectively).

In addition to the above comparisons, *t* tests were computed to determine if there were significant differences between youth and adult participants' perceptions. All participants had positive perceptions toward youth involvement, adult involvement, and youth-adult interaction. Although no significant differences were found, mean scores indicate that adults had a tendency to be more positive on all

three constructs compared to youth participants.

*Table 2:* Youth Involvement, Adult Involvement, and Youth-Adult Interaction as Perceived by Female and Male Participants

| Group | *n* | *M* | *SD* | *t* | *df* | *p* |
|---|---|---|---|---|---|---|
| Youth involvement | | | | | | |
| Females | 64 | 7.38 | 1.36 | 2.83 | 90 | .006** |
| Males | 28 | 6.53 | 1.25 | | | |
| Adult involvement | | | | | | |
| Females | 70 | 7.77 | 1.58 | 2.32 | 97 | .022* |
| Males | 29 | 6.96 | 1.61 | | | |
| Youth-adult interactiont | | | | | | |
| Females | 67 | 7.14 | 1.23 | 2.11 | 91 | .038* |
| Males | 26 | 6.50 | 1.53 | | | |

Note: Scale ranged from 1 to 10.
*p < .05. **p < .01.

An ANOVA was employed to test for ethnic differences existing between participants about their perceptions of youth involvement, adult involvement, and youth-adult interaction. The one-way ANOVA indicated no significant differences between African Americans, European Americans, and Other participants (i.e., Asian Americans, Hispanic Americans, Native Americans, and Others). All participants had positive perceptions; however, European Americans had a tendency to have more positive perceptions of the constructs compared to African Americans and Other participants.

An ANOVA was used to determine the relationship between the location of the groups (i.e., rural = 44, urban = 47, and suburban = 17) and the participants' perceptions of youth involvement, adult involvement, and youth-adult interaction (see Table 3). Significant differences were found between rural and urban participants' perceptions of youth involvement. Rural participants were more positive toward the level of youth involvement within their groups than the urban groups (7.50 and 6.67, respectively). No significant differences were found by location in terms of adult involvement and youth-adult interaction. However, there was an apparent trend in the rural participants' (7.30) perceptions of youth-adult interaction as compared to the suburban (6.83) and urban groups (6.59); thus, rural participants' perceptions were more positive.

*Table 3*: A Comparison of Rural, Suburban, and Urban Participants' Perceptions
Toward Youth Involvement, Adult Involvement, and Youth-Adult Interaction

| Perception | Rural | | Suburban | | Urban | | F | P |
|---|---|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD | | |
| Youth involvement | 7.50 | 1.32 | 7.16 | 1.49 | 6.67 | 1.29 | 3.78 | .027* |
| *n* | 41 | | 15 | | 36 | | | |
| Adult involvement | 7.75 | 1.43 | 7.59 | 1.71 | 7.28 | 1.77 | .879 | .418 |
| *n* | 42 | | 17 | | 40 | | | |
| Youth-adult interactiont | 7.30 | 1.18 | 6.83 | 1.33 | 6.59 | 1.46 | 2.98 | .056 |
| *n* | 44 | | 13 | | 36 | | | |

Note: Scale ranged from 1 to 10. Mean values were statistically significant only between rural and urban groups.
*p < .05.

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An ANOVA was also employed to determine any significant differences between participants' perceptions based on their continuum classification (i.e., adult-led collaboration, youth-adult partnership, and youth-led collaboration). Mean scores indicated that participants in youth-led collaborations had more positive perceptions of the level of youth involvement, adult involvement, and youth-adult interaction when compared to participants in adult-led collaborations and youth-adult partnerships (see Table 4). A significant difference in perceptions towards youth involvement was found between those participants in adult-led collaborations (6.74) and those in youth-led collaborations (8.00).

To determine whether there were differences in the perceptions of adults in the various types of youth-adult relationships (i.e., adult-led collaboration, youth-adult partnership, and youth-led collaboration), an ANOVA was employed. Significant differences were found between the perceptions of adults in youth-adult partnerships and adult-led collaborations (see Table 5). Adults in youth-adult partnerships had more positive perceptions of youth involvement (7.85) compared to adults in adult-led collaborations (6.64). In addition, adults in youth-adult partnerships (7.69) had more positive perceptions of youth-adult interaction than adults in adult-led collaborations (6.63).

An ANOVA was also employed to determine whether any significant differences existed among the youth participants in the continuum classifications (i.e., adult-led collaboration, youth-adult partnership, and youth-led collaboration). Youth participants in youth-led collaborations had higher overall mean scores, although not significant, toward the level of youth involvement, adult involvement, and youth-adult interaction compared to the other youth-adult relationships.

*Table 4*: A Comparison of Participants' Perceptions Toward Youth Involvement, Adult Involvement, and Youth-Adult Interaction Based on Relationship Category

| Perception | Adult-Led Collaboration | | Youth-Adult Partnership | | Youth-Led Collaboration | | F | P |
|---|---|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD | | |
| Youth involvement | 6.74 | 1.21 | 7.34 | 1.56 | 8.00 | 1.11 | 5.92 | .004** |
| *n* | 50 | | 27 | | 15 | | | |
| Adult involvement | 7.42 | 1.66 | 7.43 | 1.72 | 8.06 | 1.25 | 1.09 | .341 |
| *n* | 53 | | 29 | | 17 | | | |
| Youth-adult interactiont | 6.77 | 1.37 | 7.00 | 1.39 | 7.53 | 1.03 | 1.87 | .160 |
| *n* | 49 | | 29 | | 15 | | | |

Note: These relationship categories were based on the coordinators'/adult leaders' classification of their groups. Scale ranged from 1 to 10. Mean values were statistically significant only between individuals in adult-led and youth-led collaborations.
**p < .01.

*Table 5*: A Comparison of Adult Participants' Perceptions Toward Youth Involvement, Adult Involvement, and Youth-Adult Interaction Based on Adults' Relationship Category

| Perception | Adult-Led Collaboration | | Youth-Adult Partnership | | Youth-Led Collaboration | | F | P |
|---|---|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD | | |
| Youth involvement | 6.64 | 1.11 | 7.85 | 1.43 | 8.00 | 1.44 | 5.34 | .009** |
| *n* | 23 | | 15 | | 6 | | | |
| Adult involvement | 7.53 | 1.31 | 8.06 | 1.46 | 8.14 | 0.98 | 1.07 | .351 |
| *n* | 26 | | 16 | | 7 | | | |
| Youth-adult interactiont | 6.63 | 1.02 | 7.69 | 1.25 | 7.84 | 0.56 | 5.75 | .006** |
| *n* | 21 | | 16 | | 6 | | | |

Note: Scale ranged from 1 to 10. Mean values were statistically significant only between individuals in adult-led collaborations and youth-adult partnerships.
**p < .01.

## DISCUSSION

Much discourse on the importance of youth-adult relationships has surfaced in recent years. Positive youth-adult interaction is an important protective factor in a young person's life (Perkins & Borden, 2003). This research provides relevant information that contributes to understanding various types of youth-adult relationships that exist within community-based programs. One concern is to redirect the negative perceptions that can weaken the progress of youth-adult partnering efforts (Guzman et al., 2003; Lynch & Cicchetti, 1997). Researchers (Gilliam & Bales,

2001; Scheer & Unger, 1995) have found that adults view the lives of young people through their own lenses, thus relating to their younger years. Hence, this often causes youth to become even more disconnected and doubtful of their potential as community leaders (Guzman et al., 2003). Many of the traditional structures of youth programs do not meet the needs of young people who, as they progress through their adolescent years, search for more opportunities to make decisions and experience autonomy.

Given the sample's gender makeup (i.e., the majority of adults being females), the researchers expected females to be more positive toward their experiences. Females had more positive perceptions in regard to the level of youth involvement, adult involvement, and youth-adult interaction. One way to potentially increase adolescent males' perceptions is to provide them with role models; therefore, youth service providers may need to try creative recruiting strategies to attract male adults to initiatives that involve youth and adults working together. This would include providing programs that appeal to adolescent and adult males (e.g., experiential learning opportunities that employ hands-on participation and sports-related activities). These strategies must enable adults to capitalize on their own personal strengths to fully engage youth's interests. Several youth and adults in this study expressed becoming discouraged when their skills were not considered, valued, and utilized. Regardless of gender or age, volunteers need to be presented with tasks that best utilize their skills and abilities (Glassner, 1999; Zeldin, 2000), which may in turn increase their commitment toward working together as partners to make their communities better places to live.

This study further contributes to the literature by resonating the salience of intergroup contact theory (Allport, 1954), which illustrates the value of groups from different backgrounds coming together. Although the contact hypothesis first arose in the 1950s as a means to examine adult learning within groups, there have been no studies to utilize these contexts as a conceptual framework to include youth. In this study, though no significant differences were found between the perceptions of the ethnic groups, European American participants had slightly higher mean scores on all three constructs compared to African Americans and other ethnic groups. All of the African American participants were in urban communities. The less positive perceptions of these participants may be a result of certain cultural aspects that exist among these communities. For example, among African American participants there may be strong beliefs that youth being vocal is often illustrative of aggression and disrespect toward adults, hence deterring higher levels of youth involvement and youth-adult interaction. Allowing youth within a particular culture to experience serving as a partner may enlighten adults on how youth can have a voice while remaining civil and respectful.

Findings also revealed significant differences between rural and urban participants, with those in rural areas being more positive toward youth involvement. This was due, in part, to the groups located in rural areas participating in the EYSC

Initiative that specifically targeted youth who were considered ready for this type of project. The rural sample involved youth who were fairly active in the 4-H Youth Development program for several years prior to the EYSC initiative, and these youth knew the adults involved in their groups. Hence, youth were understandably more positive toward working with adults with whom they have had past interactions. In addition, at least 40% of the youth from rural areas were equipped with a 2-day training before engaging in their projects and had previously worked with some if not all of the adults in their groups. Urban youth received a minimum amount of hands-on training, and only a few of these youth knew the adults in their groups. Not having a long-term relationship with the adults in the group appears, at least in part, to explain why urban youth had lower ratings of their experiences with adults. Youth involvement among the urban groups was also perceived to be at a low level by youth and adults possibly because the youth had less experience with the youth-adult partnering model. Thirty-six percent of the total sample indicated being first-time participants in a community partnership, with 44% of these being affiliated with the urban groups. Given the skills, level of responsibility, and attitude required for youth and adults to work effectively as equal partners, it is not surprising that these individuals would have less positive perceptions of their experiences. These findings indicate that efforts must be in place to foster trust between youth and adults who do not have a history of working together. Moreover, training and skill development may be needed for both youth and adults if they are going to success-fully navigate these partnerships. Finally, these findings provide further evidence of the importance of context as a potential mediating variable that may require unique approaches when forming partnerships.

Although other studies have only distinguished between adult-driven and youth-driven programs, this study identified three of five types of youth-adult re-lationships (i.e., adult-led collaboration, youth-adult partnership, and youth-led collaboration). In regard to the type of relationship, the participants in youth-led collaborations, compared to participants in adult-led collaborations, tended to be more positive toward youth involvement. This finding is not surprising, because of the increased enthusiasm and level of responsibility that was afforded to the young people in this relationship. Thus, the youth provided positive ratings of the youth-adult interaction because they had a major role in the project, whereas the adults were positive due to youth taking on this responsibility and fully utilizing their lead-ership skills. This finding provides ecological validity to the continuum of the youth-adult relationship model (Jones & Perkins, 2005).

Adults in youth-adult partnerships had more positive perceptions of youth involvement and youth-adult interaction than adults in adult-led collaborations. Adults in the youth-adult partnerships category believed that they had achieved a genuine partnership with youth. However, as indicated by their lower rating, the youth in the category of youth-adult partnership did not perceive the group to be a "partnership" with high levels of youth involvement and youth-adult interaction.

These young people felt as though their opinions were not valued as much as the adults perceived them to be. Moreover, these youth perceived that they had little voice in major decision-making roles. This finding has implications for youth, adults, and youth development professionals attempting to establish successful youth-adult partnerships. First, some training and preparation may be needed to ensure that participants understand what it means to engage youth on a community team (see Scheve, Perkins, & Mincemoyer, 2005). Second, perceptions of both youth and adults must be examined on an ongoing basis to form adaptations to a group's structure and decision-making process. This is imperative when aspiring to move toward a mutual reciprocity of respect and learning among group members. Third, perhaps the use of an official buddy system between adults and youth is needed to increase the likelihood that adults take an active mentoring role while serving as a young person's confidant.

Clearly, more in-depth research is needed to further explore the difference between adults and youth within community groups. Although all youth-adult relationships have some positive aspects and are important in the lives of young people due to levels of some social contact, those participants in youth-led collaborations were more positive toward their experiences. Therefore, community-based collaborative efforts and youth service providers may want to incorporate youth-led approaches (e.g., youth managing a 4-H after-school program, chairing a fundraising campaign, or spearheading a canned food drive) within programs that enable youth to put into practice those skills (e.g., decision-making and communication) that are essential in these endeavors. By providing training and incorporating youth-driven approaches, youth may have a more affirmative belief that they are not just consumers of services but full partners contributing to their own development and that of the community. Adults, in turn, have a clearer indication that their support aided in empowering youth with the expertise to affect their community.

Youth-serving organizations and community collaborative efforts need to ensure that youth and adults, particularly in urban areas, form social ties and develop a similar sense of community connectedness that may exist in smaller localities. Larger urban communities often lack the condition in which all neighbors know one another. Bringing people together so that they may become engaged in the community can potentially allow residents to develop a feeling of belonging, an established network base, and trust-worthiness among neighbors, thus generating social capital (Coleman, 1988; Putnam, 2000). Youth and adults working together may decrease negative perceptions among groups by allowing people to get to know one another who are usually in separate groups (i.e., in-group and out-group; Allport, 1954; Pettigrew, 1998). Intergenerational closure (Coleman, 1988; Swisher & Whitlock, 2004) is also cultivated and serves to build a higher degree of relationship networks across ages while simultaneously maximizing the potential for community mobilization. However, more studies of youth and adults working together over longer periods of time are necessary to confirm whether partnering efforts ac-

tually have long-term impact on the perceptions of individuals toward one another and their community.

Those youth in rural areas did, in fact, have strong social connections that reflected positive group contact; however, it is unclear whether the youth with no history in 4-H or similar forms of youth development programs would report positive perceptions. Even if a true partnership is not achieved in the process, the assuring effects of social connections between group members (youth and adults) can produce favorable results. The aforementioned relationships included the essential element of youth interacting with caring adults, regardless of the continuum category. Initially forming a positive relationship creates an environment where the attributes of a true partnership can flourish (e.g., trust, communication, mutual learning; see Camino, 2000).

This study describes an alternative framework to traditional concepts of youth-adult interaction by presenting insight on the potential benefits of youth-adult partnering. Intergroup contact theory presents criteria that mirror the benefits of youth-adult interaction while addressing parallel issues that often jeopardize the success of community partnering. The in-group/out-group phenomenon is tantamount to investigating contextual factors that influence the positive and negative dynamics associated with youth-adult partnerships. Scholars and practitioners need to work together to research and provide meaningful opportunities embedded in a community youth development framework, thus inculcating the positive ongoing relationships with adults that youth need in nurturing their leadership potential.

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# STRATEGIC ACTIVITY PLANNING FOR EMOTIONALLY DISTURBED CHILDREN AND ADOLESCENTS

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*ABSTRACT: Strategically planned activity components for residential treatment program directly reduced the amount of negative acting out which must be managed in the cottage environment. Sequentially guided creative tasks can provide a supportive central core for treatment goal implementation. Organized activities serve to measure progress towards individual and peer relationship objectives. Specific step-by-step strategies and projects are recommended for use within the therapeutic milieu for emotionally disturbed children and adolescents.*

> *"There is always one moment in childhood when the door opens and lets the future in."*
>
> "The Power and the Glory"
> Graham Greene

> *"One of the most painful things in the Western United States and Territories is the extinction of childhood. I have never seen any children, only debased imitations of men and women, cankered by greed and selfishness, and asserting and gaining complete independence of their parents at ten years old."*
>
> "A Lady's Life in the Rocky Mountains"
> Isabella L. Bird (1873)

This article is dedicated to Marvin, who started out eating the crayons and is now an artist.

As child care professionals, how often have we made the well-intentioned trip to the local public library or teachers' supply store only to find a plethora of activity resources for mainstream children. These projects present, at best, tasks which are too complex for the emotionally disturbed child with limited attention span and low impulse control. At their worst, these materials offer challenges which can create frustrating situations for children lacking internalized controls and cognitive boundaries.

Somewhere in between the range of clinical art therapy and traditional recreation, line workers are often asked to "keep the kids busy." How important is a structured activity program established within the residential treatment milieu? Do these activities support, enhance, or constitute a valid modality for treatment goal implementation? This article will attempt to address these issues, as well as offer practical strategies to be utilized within the therapeutic milieu.

The flow of residential treatment pivots around community meetings, crisis intervention, situational teaching within the context of everyday life skills, and individual clinical sessions. There is a dynamic tension in setting limits to manage behavioral objectives. We are losing half the battle if we let our treatment teams slip into the headset of reacting to these demands by attempting to "let the kids sandwich in some play time to get their energy out," almost in conflict with what's next on the schedule.

For the most part, the emotionally disturbed children in our residential facilities are "sweepstakes kids." They could easily win the grand prize for evading the intervention of a large number of talented community professionals including teachers, principals, therapists, parole officers, and next door neighbors. The placement of a child in a costly highly structured setting represents that the community has reached its tolerance level in the ability to meet the child's needs.

These challenging children must be kept safe as we support them in confronting their growth through treatment. Line workers offer their expertise in generating and maintaining the therapeutic structure which keeps us "one step ahead of the kids."

Let's be practical. The high turnover rate in our field tends to suggest that we are overworked and underpaid. Without more staff and more funding, how do we add activities on top of what we already do?

A carefully organized program can directly reduce the amount of acting out generated in any given shift. These activities can be designed to accomplish treatment objectives. Sequentially guided creative tasks which are successfully completed serve as one key to the investment process. They are a productive vehicle to conduct the formation of the elusive concepts of building self-esteem, developing interactional skills, and establishing behavioral controls.

A little creative energy in thinking through an effective activity component can provide a supportive central core for the entire treatment program conducted within the milieu. Children respond to the idea that we are moving forward together to the next activity which has already been planned. Activities become a ritualized and valued part of the cottage culture. Such an approach moves away from simply "maintaining" children which in the end produces anxiety for everyone involved. Play activities can serve as a mark with which to measure progress toward individual and peer relationship objectives.

Working together with child care counselors, I have constructed activity components within the residential treatment milieu for severely emotionally disturbed,

autistic, and delinquent children and adolescents. I would encourage you to draw from the following steps:

1.  Adults stopping for even a short time to mull over ideas for the next appropriate activity can lose the positive momentum for the children during a shift. Even the time it takes to search out a few pencils can leave enough space for acting out. Plan ahead and gather your resources beforehand. Materials should be readily available.

2.  Plan a series of activities with different formats and varying degrees of complexity. This allows the team to check the mood of the group and respond rapidly with the most appropriate activity for the condition of the milieu.

3.  Evaluate the strengths and talents of your existing team. Identify activities which the children can accomplish that staff enjoy. Providing staff with a supportive environment with which to be creative and to integrate their individual skills into the program significantly increases commitment and reduces burnout.

4.  Start slowly and simply with activities. Ask the children for their involvement in planning by presenting several options, rather than asking for a yes-no response. Seek out the natural leaders of the children's own status hierarchy and win over their positive peer support.

5.  Size up your physical environment and select a space which can be clearly designated as an activity center within the cottage culture. The library, the corner of the living room, or changing furniture in just about any room will do. Walls to display completed projects are essential. A space you can "mess up" even for a short time is preferable to an environment which needs a lot of don'ts."

6.  It is absolutely essential to extend the previously agreed upon limits and behavioral expectations of the milieu into the planned activity. Children are secure in knowing ground rules, the place for a time out, and the consequences for behavior. Hold a group and reaffirm these standards by getting the children to repeat their understanding of the basic framework.

7.  Reinforcement and recognition supports development of an activities component targeted for strongly individualized child investment. Our culture tends to socialize merit. You might start with competitive language such as "best project wins a prize" to get an initial response from the children, but actually compensate for inclusive involvement by giving a reward to each member of the group; i.e., "best coloring, best idea, best concentration," etc. It is usually most effective to give reinforcements which have al-

ready been established within the milieu. You might also consider offering colored pencils, markers, tracing paper, etc. as recognition for effort which leads to the next project. Low impulse control children may need immediate reinforcement for step by-step task completion, as well as recognition for the finished product.

Imagination is far more important than large funding sources. Survey the cottage environment and put to work what you already have. Make it a cottage project to fix old furniture to provide work spaces. A stack of magazines can become collages. Save boxes and containers from the kitchen. Depending upon your agency's policy, you might want to check the local community for donated resources. I have found social services groups and store managers particularly helpful as long as you can articulate a clear need which they can support within their donation process. It has also been my experience that children make a statement about the value of activity projects by eventually volunteering their own funds. Of course, the primary responsibility belongs to the agency, but child-initiated support within appropriate limits completes the cooperative process.

Unlike educational settings which require a set curriculum, I have often valued the flexibility of the residential treatment milieu. If you plan a project which isn't working, stop and shift your strategy to the next task at which the children can feel a sense of success. After rethinking your approach or there is a shift in the contextual mood of the cottage environment, you can always make a second pass at completing the first idea at a different time.

The key to strategic activity planning is to select a range of projects with which the children can feel a sense of immediate accomplishment. Grand designs often fulfill adult or overall program expectations, but can leave children with a disrupted feeling. The following strategies take the vantage point of high reward and low frustration:

Before introducing the activity project, think through the specific abilities and stressors for each child. Select an engagement pattern which the adult works with children in dyads or triads depending on tactile and peer relationship skills. The adult can call the children to the activity area one group after another.

As the activity component expands within the cottage culture, the number of children working at one time can be increased as the interactional ground rules become ritualized and as peers can be cultivated to take a leadership role.

We all might complete the same project, but the project may be laid out in twelve different ways. Break the project down into a series of steps based upon skill level highly tailored to the individual child. For example, one child can handle utilizing scissors effectively. Another child may need all of the parts pre-cut and arranged in a pile. For the second child described, the simple act of attempting to cut could cause him/her to shut down in frustration. The scissors set up a situation predisposed to negative acting out.

In adapting activity projects from resources designed for mainstream children, it is crucial for adults to control the tools which are difficult to utilize in a residential treatment setting. When working with a group, I often place these items out of reach on a high shelf, unless they are in my hands. Just as we keep a close eye on kitchen knives, it is important to keep a careful inventory of your equipment. Keeping track averts disaster in a preventive mode.

Don't be afraid to interrupt successful activity. We work so hard and long to encourage children to have productive play that when they do, we have a tendency to let the activity coast and continue beyond the children's ability to handle the situation.

It may be a major victory for one child to focus and concentrate enough to be able to glue two parts together. If a child succeeds with a difficult task, sense out his/her ability to forge ahead. Rather than allowing the child to blow out his/her progress, end the completed task, provide praise with reinforcement, and make plans to do the next step at a future time. In this way a child begins to look forward to future success.

Organized play activities are often shuffled into the low priority category of budget and time permitting. Implement a strategic treatment purpose for these activities. The projects will take on an indispensable role within the operation of the cottage. Art, in particular, can draw the children into creating a symbolic representation of the concepts which we are encouraging them to internalize. These projects become a safe vehicle with which to release and communicate feelings. Strategically planned activities expand our ability to support the children in their practice of everyday life skills critical to a return to the community.

Play legos, draw a picture, do your chores, glue a model. How is this any different from what we did before? The next section of this article will address specific idea suggestions for project development.

1. *Collections.* If you can find even a single item which interests a hard-to-reach child, you can begin an investing relationship. Together with children, I have collected pine cones, auto parts, fast food wrappers, war ribbons, etc. A runner has a harder time going out the door if she/ he first needs to pack her/his collection. We worked with a borderline child whose damage to cottage property pushed him towards needing to leave the program. We were able to invest him in collecting pictures of sports figures cut from old magazines. He would spend hours taping the pictures up in his room. We had a large supply of old sports magazines. He shifted his need to destruct from cottage property to these pictures. Changes in collections such as "disappearing" or "giving away" almost always signaled the advent of important treatment issues.

2. *Cooking.* Cooking is all in the attitude. It can be a burdening chore on top of child care or you can turn your kitchen into a learning laboratory which

can occupy children for hours. Children gain a stake in providing for their own nurturance and nutrition. What a wonderful place to teach reading, following directions, measurement math, and group sharing. Create a family-like environment in the kitchen where it is safe to process feelings about past family gatherings. Hold a weekly special meal which encourages child choice and appropriate judgment. Also, menus offer a great opportunity to explore ethnic heritage.

3. *Posters.* Not only do brightly colored posters add a sense of child ownership to the environment, but these messages provide a symbolic projection for a focus on cottage treatment issues. A roll of white butcher paper can be one of the most important teaching tools you can invest in. Constructing posters provides a concrete task for group expression of ideas, thoughts, feelings. Graphic presentations reinforce the concepts we are encouraging the children to internalize.

4. *Display.* As the cottage culture strengthens, it becomes important for the child's externalized sense of positive self-accomplishment to appropriately display completed projects. Set aside a special set of shelves, a bookcase, or even a section of the cottage to exhibit these items. Secure their loan from the children to the group and then rotate these materials. At first we assumed such an approach would just provide a new target for children who act out. Instead, with positive peer pressure, the display areas rapidly gained a highly protected status within the children's culture. Serving as the curator for the display then became a project in itself. (Adequate storage for projects in process can be a great asset).

5. *Draw.* It's easy to fall into the pattern of attending to other tasks while children occupy their time filling pages of endless drawings. At the other extreme, we tend to over pathologize the meaning of drawings without the benefit of an art therapist's expertise. Children can often draw what they can't directly verbalize. It is important to get children to talk about the meaning of what they are drawing. After hours of formal treatment, I am often startled by how much more can be learned about a child's world by participating in a drawing session. Try a series of drawings encouraging children to describe the impressions of their own world: family, neighborhood, favorite play activity, etc. Drawings can also be utilized to evaluate the child's perceptions of the program by asking the group to draw their picture of outings, household tasks, consequences, etc. in a recorded social history format.

6. *Garden.* Gardening is relatively inexpensive compared to taking the entire group to a movie. The growth process requires daily cultivation, thus teaching the effort it takes to nurture with its visible rewards. Window

boxes and buckets work in an urban setting. A large plot in a rural area can even augment the food budget. Here again, child success is the key factor. Pick hardy plants which grow easily in your climate and soil conditions. Too many tomatoes and squashes would be better than rows of seeds which don't come up. A good multiple season, with skill level expanding by the years. One child who had lived in fourteen different placements would bolt out the door every morning and say that he would not leave until his plants bloomed. Of course, by harvest he would continue in the program because he had given us the time and investment to make treatment progress. A trip to the garden center for each child who earns a new plant by meeting behavioral objectives can make a wonderful addition to the reinforcement list in your cottage.

7. *Toys.* As child care workers, we are always fighting against the growing clutter of the toys and personal belongings which are a given with children. I strongly recommend keeping these items to a manageable level by rotating these belongings into and out of storage space outside the center of the milieu. (Sealed trash bags or cardboard boxes in the basement are fine). Rethink the strategic use of toys. Encourage an afternoon of group play in which the children build a project together. (Lego castle, model car roadway, make believe town). Take a closet of broken board games and make it a cottage project to scour yard sales to refurbish these sets. Hold a board game competition which also gives rewards for group interactional skills.

8. *Outings.* Child-oriented programs are almost always on the go. These outings present a significant behavioral management challenge for line workers. I have found that the single most valuable strategy is to always know where you are going. Children key their security in a change of settings to the anxiety level of the adults. The focus should always be on supervising the children rather than figuring out the next move. When you are alone about the community in your off hours, scout out places to take the children. Five minutes sitting in a new park observing who goes there or introducing yourself to a local store manager can be worth its weight in gold if you must later manage acting out from children in public. Always review behavioral expectations before getting started by having the children repeat the rules. Each institution has its own unique set, but mine are: stick together, always ask, act out and you go back.

    If our children are to leave institutional placement and eventually return to their community, we must remain committed to taking difficult children into public places. These situational exposures in realistic settings provide the opportunity to pattern appropriate behavior. Children enjoy the feel of spontaneity. You can make these outings without exposing the card

that you are prepared by having been there first.

On a tour of a downtown high rise building, which the children enjoyed, one child threw himself on the floor at the 35th story refusing to use the elevator or walk the stairs. Thank goodness the business crew knew we were coming and did not overreact to severe acting out but, more important, what a crucial situation to teach trust in the ability of adults to take care of a scared and anxious child.

9. *Theme.* Theme provides a unifying force for the activity component which encourages staff to contribute by plugging in their ideas. Children are provided with a focused unit working on a targeted treatment issue in week or month long segments such as Friendship (peer relationships), Cultural Heritage (self-awareness), Family (relationship systems), Community (basic reintegration skills), Spring Cleaning (personal hygiene, cottage organization, etc.) Review individual treatment plans for frequently targeted therapeutic goals, then move forward toward a theme, developing activities which reflect these objectives. Depending upon client turnover rate, effective themes and activity implementation plans can be repeated in rotation.

It is just as important to consider the positive of what can be accomplished, balanced by preventive contemplation of what might go wrong. Strategically planned activities offer a strong asset for the concrete implementation and measure of treatment plan progress. Sequentially guided creative tasks provide step-by-step definition for individual and relationship objectives in a child-centered format.

Carefully planned activities tap the talent of the staff and at the same time provide a focal point for the children to internalize behavioral skills. Activities draw children and adults together in a shared relationship-building process which supports communication. Ritualized activity components within the cottage culture create a productive environment which moves away from the maintenance of children and reduces negative acting out.

A note of appreciation to the Edgewood Children's Center Residential Program which continues to support creative adventures in our cottage.

A special thanks to Bill Evans, Director of The Western Academy, Rifle, Colorado.

**Sample Activities Schedule Six-Hour Implementation Plan**

*SUNDAY*
*45 min.*

Each child returning from a home visit draws his favorite place to play during the weekend away. Activity utilized to conduct transition and group reintegration. Allows communication of feelings to the team and assessment for intervention need.

*MONDAY*
*45 min.*

During weekly community meeting, encourage children to plan upcoming Special Meal. Stress appropriate judgment, teamwork, and taking responsibility.

*TUESDAY*
*75 min.*

Craft project. Complete making mobiles from shells, driftwood, and other items from last week's outing to the beach.

*WEDNESDAY*
*45 min.*

Design a wall banner which illustrates recently established cottage rules for riding bikes and skateboards. Reinforces and nonverbally externalizes behavioral expectation.

*THURSDAY*
*60 min.*

Copy and color flora and fauna from books checked out of the public library that describes the recreational area the children will visit next week. Previews outing as a project to look forward to and creates learning focus.

*FRIDAY*
*60 min.*

Outing to the market to purchase foods for Special Meal. Situational teaching about nutrition and practical math.

*SATURDAY*
*120 min.*

Children prepare and serve Special Meal. Create a family-like environment to teach relationship skills. Table discussion processes past negative and positive experiences with family gatherings.

## Developmental Practice Methods: Domain Editors

### Dana Fusco, *PhD*

Dana Fusco received her doctoral degree in educational psychology from the Graduate Center of the City University of New York. She is currently an associate professor at York College and served there as the acting dean for the School of Health & Behavioral Sciences for the past four years. She has extensive experience researching and evaluating youth programs and herself was a youth worker before entering graduate school. With multiple presentations and publications, her latest book, *Advancing Youth Work: Current Trends, Critical Questions,* is the first anthology of the field and takes a critical look at emergent trends and issues related to the professionalization of youth work as a field, a profession, and a discipline. With abundant cuts to youth services across the globe, her most recent thinking urges us to also consider youth work as a movement.

### Karen VanderVen, *PhD*

Karen VanderVen is professor emerita and past director of the Program in Child Development and Child Care at the University of Pittsburgh. Her writings in the areas of early childhood education include dynamical systems theory and its applications; professionalization, including career, curriculum, and leadership development; play and activity; and lifespan and intergenerational issues have been published in journals and edited books in the field. She serves on the editorial boards of six journals, is the author of over 200 publications on child-related issues, has received several national awards for her work in professionalizing practice with children and youth, and has presented all over the world.

### Varda Mann-Feder, *DEd*

Varda R. Mann-Feder is associate professor of applied human sciences at Concordia University in Montreal, Quebec. From 2004 to 2007, she served as Chair of the Department, an interdisciplinary unit committed to training practitioners at the undergraduate level. Varda served on the Task Force for Educational Accreditation, and has been involved in the child and youth care field since 1976. She began her career as a consulting psychologist in the child welfare system in Montreal, where she consulted with numerous residential, child and youth care, and youth protection teams, and provided training and team building workshops. She has served as: a board member for the Association for Child and Youth Care Practice (U.S.A), Research Chair for the Quebec Association of Educators and was editor of the *Journal of Child and Youth Care Work* from 2000-2007. Varda has worked with the National Youth in Care Network as a research consultant and has served as an external re-

viewer for the School of Child and Youth Care at Ryerson University. She is currently active as a member of the Steering Committee for the Society for the Study of Emerging Adulthood, a member of the Publications Committee of the International Federation of Educative Communities (FICE), and as an editorial board member for three peer reviewed journals.

## ADDITIONAL RESOURCES OF INTEREST

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**Relationship and Communication**

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**Developmental Practice Methods**
*Child and Youth Work Interventions*

Part of promoting better service is pointing out those interventions that are positive and if properly implemented, likely to lead to healthy relationships and growth.  However, some that are widely used may be harmful. Thus in this section on *Child and Youth Work Interventions* we include two pieces on point and level systems, in the hope that readers will work to replace these with the many other positive approaches that are now available.

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