Independent Living: Practice, Programming, & Thinking

Selected Articles of

Robert M. Robertson, Jr., M.S.W., L.S.W.

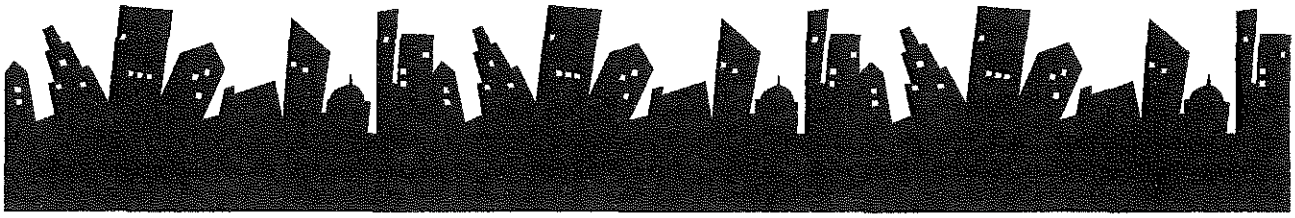
For more information about the articles, training or consultation please contact:

Robert M. Robertson, Jr., M.S.W., L.S.W.
5046 Mill Road
Schnecksville, PA 18978-2333
610.799.2655 (H)
bobmr@enter.net
or
Valley Youth House
524 Walnut Street
Allentown, PA 18101
610.432.6481 (W)
bobr@valleyyouthhouse.org

Independent Living: Thinking, Practice and Programming

Second Edition

Selected Articles of
Robert M. Robertson, Jr., M.S.W., L.S.W.



2003
Schnecksville, Pennsylvania

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Acknowledgements

Several of these selected articles were co-authored with other individuals with whom I had the pleasure of collaborating with around thinking about Independent Living topics or issues. Those individuals include Joan Haldeman *(When the Lights Go Out: Managing a Program Closure)*, Sara Jarvis *(Transitional Living Programs for Homeless Adolescents)*, Michelle Paulas *(The Right Stuff: Independent Living Staff Qualities and Style)*, and my daughter Hilary *(Personal Safety for Job and Life)*.

A real special acknowledgement belongs to Bill Motsavage, the current Director of the Valley Youth House IL for the past six years. Bill collaborated on several articles *(Unfinished Business: The Paradox of Independent Living Youth Who Return Home* and *Delinquent Mental Health Differences in Independent Living Assessment and Planning)* which grew out of our weekly supervisions. It's a rare treat to work with someone like Bill who doesn't mind standing out there on the edge with you. To recoin a phrase I read somewhere, "if you're not standing on the edge, you're taking up too much room".

Many of the unpublished articles are training articles that were written for Mid-Atlantic Network of Youth and Family Service training's or consultations. It would therefore be impossible to leave out Nancy Johnson, Executive Director, and Dr. Patti Skorupka, MANY's former Training Director. Both have offered me so many wonderful opportunities to train and learn from others. Special thanks to Dorothy Ansell, Editor of *Daily Living*, who has published many of the articles contained within this collection.

A very special acknowledgement to David Gilgoff, the President of Valley Youth House, for his support and complementarity over these many years at Valley Youth House. One of the reasons I get to take chances and head off into uncharted territory is because of David's support and trust. It's an important part of our culture and quest to serve youth and families the very best we can. That means we always have to be testing and pushing the boundaries of practice to the next level of excellence.

Three paragraphs into this and I realized I could write acknowledgements for a couple of pages to those who have provided small and large IL gifts of ideas, thoughts, and inspiration over time. I am lucky to know and work with many individuals who are either a constant source of inspiration (especially the youth, our IL staff and VYH administrative and management staff) or those who sometimes seem clueless and challenge me to think of ways to move, educate or inspire them to new IL levels. Inspiration comes from strange places.

Thanks to all. If it's true that "what goes around comes around", than keep it coming because we're all in this together.

Introduction

The selected articles for this second edition are gathered from the last twelve years of thinking, programming, collaboration, and visioning independent living related issues and topics. More emerging practice than theory, the articles were written to provide practical insight into best practices and what I thought would be best next best levels of practice at the time they were written. Time will tell how well they will hold up.

Philosophically I believe in change. I welcome and embrace it as more than symbolic growth. In committing to a quest for *bleeding edge* IL practice I believe we have to know that things will never be or stay the same, that each youth and their plan is uniquely different and that undiscovered solutions and strategies are often closer than we think. As a visually impaired person, I know that *vision* is more about thinking and believing than seeing. I know that doing right is always better than being right and that reality is a better teacher than educator.

The articles contained in this second edition are those from the first edition and some old and new ones that were not contained in that first edition. This second edition has organized them more into some common sense categories. While they are all relevant to IL, some are more specialized and may be more relevant to different types of staff. For example, the clinical section may be more attractive and useful to therapists and counselors, the evaluation section more helpful to directors or supervisors, and so on.

They have been selected for their diverse perspectives on thinking about and practicing independent living services. *Walking the Talk* provides an organizational culture perspective on providing Positive Youth Development services. Essentially, it speaks to being organizationally and practice consistent; if you can not do it with its own staff, it is going to be difficult to really do it with the youth you are supposed to be helping.

Transitional Living Programs for Homeless Adolescents (minus the annotated bibliography and program profiles from the original monograph publication) provides a multi-perspective foundation for considering transitional living programs and various special populations they serve. Many of the

programming articles present various models and considerations for starting and taking IL's to new levels of service.

Understanding that IL's are more than only residential programs which focus on jobs and life skills, several articles focus on clinical understanding and treatment as a key strategy for youth and program success. All my experience tells me that youth are intelligent and master hard life skills relatively easy. It is the old issues and unfinished business that diverts and prevents them from actualizing those skills on a consistent basis.

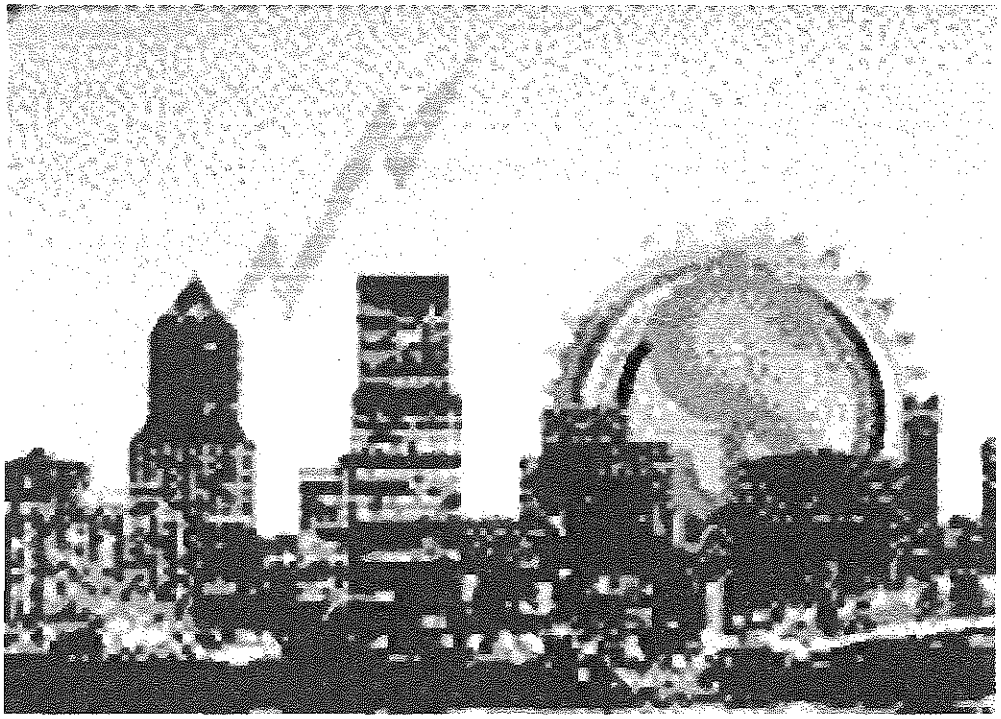
Creativity is a foundation characteristic of flexible and effective service. Several articles present strategies and thinking for stepping out of and remaining out of the traditional IL box. The old adage, "if you keep doing what you're doing, you'll keep getting what you got" holds as true for IL as it does for everything else in life. If it is not working it is time to give it up and move on. You get to choose the change and speed of change.

This second edition recognizes that identifying excellent staff does not happen by accident. It involves a focused and creative attention to the recruitment, screening, interviewing and hiring process *(Youth As Partners in the Staff Interviewing Process* and *Interviewing Practices*). The reality of working with at-risk and high-risk youth in program offices and community locations means that staff have to think about and be attentive to their own personal safety *(Personal Safety for Job and Life).*

Most articles contain some type of *crash and burn* section. This recognizes that things will go wrong. The best method for preparing for that is to be proactive in thinking about and planning for the most likely problems or events and being proactive in strategizing various options when it happens.

The goal of the selected articles is to provide a practical reference for IL services and hopefully to inspire readers to take this written material to an even higher level. Every program, staff member, and youth is different. It is our job to celebrate and appreciate those differences in a way that will help them move forward.

The Big Picture: Models, Designs and Thinking



Walking the Talk: Organizational Modeling and Commitment to Youth and Staff Development

Robert M. Robertson, Jr.

A serious youth development approach to services can only be successful in an organization with a similar commitment to staff development. Youth and staff development are parallel concepts, with staff development as the historic and experiential foundation for implementing an organizational philosophy of positive youth development. This article examines an organizational commitment to providing programs and services to youths that are consistent with the attitudes, belief systems, and support systems that the organization implements with its own staff.

Robert M. Robertson, Jr., M.S.W., LSW, is Associate Executive Director, Valley House, Allentown, PA.

0009-4021/97/050577-13 $3.00

Political, social, and organizational environments, as well as changing funding streams, all exert pressure in different ways on how the mission, philosophy, and culture of youth-serving organizations are implemented and experienced. Within this context, implementing changes in practice and programming to reflect new or maturing philosophies presents tremendous challenges.

Significant differences exist between talking about and believing in practice that supports positive youth development and implementing such practice. A critical internal factor related to the ability to change practice is the existing organizational staff development structure. This is especially true in the case of a change to a positive youth development approach. Positive youth development in practice relies not only on changes in organizational structure and philosophy, but also, and most critically, on the attitudes, behavior, and skills of direct care, supervisory, and administrative staff members.

Effective staff development and positive youth development practice share many philosophical and structural similarities. This article examines the relationship between youth and staff development and the long-term implications of organizational commitment to the youth-serving movement's newest paradigm—positive youth development.

Youth and Staff Development Defined

Interest in programmatic strategies that promote youth development has existed for more than 20 years, and has been tied to funding streams by such federal agencies as the Family and Youth Service Bureau [FYSB 1995]. Attempts to define development and the practices that best support it sharpened greatly during the last decade. A commissioned paper by the Carnegie Council on Adolescent Development indicated that a single, commonly used definition of *youth development* could not be found in its literature review [Pittman & Wright 1991]. Though a precise definition remains

elusive, practitioners have reached consensus that the development of young people should be seen as an ongoing and inevitable process in which all youths are engaged and invested [Lane 1996]. *Development* is used to refer to both the broad goal of reaching adulthood and to the growth process itself, which includes specific subsets of activities [Pittman & Wright 1991].

Development is, by nature, differentially unequal because it depends directly on the opportunities and supports available to young people in a given environment. In other words, development is different for everyone not only because of individual variables such as age, but also because of the familial, geographical, economic, and cultural factors that directly and indirectly influence people. There is no universal equality of opportunity to meet needs and to acquire the knowledge and skills necessary to attain healthy, productive adulthood.

Positive youth development is a strengths-based macroconcept that directs the programs and services available in communities to *all* young people rather than targeting only those with defined problems or those in high-risk situations. Services and activities are voluntary and provide formal and informal opportunities and experiences that support youths in making a successful transition to adulthood. This differs significantly from the current system that prioritizes and funds problem-prevention and crisis-intervention services.

Conceptually, the positive youth development approach views young people and their families as partners rather than clients. It emphasizes youths' strengths and ability to contribute regardless of problems or pathologies. In the human services field, the assumption that development will occur naturally and successfully in the absence of problems has determined the structure and implementation of services. A positive youth development philosophy, however, asserts that "problem free does not mean fully prepared" [Pittman & Cahill 1991]. It asks not what youths should reveal or change about themselves, but rather what they might become and how the community can realize their full potential.

The Center for Youth Development and Policy Research suggests that continuity and ongoing nurturing are critical elements of a serious youth development approach. Defining the primary goal of working with young people as promoting development creates a bias toward long-term strategies and commitment that balance services with supports and opportunities. Supports (things done with rather than for) and opportunities (things done by rather than to) create a bias toward informal and naturally occurring delivery systems such as family, neighbors, and community organizations [Center for Youth Development 1994].

Promoting development rather than reducing problems requires the participation of youths, staff members, and families in the development or reexamination of an organization's mission, structure, culture, and decision-making process. Reorienting a youth agency to positive youth development requires as much change in its values, vision, and long-term strategies as in its service models or service delivery. This creates challenges in both the areas of commitment and of funding; there is no immediate tangible return on organizational investment. Many individuals who have never been interested in or invited to be part of a solution network will need encouragement and support to become invested and participate in the process. Finally, reorientation requires long-term coordination and commitment by traditional youth services organizations, as well as political and power structures—a commitment that must extend beyond the life span of political trends and agendas.

Staff development, like positive youth development, is a macrocultural and organizational concept that applies to all staff members within an organization. It is more than a training benefit. It is a structured and thoughtfully planned organizational approach designed to support service standards and program effectiveness. It expects the skill sets, knowledge, and performance outcomes of staff members to increase beyond their entry employment expectations. It is a long-term and proactive commitment to quality of service, innovation, expectation of change, internal promotion

whenever possible, high levels of staff retention, and job diversity. Effective and successful staff development is an actualized vision with well-formulated policies and benefits as well as informal attitudes and an organizational culture to support the context and content of implementation.

It is reasonable to extend Pittman and Wright's assertion regarding youth-serving organizations as positive (youth) development agents to include organizational commitment for staff development. In contrast to youth development, staff development offers more obvious concrete and immediate benefits, such as organizational stability, staff retention, succession planning, and continuity of service. Durkin [1983] and Mattingly [1977] identified high turnover and a lack of stable leadership over time as reasons for the inability of the field to mobilize its efforts toward further professional development.

Human service organizations generally require that staff members have specific knowledge bases and skill sets as entry-level professional qualifications; these are usually obtained as part of undergraduate and graduate education as well as supervised internships. As a result, it is easy for organizations to never consider or implement staff development programs; they may make a deliberate decision to maintain a specific level of service with the knowledge and skill sets that staff members bring to their jobs. Management may view staff members as replaceable, which perpetuates the time-consuming and costly process of recruiting, hiring, and orienting new staff members. Jane Quinn, program director at the Dewitt-Wallace Reader's Digest Fund, identifies staff consistency as a critical factor in working with youths. Yet the system often induces inconsistency by embracing turnover of staff [Vanneman 1995].

The prevailing wisdom in this type of organizational setting is that every experienced worker lost from the agency can be replaced by a less qualified substitute. Current staff members are often promoted to higher organizational levels without adequate training or preparation, based on a presumption that present performance

and skill sets will transfer to a new and different position. The most common example of this is the promotion of direct service staff persons to a supervisory or administrative position. Without adequate preparation or development, staff persons often struggle, perform poorly, or fail at their new level, compromising the quality of organizational services and professional development of personnel under their supervision.

In 1993, the Child Welfare League of America surveyed human service administrators and other leaders in regard to the present state and future needs of the child and youth care field. The survey found that while 45% of the organizations offered some form of tuition reimbursement, far fewer offered any kind of formal staff development program. Many other organizations had dropped previous staff development efforts because of budgetary constraints. Paradoxically, despite poor staff development efforts, administrators and leaders identified "training/professional development" and "advancement/career ladder possibilities" as the most frequently mentioned successful retention incentives [Stuck 1994].

Norman Powell, director of the Master's Program in Life Span Care and Administration at Nova University, describes a similar "colonial mentality" whereby organizations reserve educational opportunities, salary increases, and promotions for supervisory personnel [Vanneman 1995]. Direct service staff members are generally ignored and not included in an organizational staff development program. Restricting line staff members' participation in a staff development plan and expecting them to provide quality service is an ineffective personnel strategy [Vanneman 1995].

These observations regarding organizational attitudes and strategies for staff development demonstrate a striking similarity to some of the conclusions of the Carnegie Council on Adolescent Development [Carnegie Council 1995]. The Council's report on preparing adolescents for the new century noted a troubling inequity in the distribution of opportunities to learn among youths. The primary method of determining educational opportunities

occurs through "tracking," which is implemented with the purpose of reducing student heterogeneity in the different class settings.

A formalized and effective staff development structure depends on consistency and commitment. Staff development policies are documented within an organization's personnel policies. Participation is generally voluntary and should include an initial assessment of what positions, knowledge, and skill sets the staff member aspires to. It identifies the methods or strategies for acquiring such knowledge and skills and provides opportunities and support for practicing new skills. Accountability to, and achievement of, performance and learning goals are evaluated regularly and tied to promotional opportunities and pay raises. The organization may use formal or informal mentoring as an adjunctive strategy. The structure and implementation of staff development activities include the input and active participation of all agency staff members.

The focus of staff development, as in the case of positive youth development, is on providing and supporting opportunities and experiences that help people to develop higher levels of knowledge, functioning, participation, and performance. While the age groups for participation may differ, the processes for both youth and staff development are similar.

Parallel Characteristics

Successful youth and staff development is the result of strategic efforts to prepare participants for higher levels of functioning and participation through access to learning experiences, the acquisition of knowledge, and opportunities to contribute. Both types of development work best when participation is universally available, voluntary, and a part of the environmental belief or operation system. Implied is a need for partnership between those who have the opportunities, resources, and power within families, communities, and organizations, and those who do not. Hartman and Laird [as cited in Braziel 1996], considered to be the modern-day

architects of the family-centered social work model, present the basic premise that "human beings can be understood and helped only in the context of the intimate and powerful human systems of which they are a part."

A comprehension of youth and staff development includes an understanding that growth occurs faster and is more fully incorporated when one learns by doing. Thus, three additional characteristics are shared by effective youth and staff development programs.

First, development-focused programs function best when they are well integrated with other systems such as neighborhoods, community resource organizations, or programs within an organization. Just as the development of healthy youths requires involving young people in every possible way in the programs and institutions that have an impact on their lives [Lane 1996], so does staff development. Both youths and staff members become more invested in what they learn, more committed to attaining their goals, and also develop more valuable leadership skills and experience through this process than they otherwise would.

Second, youth and staff development must provide opportunities for participants to express opinions, challenge adult or management assumptions, make appropriate choices, and learn and use new skills. Organizational and program structures must develop and support a shared language and culture that include definitions of age- or job-appropriate expectations, and must nurture a shared understanding of what the language means to the participants and to the organization. Those strategies that work inclusively through the layers of culture, organization, and/or systems are more effective than those that reach from the outer layers of formal systems to work in isolation with youths, or families, or staff members.

Third, development programs must promote longevity of experience and retention, and also build periodic feedback and self-assessment into the process. Longevity and commitment are closely related to considerations of organizational culture and available

funding. A commitment to development will likely be sustained if it is an integrated part of the organizational culture, and if dedicated funding that supports program and training activities is consistently available. Funding that supports youth and staff development must be viewed as an investment in the effectiveness of the organization and as an indispensable resource, rather than as an add-on or extra service. The Youth Development Institute has observed that increased reliance on community-based organizations as primary youth development agents without increased support for programmatic and staff development will have disappointing results [Reidy & Pitts 1996]. If changes are to endure, both service delivery and system-level efforts will need facilities, staff, and a continuing source of financial support [Braziel 1996]. The Carnegie Council [1995] also recommended expanding the reach of good programs and urged the development of important partnerships with funders and other sources of financial support and resources. Whether youth-serving organizations that have little commitment to staff development will have any more commitment to a long-term process of positive youth development when funding is the critical issue is dubious.

The Case for Parallel Development

Serious youth development cannot succeed within an organization without a serious commitment to staff development. Successful staff development provides a firm foundation and historical context for transferring the organizational philosophy and practice of staff development to youth development. Successful youth development requires a similar organizational context and foundation in order for it to comfortably fit the organizational milieu, to expand the organization's understanding of how individuals participate in larger systems, and to identify how such systems "grow" competent youth, adults, and professionals.

In an environment that cycles fundable youth trends and concepts in and out of fashion, agencies without a historical context of

belief and practice for personnel (staff) development will be left "talking the talk" while they struggle to figure out the "walk"—how to accommodate and nurture an alien youth development concept. It is not safe to assume that because an organization provides youth services, it also practices youth development. Great disparity exists between organizations that provide competency or strength-based services and those still rooted in models of client pathology and deficit-based services. Direct service staff members have to experience some level of organizational continuity between what they are asked to do with youths and families and what they developmentally experience for themselves within their own organizations.

Based on a three-year study of youth and community organizations, the Carnegie Council's Task Force on Youth Development and Community Programs [1995] identified 10 characteristics of community programs that were responsive to the needs of adolescents. Three of the characteristics were related to (1) the preparation and diversity of the programs' adult leadership, (2) the programs' vision of youth development, and (3) the programs' strengthening of research on the relationship between community organizations and youth development. A literature review found no specific information related to the connection between positive youth development and staff development.

Commitment Applied

As stated earlier, development is by nature a long-term process. While strategies may facilitate or impede development, they do not effectively change its long-term nature. The logical implication for youth development is that funding will almost never support a full child and adolescent life span of 18 years. While one could choose a shorter subset, such as ages 5 to 18, it will always be longer than program trends or existing funding periods. In relation to staff development, a short-term commitment implies a greater willingness to replace staff members than to retain or sup-

port them. Youth and staff development cannot effectively be practiced without a long-term commitment that is sustained independent of funding or service trends.

Strategies exist that will facilitate maintenance of a commitment to youth and staff development programs. The formal and informal organizational environment and culture should be examined to determine whether there is an active commitment by the board of directors, administration, supervisors, and line staff members to positive youth and staff development practice. Organizations must continually ask themselves if their articulated mission and vision support these developmental approaches independently of funding and trends within the field.

In the corporate world, investments are made in the design, experimentation, and testing necessary to profitable product development and continual quality improvement. Positive youth development requires the same level of investment in the support of development-focused work within the youth service field [Dosher 1996] to include both staff development and activities and services directed to youths. This can be achieved through a critical review of personnel and program policies and practices in relation to their purpose, value, and outcomes. It involves an honest appraisal of an organization's commitment to retain its staff, to prepare its staff for future roles, to include its staff in strategic planning and service development, and to provide opportunities beyond the scope of narrowly defined job descriptions. At the same time, it involves evaluation of the level and quality of supports and opportunities provided for young people, as well as ongoing work to include youths in efforts to plan, implement, and evaluate services.

Summary

Positive youth development has been developing its talk for 20 years and is in many ways still struggling to articulate its message. Staff development is a better articulated strategy with a his-

torical context for developing and supporting staff members by providing planned opportunities and experiences to acquire new knowledge, skill sets, and attitudes.

Organizations that successfully implement staff development programs are better prepared to transfer both a strong commitment and workable strategies to support youth development; they are already walking the talk. Their staff members, through their own experience, will be prepared to implement a positive youth development approach as a consistent strategy and integrated part of the existing cultural environment. Those who do not practice staff development in an organizationally consistent manner may spend considerable time learning the language of youth development, talking the talk, and implementing a model of providing youth services that is inconsistent with the attitudes and belief systems they practice with their own staff. Organizations committed to supporting their own staff's development will transfer that successful foundation and experience to the practice of positive youth development. ♦

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TRANSITIONAL LIVING PROGRAMS FOR HOMELESS ADOLESCENTS

Sara V. Jarvis
Southeastern Network of Family Services

Robert M. Robertson, Jr., M.S.W.
Valley Youth House

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration
Division of Demonstration Programs
Child and Adolescent Service System Program (CASSP)

This report is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Division of Demonstration Programs, Child and Adolescent Service System Program (CASSP). The authors wish to thank Janice Gasker, M.S.W., for the chapter on developmentally delayed adolescents.

Copies are available from:

CASSP Technical Assistance Center
Georgetown University Child Development Center
3800 Reservoir Road, NW
CG-52 Bles, Pediatrics
Washington, DC 20007
202-687-8635

Printed 1993

FOREWORD

This monograph presents a conceptual framework for developing, reviewing, and evaluating transitional living programs for homeless adolescents. It is designed to be used by those in the field who are, or will be, developing such programs.

The report is a joint effort of the Southeastern Network of Youth and Family Services and the Mid-Atlantic Network of Youth Services. Both Networks are membership organizations of community-based agencies serving runaway, homeless, and other troubled youth and their families. The Southeastern Network operates in the eight Southeastern States (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee). The Mid-Atlantic Network operates in the mid-Atlantic region (Virginia, West Virginia, Pennsylvania, Delaware, Maryland, and the District of Columbia).

Youth service agencies throughout the country are grappling with the difficulties of assisting troubled youth through their transition to adulthood. Even those agencies who have operated transitional living programs for years often find the task daunting.

While the number of programs serving such youth has increased in the past few years, the documentation of their efforts is limited. Accordingly, providers are forced to piece together programming based upon their own experience, the materials they come across in their work, and the advice of those operating programs. This publication, including details on a variety of types of programs, is an attempt to consolidate some of the knowledge in the field. It is not a comprehensive review of all programs, all materials, or all resources. Rather, it is an attempt to pull together examples of working programs and to draw from the assembled information a conceptual framework for delivery of services to youth in transition to adulthood. The ultimate test of its worth will be its usefulness to agencies struggling to design or improve their programming.

Diane L. Sondheimer
Chief, Child and Adolescent Studies Program
Child, Adolescent, and Family Branch
Division of Demonstration Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration

CONTENTS

CONCEPTUAL FRAMEWORK

There is no ideal model for providing transitional living services to homeless adolescents. Likewise, no single variable will make a program exemplary. A successful transitional living program (TLP) is composed of a constellation of interrelated characteristics, factors, and values. These programs share several basic elements:

- Program Structure
- Physical Setting
- Geographic Context
- Cultural Aspects
- Theoretical/Clinical Base
- Service Linkages
- Training

Each component in this conceptual framework is important in its own right. Each represents a specific dimension that must be considered when both developing and evaluating transitional living programs. The interrelatedness of the components will determine whether the program is successful when fully implemented.

This chapter describes the characteristics of each of these components. The aim is to help potential TLP providers understand what their programs need; it is not a how-to manual. Each program will face different problems, have different resources, and choose different clients. There is no perfect transitional living program; there are only programs that, depending on a variety of factors, look different from and work better than others.

Program Structure

Any program must be thoroughly planned before it can be implemented. Funding sources generally require complete written documentation of the program's mission, goals, objectives, client population, staff, and program process. Addressing these elements will help program developers and their advisors clarify their own thinking and help both planning and ongoing implementation of the program.

Mission Statement

A clear and concise mission statement is the essential foundation on which the program is built. It defines the general scope and boundaries of the client population and services or activities. It is usually one of the first concepts communicated to funders, staff, clients, and interested others.

Goals and Objectives

Program goals and objectives should be formulated during the planning process, before a program is funded or implemented. They should be clear, specific, and measurable and should describe what the program believes it should and can accomplish. Once the program has started, these goals and objectives will be used as outcome measures to determine whether the program is achieving what is said it would.

Client Population

The client population should be defined specifically, including age range and criteria for eligibility (e.g., discharge from foster care, nonadjudication as dependent or delinquent, parental permission). Special populations (e.g., teenaged parents, youth with disabilities) and geographic catchment areas to be served should be identified. Additional considerations include physical or mental health status and level of commitment to program expectations.

Definition of the target population is frequently dictated by the funding source. Federal guidelines for runaway and homeless youth identify the population range as 16-21 years of age. In general, State guidelines are consistent with Federal guidelines.

Staff Composition

A TLP program may include professional, paraprofessional, clerical, and administrative staff. All staff at all levels should be fully defined, including the minimum qualifications (e.g., education and experience) necessary to fill the respective positions and the primary responsibilities of each position. Clear, complete job descriptions should be developed before any staff actually begin work. Other staff-related issues include establishing a clear supervisory hierarchy and method or format for staff evaluation. These should be consistent with established agency personnel policies.

TLPs often use mentors. Their main function is to serve as transitional figures who can project a positive image that can be emulated by the youth they serve (Mech and Leonard 1988). Generally unpaid, mentors have life or work experience that demonstrates successful negotiation of the major bumps, pitfalls, and obstacles adulthood has to offer.

Programs usually match youth with a same race, culture, or ethnic origin mentor because it increases the likelihood for successful engagement and adds a dimension of believability to the prospect of successful independence. For example, an inner-city minority youth is more likely to accept and work with a same minority mentor who has experienced similar circumstances.

Mentors should demonstrate a stable and consistent caring attitude. This is particularly important because most TLP clients have expe-

rienced many situations where adults have rejected them or left prematurely. Programs that consider utilizing mentors need to provide orientation and ongoing contact, support, and supervision. This will assist the mentor's understanding and direction in managing those sometimes uncomfortable client-mentor interactions that can arise.

Program Process

In general, a TLP process is similar to any other human service program process and includes identification and referral of clients, screening and/or assessment, implementation of services, termination, and evaluation. Thoughtful attention to each of these components prior to startup should minimize future program restructuring, although implementation of even a well-designed process will usually require fine tuning over time.

A clear and simple *referral process* is the most effective way to develop "referral friendly" contacts. Advance distribution of written materials, including a clear program description, client eligibility criteria, and referral process materials will help to assure a timely startup with a sufficient program caseload. Public child welfare, juvenile probation, and other community agency staff have many different agencies' programs and services to keep straight and may have several options for TLP clients. For that reason, it is important for programs, especially during the startup phase, to maintain regular, ongoing contact with referral sources.

All TLP referrals are *screened* to see if they meet general eligibility requirements. Those who are eligible are then *assessed* to determine whether they will be accepted as TLP clients. An individualized TLP client goal plan is the outcome of the assessment process. This plan generally provides specific goals and timeframes for a client's participation in the TLP program. The goals are in the general areas of skill development (acquisition and practice), education/employment, housing, and treatment.

Implementation of services requires identifying the generic expectations, responsibilities, and consequences for program participants.. Specific stages or phases for increased responsibility and freedom as well as methods for clients to acquire progressively independent status must be spelled out. The program should specify consequences for a client's failure to meet expectations and responsibilities as well as circumstances and criteria for returning clients to earlier phases. These should be consistent for all clients, yet sensitive to circumstances and needs of individual clients.

The program should identify specific tangible and intangible skills to be taught as well as the method for accomplishing and measuring successful acquisition and use. It should have a method for pretesting and posttesting skill levels to document the program's success in preparing TLP clients for independence. Expectations and timeframes for most activities, including employment and education, should be established. The program should define the minimum and maximum lengths of services to clients, where they will live

throughout TLP participation, and the location of independent housing.

Client services may be office based, outreach, or some mix of both. It is also important to thoughtfully consider the use and extent of outreach, the method and amount of client monitoring, and the amount, extent, or balance of individual and group services that will be offered.

The process for closure or *termination* is a natural part of all human services. In its broadest context, termination begins with provision of the first service, since client involvement in the program is really a continuum between entry and exit. Clarity around criteria for what constitutes natural closure (i.e., program completion) and premature closure (i.e., failure to perform or accelerated completion) are as important as considerations for relapse (i.e., client did well throughout program and needs temporary assistance after completion because of an unplanned crisis, etc.) and followup. This is often one of the greatest dilemma's for TLP programs—when to provide additional services and when to terminate the client from the program. A clear procedure for termination and closure should be in place for clients who both successfully and unsuccessfully leave the program. Much of the planning for this involves establishing base or minimum criteria, procedures, and protocols and playing out possible scenarios to assure that the program is prepared to respond in a proactive and supportive manner rather then in a reactive and defensive manner.

Program *evaluation* measures success and conformance to already established goals and procedures. Ultimately, the evaluation should answer two important basic questions: (1) Was the program successful in achieving what it said it would (outcome)? and (2) Did the program operate the way it said it would (process)? A meaningful evaluation depends on developing evaluation standards, tools, and procedures in advance and carefully gathering appropriate data throughout the life of the program.

Another way of conceptualizing the independent living service process is through the Independent Living Service Delivery Continuum (Cook and Ansell 1986). The continuum identifies the acquisition of living skills and experience from its most basic form through independence. Transitional living programs may provide services in any or all of the four phases of the continuum: informal, formal, supervised practice, and aftercare. The informal phase views individuals as acquiring basic living skills through informal observation and trial and error. This phase tends to occur early in one's life and continue through the remaining phases.

During the formal phase, living skills are acquired through formalized instruction and activities designed to provide experience. This phase tends to be the point where many transitional living programs begin through either an organized curriculum or structured practice experiences.

The supervised practice phase places individuals in a nonparenting situation where they can utilize the knowledge and skills they have learned thus far in a setting that allows independence but with a safety net to protect them from mistakes that might have life-threatening consequences (Cook and Ansell 1989). This phase typifies a low-supervision apartment setting.

The aftercare phase is independence without the benefit of a safety net. It is typically the point where TLP clients either continue successful living on their own or relapse to an earlier phase.

Physical Setting

Physical setting options vary on a continuum from maximal supervision and structure to minimal supervision. TLP youth may progress through a variety of settings as they successfully complete program stages or they may remain in a single setting with increasing freedom and responsibility as they progress. Other issues related to the physical setting include staff-to-client ratios, opportunities for transitional living task completion, and access to community resources. Kroner (1988) originally described most of the setting options and their characteristics for TLPs. An enhanced overview with additional settings and characteristics is presented in table 1.

Table 1. Characteristics of physical settings for transitional living programs (TLPs)

Setting	Characteristics				
	Supervision	Structure	Staff to client ratio	Opportunity for TLP task completion	Access to community resources
Institutions/residential treatment centers	High	High	Low	Low	Low
Group homes	High	High	Medium	Low	Medium
Shelters (runaway/homeless)	Medium	Medium	Medium	Medium	High
Foster homes	Medium	Medium	High	Med-High	High
Supervised apartments					
High	Hi-med	Variable	High	High	High
Low	Low				
Host homes	Variable	Variable	High	High	High
Live-in roommate	Lo-med	Low	Medium	High	High
Boarding home	Low	Low	Low	Med-Low	High
Family home	Variable	Variable	Medium	Variable	High
Unsupervised apt/room	Low	Low	Low	High	High

An important consideration when choosing any setting is the cost. Most settings require some type of staffing, either by onsite advisors or contract arrangements with host home owners or live-in roommates. Agencies either own or lease the apartments. Occasionally, houses or apartments have been donated. Programs may also develop special contracts with large apartment complexes or boarding and rooming house vendors.

Several methods have been devised for reducing the overall cost, such as offering free room and board with a small stipend to resident advisors as opposed to using full-time resident staff. Another incentive is to allow resident advisors to maintain full-time day employment when youth are normally involved in educational and employment activities. It is not uncommon for employed program youth to contribute to their own housing costs while enrolled in the program. Parents may also be asked to contribute to their child's costs. Many States use foster care payments to subsidize transitional living services. Just as it is important to be comprehensive in considering the type(s) of setting for a TPL, it is essential to consider who will contribute, and in what form or amount, to the cost of the residential setting.

Institutions/ Residential Treatment Centers

Common examples of institutional settings include juvenile justice detention and correctional facilities and inpatient psychiatric and drug and alcohol rehabilitation centers. In general, these settings accommodate large numbers of residents and patients and are usually very restrictive, with a focus on maintaining a high degree of structure and compliance. Residents rarely have opportunities to participate in activities normally associated with preparation for independent living, although greater freedom and responsibility are often provided as youth near discharge.

Group Homes

Group homes are generally located within the community, and youth residents have opportunities for direct interaction with the activities and individuals they will likely encounter on their own (e.g., employers, schools, mass transit systems, counseling agencies, and support systems). Because group homes generally serve fewer residents than institutional settings, they are able to provide more consistent and individualized interaction, feedback, opportunities for typical transitional living activities (e.g., meal preparation, shopping, laundry, employment). A common outcome for residents upon discharge is situational depression or a feeling of loss for the individuals who provided a daily support system. This most often disappears during the early TL experience as the youth develop new support systems.

A major variation or adaption of the group home is the dormitory setting used by the Neon Street Center in Chicago. This program maintains a 30-unit building where clients have their own sleeping quarters but share common dining, food preparation, and recreational areas.

Shelters

Runaway and homeless youth shelters are not ideal settings for transitional living program youth due to their transitory popula-

tions. Shelters can be used for assessment, orientation, and short-term (emergency) residence until a more appropriate, longer term setting is available. Clear expectations for TLP participants in this setting are important as a means of providing a smooth transition to a more stable setting. The Webster House Transition to Independent Living Program in Muskegon, MI, is an example of a program that provides residential services through its runaway and homeless youth shelter.

Foster Homes

A common alternative for youths engaged with a public child welfare agency and unable to live with their own family, foster homes can provide a more natural transition to independence. This is particularly true for those youth who have lived in the same foster home for an extended period of time and who are being discharged directly to the community. Since foster homes exist within the community, the youth has both opportunity and access to existing resources. The foster home provides a high level of consistent daily supervision/monitoring and can easily accommodate increasing levels of responsibility and freedom for youth moving toward their discharge from care. Like many of the settings yet to be described, the recruitment, training, and support of specialized staff (e.g., foster parent, live-in roommate, resident advisor) are essential for program success.

Supervised Apartments

Supervised apartments provide a very realistic opportunity for youth to experience the normal responsibilities and expectations of independence. Two to four youth generally occupy each apartment with or without an onsite resident advisor. This setting offers two options: a high degree of onsite supervision from a live-in resident advisor or low supervision with no live-in advisor but unannounced apartment visits for monitoring purposes by TLP staff. The apartments may be owned or rented by the agency. Youth in supervised apartments are generally immersed in TLP activities because the setting and the program are closely related.

Variations of the supervised apartment setting include the scattered site approach used by New Life Youth Services in Cincinnati, where clients live in individual apartments within a 10-mile radius of the program office, and the congregate or cluster-site approach, where several client apartments are located in the same building. Examples of the latter approach are the Sasha Bruce Youthwork's Independent Living Program in Washington, DC, and the DIAL-SELF program in Greenfield, MA. The Valley Youth House program (Allentown, PA) has clients progress through a supervised apartment into an unsupervised agency apartment and eventually into one they locate and live in upon program completion.

Host Homes

Host homes are similar to high-supervision apartments in that youth are immersed in the transitional living experience while being supervised and monitored by an adult. In this setting, the youth lives in an established home in one of the bedrooms, with free access to most or all other areas of the house. Rental payments are made directly to the host home owners.

A variation on this setting is the "mentor home" of the Safe Harbor program in Haverhill, MA. This is a modified foster home, where clients live before moving into their own unsupervised apartment.

Live-In Roommate

In this setting, youth share an apartment with an adult. The adult, who is generally a contract program staff person, serves as an appropriate role model with no direct authority over the youth. As the youth nears the end of program services, either roommate may be withdrawn to provide total independence for the transitional living program youth.

Boarding Home

Often used an an interim living arrangement for youth not yet ready for total independence, boarding homes offer access to residents in similar situations, recreational facilities, and prepared meals (since most boarding homes do not have in-room cooking appliances). This setting works most effectively when agencies develop special arrangements with boarding home and large room operators such as YMCAs.

Family Home

While not often thought of as a likely setting, this alternative works well with families willing to provide time-limited residence to their child who is participating in a structured TLP. It has also been helpful in completing successful separations for youth leaving their families. This model is typically one of many choices for programs offering outclient transitional living services, such as many statewide programs like the Maine Department of Human Services Bureau of Child and Family Services.

Unsupervised Apartment/Room

Unsupervised settings are generally reserved for the highest functioning youth who are near or at the end of their program participation. Youth function without supervision, and staff intervention is provided on an as-requested or followup basis. For example, Ozone House in Ann Arbor, MI, has a long history of client self-determination and empowerment. Its clients immediately begin in their own community apartment with little or no supervision or monitoring.

Geographic Context

The location of the program can be an important determinant of client and program success. In general, there are three different contexts: urban, rural, and suburban. Each area raises numerous considerations for program design, including resource availability, economics, and client neighborhood or community of origin.

Urban settings typically offer the greatest range of opportunities and dangers. Youth have more employment options, better public transportation, and more varied and physically accessible education programming. They must also deal with street crime, the temptation to use a variety of easily available drugs, and high living costs.

Most large cities have several TLPs, which may specialize in several, all, or specific types of clients. For example, the Transitional Living

Program operated by Alternatives for Girls in Detroit has a strong street outreach to young female prostitutes. The Neon Street Center in Chicago provides extensive services to HIV positive and gay and lesbian clients, and Kaleidoscope in Chicago provides TLP services to severely emotionally disturbed clients.

Suburban settings—bedroom communities of large metropolitan areas as well as small to medium-sized cities lacking the urban core of a major metropolitan area—are similar to urban areas but offer some particular challenges of their own. Depending upon the local economy, these areas may offer good educational and employment opportunities, but few have reliable and efficient public transportation systems. The cost of living is usually lower than urban areas, but there is likely to be greater resistance from community members to establishing housing for youth.

Suburban projects are in many ways hybrid programs that may serve a combination of urban clients who moved out of the city, rural clients who have moved in, and clients who have lived in suburbs for most of their lives.

Rural settings, while they can be idyllic for personal and physical development, often offer the greatest challenge for youth and for program planners. Job opportunities—typically, agriculture or a single local industry is the major employer—are limited to low paying, physically taxing work. There are few opportunities for advancement or for exploration of alternative careers. Educational opportunities are equally limited by the lower tax bases supporting such areas. Transportation poses the greatest problem for TLPs; virtually no public transportation is available. Youth must have cars, arrange for friends or family to transport them to work and school, or depend upon the program staff.

Nonetheless, many transitional living programs operate in rural settings. Some entire States can be characterized as rural. The Maine Department of Human Services, Bureau of Child and Family Services, operates a statewide program that challenges staff with problems such as the high percentage of time spent in transit between locations. The urban and suburban areas, such as Portland, Augusta, and Bangor, tend to be served by private, nonprofit agencies.

Location of the program's residential and nonresidential sites must be carefully considered, whether the program is rural, suburban, or urban. Several questions should be considered when determining the best location for a transitional living program.

- Will youth in the program remain within the program's geographic area or return to their home community or neighborhood?

  If youth are to remain in the area, the TLP must ensure that the necessary facilities and services are available for them when they finish the program. Youth with strong relationships and supports in their own community often feel a strong pull to

return. These pulls must be acknowledged and addressed by both youth and program staff. Together, they must weigh the types of support available from family and friends in their community of origin against the loss of current employment and transitional living program support systems. Depending upon the setting to which the youth are returning, the temptation to backslide into previous nonproductive patterns must also be factored into the equation.

- How available is transportation?

  Since it is unlikely that TLP clients or program graduates will have their own vehicles, the program should be located in an area that has potential employment sites within walking or biking distance or near public transportation.

- How accessible are the stores and services TLP clients will use during and after program involvement?

  Since few youth will have their own transportation, the facilities should be located near essential services.

- Are affordable housing alternatives available for clients after discharge from the program?

  For youths' transition to be truly successful, they must succeed after leaving the program. One essential component of that success is procurement of decent affordable housing. Since most youth will be employed in the general vicinity of the program and will leave while employed, it is crucial that other affordable housing alternatives be explored and identified.

- How safe is the setting?

  For many youth, night work will be a necessity. The residential settings selected should not be located in areas that pose great dangers to youth returning late at night. This will create a dilemma for many programs—particularly those in urban areas—since affordable housing is most frequently found in high-crime neighborhoods.

  If programs have no alternative but to locate in less desirable neighborhoods, they must work with youth to alert them to safety precautions (self-defense classes, mace, traveling with a friend, avoiding areas of particular danger) and provide as much security as is possible (secure door bolts, burglar bars).

- Are there employment opportunities in the area that offer progressively more responsible positions for youth?

  The availability of such opportunities is essential if youth are to escape the status of working poor. Since the program will be seeking employment for a concentrated population of youth who may lack the competitive skills and resources of their

in-school or graduated counterparts, the continuing availability of jobs, particularly those with opportunity to prove oneself onsite and to advance to more responsible and higher paying positions, is crucial.

- Are there other service programs in the area that will refer youth to the TLP?

  When considering the program's geographic area, potential referral sources should be reviewed to determine whether ongoing identification and referral of TLP clients will occur. Program planners should discuss with other agencies their existing or planned TLPs within the same geographic area. Such a review and discussion with similar programs can develop complementary rather than competitive programming for youth.

- Are there qualified individuals in the area who could be tapped for employment in the program?

  Another important consideration is the availability of potential staff within the geographic area. In general, a TLP may need several different levels of staff including professional (therapist, counselor) and contract (houseparents, resident advisors) staff. Agency directors should review the potential employee market as well as their current staff recruitment and retention policies to ensure that they can adequately fill positions.

- What is the general economic condition of the area?

  The general economic condition of the area should be considered in both program costs and the likely impact on clients in and leaving the program. A community experiencing high unemployment during a recession, for example, will present obstacles to youth in a TLP. They will be competing for scarce jobs and affordable housing with unemployed adults possessing more skills and greater responsibilities.

Cultural Aspects

The ethnicity and related cultural aspects of the client population are important considerations in all areas of a program. An understanding and sensitivity to issues related to ethnic origins, gender, cultural traditions, expectations, and values will enhance the staff's ability to engage and maintain TLP clients throughout their participation.

Many cultures operate simultaneously in the program: the cultures of the youth, of the staff, and of the program itself. A program that attends to and respects each of these cultures will find itself better able to serve youth from a broad array of backgrounds and problems than will programs that ignore or give only cursory attention to such issues.

The youth's cultures—in the broadest sense—include their ethnicity, age and development stage, gender, family and interpersonal

dynamics, sexuality and sexual orientation, and problems of the moment. No two youths—even those of the same ethnicity and gender who come from the same neighborhood—will share the exact same cultural background. Recognition and respect for these differences is conveyed through program policies and curriculums, through staff attitudes and behaviors, and through the physical attributes of the program.

Program curriculums should provide for the exploration of the youth's cultural and ethnic heritage as a source of pride and strength. Such explorations could be merged into general education units such as history, social sciences, or reading. They could also constitute a component of the youth's life book or family history. Whatever the context, youth who are urged to connect with their own heritage and encouraged to take pride in it have an opportunity to tap into a personal and social context that can serve as a reservoir of strength and support even after they leave the program.

Staff composition is a key element of cultural sensitivity. To the extent possible, the staff should reflect the client population's race, ethnic origins, gender, and background. Although people of similar backgrounds do not necessarily share the same world view, the presence of a diverse staff conveys a message of acceptance and inclusion that will help youth feel more comfortable in the program. This is not to suggest that staff of a particular background are unable to work with youth who are different. In fact, such cross-cultural connections can actually help youth feel more comfortable dealing with those who are different from themselves. However, for such connections to truly benefit youth, staff must be willing to recognize their own limitations, be willing to involve others in helping the youth, and have a working knowledge of a variety of resources in the community capable of providing help when needed.

If staff members are expected to recognize and acknowledge their own cultural blind spots, they must be assisted through ongoing cultural sensitivity training. Such training should explore the "isms" and phobias that are generated through ignorance and fear and should help staff become more aware of and sensitive to differences. Such training should be a part of every staff person's initial training. Various aspects of cultural sensitivity should also be included in regular inservice training to provide encouragement and support for staff in translating the awareness generated in training into the program's daily activities.

Program policies should provide mechanisms for addressing cultural problems when they present themselves—whether it is among youth, among staff, or between staff and youth. The presence of such problems should be viewed as an opportunity for raising consciousness and for learning new ways to negotiate in situations where anger and prejudice have surfaced. These negotiation skills will be crucial for youth who are likely to face discrimination and prejudice in their work and educational settings. The skills gained

through such a process will help both youth and staff in facing a variety of volatile situations.

The program's physical space says a great deal about the consciousness of the staff. Look at the common areas, the counseling rooms, the spaces used for education, recreation, cooking. Do the pictures on the walls reflect the various cultures represented? Are resources visible and readily available for Latino, white, African-American, and gay and lesbian youth? Would different types of youth walking into these common spaces for the first time see themselves anywhere? Such "microchanges" are low cost and very effective ways to give the message of acceptance and support to youth.

Cultural sensitivity should not be construed as referring only to minority populations, although much of the literature and training focuses on responses to these groups. White, middle-class youth, who predominate in suburban and rural programs, also have specific cultural and rites of passage issues. Programs should consider the rites of passage of all youth, regardless of their race, ethnic origin, religion, or culture.

An excellent example of a transitional living program that provides a high cultural sensitivity is Sasha Bruce Youthworks (Washington, DC), which serves African-American youth. The clients participate in an Afro-Centric Rites of Passage group, which lasts 4–6 months and is based on the traditional rites of passage in the African community. It teaches heritage with the goal of building self-esteem and includes role modeling, a retreat away from the city, and respect for elders. The Urban League of Essex County, NJ, also provides a Rites of Passage-type program for its African-American transitional living clients.

Theoretical/ Clinical Base

The theoretical and clinical base of a TLP influences everything that happens in the program. Clients are perceived, evaluated, treated, and served according to an underlying theory of "normal" development and behavior that determines the core values, beliefs, and understanding of adolescents as a client population. Much of this theory comes from staff who hold human service (social work, psychology, counseling, etc.) degrees and have received basic lifespan or human development education and training.

Transitional living programs generally have an individual psychological orientation, a systems orientation, or some combination. Most commonly, they appear to understand and evaluate clients within a traditional psychodynamic model and to provide planning and services within a systems model. Another important distinction is whether a program is skill-based, clinically based, or some combination. While most programs generally contain elements of both, they usually emphasize one aspect over the other.

A review of existing programs indicates that most TLPs emphasize skill building through teaching and experiencing future skills of

independence. Many also provide clinical counseling to address, manage, and resolve past and present emotional, psychological, and behavioral issues that inhibit client success. While skill-based programs may not provide clinical counseling services, they still use important theoretical and clinically based knowledge in their day-to-day operations for such activities as intake interviews, developing appropriate plans, and managing various types of client behavior.

Intake Assessment

One of the first contacts with the client is through the intake assessment. A major consideration is who conducts the intake interview with referred clients and the format of the interview. Because the intake interview is more than the collection of information, the intake interviewer should be experienced in clinical interviewing. This should serve the diagnostic and planning process well, since the interviewer will have insight in understanding and formulating therapeutic impressions beyond the use of personality inventories and other diagnostic tools.

While the depth of information gathered may differ among TLPs, the intake interview will generally elicit the following information:

- *Referral*—source, contact person, reason for and circumstances at time of referral
- *Client description*—age, gender, ethnic origin, physical appearance and presentation, religion, etc.
- *Presenting problem*—youth's perspective on current status, assets, liabilities, personal goals, and life plans; referral source's perspective on youth's current situation; parent or family perspective on youth status, assets, and liabilities
- *Current functioning*—youth's educational and employment history, extracurricular/recreational activities, hobbies, areas of interests, peer group, nature of interpersonal relationships, drug and alcohol history/assessment, sexual abuse history, sexual activity, use of birth control, etc.
- *Family history*—generational history including marriages, separations, divorces, deaths; drug and alcohol use and mental health; education, occupations, and important childhood, adolescent, and adult events
- *Medical history*—previous illnesses, operations, hospitalizations, allergies to medication, current medication uses, current medical coverages, and significant family illnesses
- *Social service history*—present or past juvenile justice, child welfare, counseling, and psychiatric hospitalization history; reasons for and dates of involvement/hospitalization, and names(s) of probation officers, caseworkers, counselors, or therapists; degree to which youth felt they benefited from involve-

ment; previous psychiatric, psychological, or educational testing

- *Diagnostic impressions*—may or may not contain DSM-III-R diagnosis, thematic overview of primary client issues, assets, liabilities, and recommendations based on what intake information provides and what interviewer diagnostically believes

- *Goal/plan*—This may be separate from the intake and is generally according to the specific requirements, structure, and format of each program; an important outcome may be the need for additional psychiatric, psychological, or educational testing.

Counseling Services

Transitional living clients are older adolescents (aged 16-21) who by and large come from dysfunctional families who have rejected them. They frequently have had prior juvenile justice, child welfare, or counseling involvement and histories of physical and sexual abuse as well as varying drug and alcohol experimentation and use. They generally have had unsuccessful or unsatisfying educational experiences. They frequently are developmentally delayed by varying degrees and often possess poor interpersonal and social skills and are generally not adroit at problem solving and decision-making.

Given those circumstances, most TLPs provide counseling within the program or by referral to an outside agency or individual during the youth's participation in the program. Decisions about whether counseling services will be provided on an individual, group, or combination basis should be considered prior to program startup. If provided in-house, it is important that the designated staff possess the necessary education, training, and clinical skills to successfully work with this special population. Programs choosing outside counselors should apply these same standards to the community agencies or individual practitioners who work with their TLP clients.

Nationally, there is great diversity in the provision of clinical counseling services. Programs such as Sasha Bruce Youthwork (Washington, DC), Lawrence Hall Youth Services (Chicago), and Valley Youth House (Allentown, PA) provide clinical counseling services to clients by designated (therapist or counselor) staff. Programs such as Webster House's Transition to Independent Living (Muskegon, MI) and Mercy Center Ministries (Patchoque, NY) provide those services by referral to another agency.

It is quite common for new transitional living programs to provide clinical counseling services by referral. This frequently occurs for reasons such as reducing program costs and a philosophical belief by many programs that TLP services need to be primarily focused around life skills, employment, and housing.

Some programs provide counseling services by using both program staff and referral to other community agencies. This variation offers

better matching of the unique therapeutic needs of clients with those therapists or counselors who can best meet them.

Family Involvement

Another issue is whether the program will involve the TLP client's parent/families. This is important because it can offer an opportunity for positive separation from the family of origin or allow parents/families to reject or sabotage the youth. Whether a TLP program includes family involvement or not, it should be prepared to deal with family dynamics and issues of separation from the family.

Service Linkages

Service linkages are those individuals, agencies, businesses, or parties who have varying degrees of contact with a TLP, its staff, and its clients. Examples of participants in the service linkage network include other public or community agencies, referral sources, employers, educators, landlords, consultants (who offer training to the program), businesses TLP clients frequent (food and clothing stores, movies, etc.), services TLP clients use (transportation, banking, etc.), businesses who supply goods to the program (office supply, business machine, grocery stores, etc.), and parents, families, important others, and groups or persons with whom clients routinely interact.

Understanding how a TLP fits within an existing agency and within the constellation of community agencies and services is vital for developing ongoing linkages with existing resources. Three important issues to consider are the connectedness of service linkages to the program or client(s), the method of communication to and with other parties, and whether they provide or receive something from the program or clients.

A program should never underestimate the extent and value of its service linkages. Positive relationships help assure smooth and effective program functioning, realistic positive relationships and opportunities for clients, and a variety of other less tangible benefits. Poor relationships distract the program, staff, and clients from the goal of successful preparation for independence. While the squeaky wheel may get the grease, it most assuredly slows, disrupts, or postpones the trip till it is fixed.

Low or subsidized rent is at a premium in most communities, regardless of whether they are in urban, suburban, or rural settings. This presents a unique challenge for transitional living programs. Several have developed noteworthy linkages to meet this ongoing problem. Ozone House (Ann Harbor, MI) participates in a network that identifies appropriate housing for its clients. Kaleidoscope's Youth Development Program (Chicago) has two staff housing coordinators whose primary responsibilities include locating appropriate apartments and developing and maintaining relationships with landlords. Franklin County, MA, DIAL-SELF developed a partnership with a housing authority and community development corporation. The community development corporation rehabilitated a

condemned building, and the housing authority provides subsidized rents for apartments within the building. In addition, their well-developed relationships with landlords includes their participation in the client's orientation process.

Employment is another difficult challenge for transitional living programs to continually meet. As one program director commented, "Every transitional living client cannot work at McDonald's!" Noteworthy employment linkages include the Neon Street Center (Chicago), which has partnered with businesses to develop corporate sponsorships for entry-level positions that have "shadowing" or monitoring features. Alternatives for Girls Transitional Living Program (Detroit) maintains an ongoing job development effort with five businesses.

An extremely well developed employment component is provided at Aunt Martha's Youth Service Center's Transition to Independence Project and Project On Your Own (Park Forest, IL). Aunt Martha's Center has a Youth Employment Unit that operates as an in-house employment agency. It also has a Try Out Employment program that pays the client's first 6 weeks of wages for employers to "try out" their clients as employees. They have successfully maintained an 85-percent placement rate.

Training

Training builds and maintains competency for both TLP staff and clients. Serious consideration and implementation of training ensures a greater preparedness to accomplish the mutual goals of teaching and competency skills.

Staff Training

Training preparedness is part of the staff recruitment and selection process. Base levels for each position's level of competency are established prior to the first candidate interview. The goal of the staff selection process is to find those individuals with high levels of training, experience, and likelihood of success in working with a transitional living client population.

Staff training is an ongoing process. The program's responsibility is to identify individual and program training needs and determine measurable goals and strategies for meeting those needs. It is also important to establish a method for measuring achievement of those goals. Strategies for achieving individual and program staff training goals include supervision, inservice training, out-of-agency training (workshops, seminars, conferences), subscriptions to related professional journals and newsletters, and networking with other TLPs.

Client Training

Client training involves identifying the specific, tangible, and intangible skills to be taught and devising methods for teaching or opportunities for learning and using the skill. This includes the development or identification of curriculums and relevant instructional materials. A comprehensive pretesting and assessment of

client skill levels will help establish individual training needs and direct the depth of the group skills training process.

Numerous prepared transitional living courses and curriculums are available from a variety of sources (see "Resources"). In addition to prepared materials, TLPs use community consultants who contribute their time and expertise in their specialized areas (e.g., credit, landlord relations, job interviews). These experts can help develop appropriate curriculums and may be used as actual presenters or trainers.

Audio and video equipment have been successfully used in training activities with TLP clients. Clients' role playing has been videotaped and then critiqued by both professional staff and TLP peer group members. This group process has been effective in teaching independent living skills and in managing problematic or disruptive behavior.

Conclusion

Transitional living programs are simultaneously concrete, abstract, and complex. Individual components of the Transitional Living Conceptual Framework generally speak to identifiable, observable, and documentable pieces of information. The process of successfully thinking through the program involves understanding the nature and scope of each component, brainstorming alternatives, intellectually playing out scenarios to avoid surprises and unplanned outcomes, and making choices that best fit the specific needs of a program's unique client population, mission, goals, and objectives.

Programs begin as abstractions and become grounded with implementation. Experience highlights the interactive nature of the framework's components. While they appear very complex and unclear initially, they eventually yield a comprehensive, well thought out TLP.

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SPECIAL POPULATIONS

Under ordinary circumstances, a successful transition into adult independent living requires the attitude, maturity, and life and problem-solving skills necessary to locate and maintain ongoing housing, employment, and significant relationships. The absence of successful life experiences and consistently appropriate adult role modeling creates unique challenges for the learning of skills and attitudes that most older adolescents and young adults acquire through normal family living.

Even more challenged are those subgroups whose emotional, medical, or life situations present unique obstacles to their successful transition to independent living. Developmentally delayed, HIV-infected, and pregnant and parenting adolescents have unique issues and needs for transitional living programs.

The following chapters examine these special populations through the presentation of information necessary to understand the specific subgroups and the identification of issues and needs relevant to the provision of transitional living services to these populations.

PROGRAMS FOR ADOLESCENTS WITH DEVELOPMENTAL DELAYS

Defining the Issues

The main goal of adolescence is individuation, the process of molding a self that is separate from family and unique to its world. Essentially, the goal is "to make an initial separation from the family and to consolidate an identity and value system" (Norman 1980, p. 23). Note that this separation speaks to an emotional transition. For many youths in transitional living programs, physical separation from family occurs at an early age.

The purpose of this section is to clarify the similarities and differences between developmentally delayed adolescents and the "normal" population and to use those similarities and differences to highlight effective treatment strategies for the developmentally delayed population.

This goal of achieving independence is well served by transitional and supportive living programs for homeless adolescents. The transition to individuation and independence is often fraught with difficulties in this culture, particularly for homeless youth. But to the developmentally delayed adolescent, it presents additional challenges.

What exactly is meant by the term "developmentally delayed?" This is a difficult question to answer, as the terms "developmental delay," "developmental disability," and "developmental difference" have been used in a variety of contexts, in some cases synonymous with learning disabilities, mental retardation, conduct disorders, and a wide range of physical problems (e.g., Barkley 1990; Schalock 1990). Thompson and O'Quinn (1979) presented the following general description:

> Wherever an aspect of functioning is not demonstrated by an individual at an age when the majority of children of similar age demonstrate it, the individual is considered to be exhibiting a developmental delay. (p. 16)

In this monograph, the terms "developmentally delayed" and "developmentally different" are used in a general sense to include the above conditions. Developmentally delayed persons follow an alternate route to independence. For each person, the route is unique. The challenge for transitional living service providers is to

assist discovery of ways to navigate each unique path to the ultimate goal—independence.

"Normal" Development

To understand the impact of developmental delays or differences, it is important to grasp the way "normal" development is understood. Erik Erikson (1963), the pioneer developmental theorist, was the first to view development as a phenomenon occurring throughout the entire lifespan. He proposed that personality develops through a sequence of phases or stages. Each phase presents a person with a challenge. That is, each phase represents a point at which a person may grow and develop or become emotionally "stuck." The degree to which a person is stuck, or has not met the developmental challenge, corresponds with maladaptive personality traits in that particular area. But stuck or not, everyone advances through the same stages in the same order, at roughly the same chronological age.

For example, a girl developing normally finds herself facing the fifth of Erikson's eight stages at adolescence. This stage, "identity versus role confusion," is particularly challenging in our society. This challenge represents the difficult transition from dependent childhood to the individuation and independence of healthy adulthood. Mildred Eisenberg (1975) noted:

> The young person attempting to cope with sociological and cultural upheaval . . . is developmentally at Erikson's fifth of the eight stages of man . . . At this stage anxiety indicates role confusion and a realization that "time is running out," that one must terminate [dependence], and that binding choices must be made. (p. 187)

Finding the answers to questions such as "Who am I?", "Must I be like my parents?", and "Why am I here?" in a personally satisfactory way is central to resolving this transition in a healthy, adaptive way.

The storm and stress of adolescence is not universal (Roediger et al. 1991), but our society presents no clear rites of passage to adulthood. For example, a 16-year-old is considered to be old enough to drive a car but not old enough to secure a loan. Two 17-year-olds may be parents, but they may not sign an apartment lease until they are 18.

In addition, the adolescent is coping with a myriad of physical changes—mood-altering hormones, changing body characteristics and, for some, abstract thinking. Abstract thinking, or "thinking about thinking" is the ability to reason in an abstract sense. This ability, experienced for the first time in adolescence, opens up whole new vistas of thought—and frustration.

This, then, is ordinary development—a combination of environment, physical changes, and cognitive growth that allows "normal" people to develop "normal" personalities. These are regular people facing regular life challenges all in the same order, all at about the

same time of life. For the "normal" adolescent, the challenge is gaining independence.

Developmental Delays

For the developmentally different person, the challenge is also gaining independence, but the process does not occur in the same way. While it was initially postulated that persons with disabilities progress through the same sequence of cognitive stages as "normal" persons, only slower (Zigler 1969), there is some evidence that this is an overly simplistic view of persons who are disabled (Clements 1988).

The alternate theory is that developmentally different persons may pass through those same stages, but in a different order. Stark and Goldsbury wrote (1990):

> Individuals in this age span with disabilities may be much more likely to show progression/regression in their development by alternating back and forth between stages of development. That is, they may show far greater discrepancies between levels of function in different areas of development. (p. 78)

Therefore, development for developmentally delayed persons is *fundamentally different* than for other persons. In order to plan effective treatment strategies to assist in the transition from adolescent to adult for developmentally delayed persons, it is essential to understand this difference.

To illustrate this confusing phenomenon—developmental difference—consider an analogy. Symbolize the transition to adulthood as a horse race. Each person has four horses, representing the following areas of development: physical, cognitive, social/emotional, and environmental. In order to reach adulthood, all the horses must reach the finish line.

For most people, the horses are evenly matched in terms of speed and stamina. They all come out of the blocks at the same time, reach the first corner at about the same time, and usually arrive in a photofinish at the gate to adulthood.

This corresponds to Erikson's fifth stage. The physical, cognitive, social/emotional, and environmental development all work together through the same sequence of events to produce a situation that holds the potential for a healthy transition to adulthood.

For developmentally different persons, the race may be a bit different. One of the horses may be much slower than the rest. One of the horses may bolt and actually begin running down the track in the wrong direction. A poorly trained horse may stumble into another racer, causing a perfectly healthy horse to stumble and lose time, or perhaps to sustain an injury and stop entirely.

For example, imagine a wheelchair-bound adolescent (slow physi-

cal horse). This physical disability may result in limited mobility (due in part to a slow environmental horse, which symbolizes poor access), thus hindering socialization opportunities. The physical horse has effectively tripped the social/emotional horse, which had normal potential but now represents delayed socialization skills. Due to this slowed social/emotional development, this adolescent may not be ready to separate emotionally from significant others.

On the other hand, this same adolescent may have average or above average intelligence (a fast cognitive horse). This person may be well aware of the individuation needs of his chronological age peers. He may intellectually desire independence, since that is the age-appropriate stage of development. In other words, his cognitive horse is impatiently waiting at the finish line for the rest of the racers.

In another example, a female, 19-year-old adolescent suffers from developmental expressive language disorder (a learning disability symbolized by a lame cognitive horse). The learning disability, in combination with an unresponsive school environment (a poorly trained environmental horse), has resulted in school failure.

The school failure causes poor self-esteem, which manifests itself in self-destructive behaviors. This may be symbolized by a perfectly healthy social/emotional horse being run into the rails by its environmental colleague. Meantime, this young woman's physical horse has finished the race. While she physically looks like an adult and may already have children, she lacks the cognitive, social, and emotional development necessary for a healthy transition to independence.

Developmental delays, or developmental differences, can be caused by a disability in any of the vital developmental areas:

- Physical (e.g., chronic illness, physical handicap)
- Cognitive (e.g., learning disability, mental retardation)
- Social/emotional (e.g., social rejection, attention deficit hyperactivity disorder)
- Environmental (e.g., low socioeconomic status, dysfunctional family system, trauma—including physical or sexual abuse)

Consequently, a concrete definition of developmental delay may be: a disability in the physical, cognitive, social/emotional, or environmental area that results in a change in the sequence and timing of personality development.

For the developmentally different adolescent, facing the main task of adolescence—independence and individuation—is a complicated challenge. Deficits in development are unique to each individual, based on the level of each area of development. *The goal of successful TL programming is to assist in all phases of development, paying special*

attention to the possible inequities among them and the conflicts those inequities may engender.

Program Planning

A high percentage of youth entering any TLP are likely to be developmentally disabled to some degree, since they have been unable to develop residential resources in their family or among friends. Because the various areas of development may be affected differently, a number of issues need to be considered in planning an effective TLP.

Physical Setting

Physical setting options, such as supervised apartments or group homes, which provide a high level of structure and supervision are important for this population, particularly in the initial phase of treatment. It is important to obtain an accurate diagnosis or assessment of which developmental areas are delayed. For youth with social/emotional delays, specialized foster homes may be most appropriate in order to provide a family setting and to avoid forcing individuation before the youth is socially and emotionally ready.

Because persons with developmental delays may have vastly different needs, it is often beneficial to group persons with similar needs together. Many young people benefit greatly from having peers of similar abilities as roommates, and genuine friendships may develop. On the other hand, some programs purposely choose not to have youth room together, as the deficiencies they have in common (for example, anger management programs) can be compounded. Supervisors or active mentors can resolve some of these problems, but this issue speaks clearly to the need for accurate diagnosis and program policy that allows for individualized programming to the greatest extent possible. During the evaluation of an independent living skills training program in Minnesota, youth reported that the flexibility of the program to meet individual needs was very important (Johnson 1988).

Smith (1988) highlighted the need for accurate diagnosis with disabled youth. She reported that youth:

> . . . need assistance in doing the detective work to discover which approaches, methods or techniques work for each individual and then help in explaining to others how they learn.
>
> The more they know about themselves, the better they can advocate for themselves, and the more likely they are to be successful. (p. 9)

Location

Geographically, an urban setting would offer this population more employment opportunities. A well-developed resource network of employers is likely to be necessary for several reasons. First, program youth are likely to have a wide range of functioning levels, necessitating a wide range of employment opportunities. For example, a youth with extremely poor social skills may require solitary

work while someone who suffers from extreme performance anxiety may require constant supervision. Some developmentally delayed persons may need to "fail" at several job positions before settling comfortably into success.

There are numerous implications for programs here. Employers must have appropriate expectations. The more involved they are in the program as a whole, the more realistic their expectations will become. They must understand the program and know the youth. Most importantly, staff must be available on an ongoing basis for consultation. A program that can employ a well-qualified job developer or job coach is at a distinct advantage in its ability to provide youth with work experience.

For programs committed to providing valuable work experience, the decision to be an active advocate for youth is as important as finding an urban setting conducive to employment opportunities. However, this benefit must be carefully weighed against the maladaptive peer influences that may be present in urban neighborhoods. Adolescents who are delayed in social and emotional development are more susceptible to peer influence than others. Developmentally delayed youth frequently engage in behaviors which, on a social level, are immediate indicators of their susceptibility to victimization of all kinds. They are frequently the antithesis of "street smart." For this reason, programming should include street survival skills, with both role play and real life practice in assertiveness, refusal skills, and conflict resolution. In addition, urban neighborhoods must be carefully screened, since these adolescents are at higher risk for substance abuse and other dangerous behaviors than other homeless youth (Hawkins et al. 1985).

Some developmental delays (e.g., physical handicap, mental retardation) are obvious to the eyes of misunderstanding neighbors. In this case, the anonymity of an urban neighborhood may be an important consideration. In addition, urban settings may provide more sophisticated access for youth with physical handicaps. All in all, geographic considerations are similar to all program planning for persons with developmental delays—the needs of each individual must be weighed.

Culture

In some ethnic groups (e.g., Hispanic) in which the extended family is intrinsic to the culture, developmentally delayed youth may find themselves firmly established in a permanent dependent position, whether they reside within the family home or not. In these situations, work with the entire family is required.

In addition, a large group of cousins and other young family members may provide powerful peer influence, be it appropriate or inappropriate. Inappropriate peer influence, whether its source be family or not, can be counteracted with a residential culture that seeks to create a group feeling within the residential setting. In other words, well-trained staff can facilitate a cohesiveness that produces a positive peer influence among residents. Staff must be

aware of the strong ties to family culture held by many developmentally delayed youth. This is a very real difference from the "normal" adolescent's rebellion from family beliefs. For those who have not begun the individuation process, the culture and opinions of significant family members are central to their belief system. Consequently, family members should be engaged as active participants in programming whenever possible.

Having experienced a physical but not emotional separation from family is frequently the underlying cause of client failure when family members sabotage program efforts or when the client returns to a dysfunctional family environment. These failures can be prevented through family intervention and a program policy with a strong therapeutic emphasis in addition to teaching life skills. In a very concrete sense, this means establishing program policies which encourage—rather than tolerate—visitation by family members. In addition, the individual program-planning process should include the active—as opposed to passive—participation of both youth and significant family members.

The importance of any available family involvement is also highlighted by the acute aftercare needs among this population. Developmental delays may take decades to resolve, and for some, will never be resolved. Ideally, funding availability and resources should be based on accurate needs assessment, *not* chronological age. Since this is seldom possible, responsible programming should include forging strong links to ongoing community resources, mentors, and family.

Service Linkages

In addition to formulating an active partnership among the treatment team, employers, parents (when possible), and teachers (where applicable), a wide range of community resources are required by this population. For example, in a study of youth receiving State social services (Association for the Advancement of the Mentally Handicapped 1988), a significant group was found to have emotional, physical, or developmental disabilities, which resulted in a greater than normal need for community resources. Nearly all of these youth had educational deficits requiring educational or vocational programs, and nearly half required mental health services.

Theoretical/ Clinical Base

An effective program requires a staff well grounded in normal developmental theory as well as developmental difference. This is essential and related to program policy regarding staff orientation, ongoing staff training, and supervision.

Group work as a modality is significant in any programming for adolescents and is even more so for this population. Developmentally different youth often have strong socialization needs and underdeveloped socialization skills, and many have experienced social rejection. Youth who have been socially rejected will fall into their usual interaction patterns when placed in a loosely supervised setting. That is, the socially rejected student will quickly become the

socially rejected Girl Scout. For this reason, the social skills training provided in a transitional living program is best employed in conjunction with cooperation from staff, teachers, parents, and other residents. Guevremont et al. (1990) reported:

> . . . in addition to the transitional social skills training procedures, active interventions in the natural environment using behavior change agents (e.g., parents and teachers) and behavior management procedures are absolutely essential to support changes in social behavior and promote improvements in social status. (pp. 543-544)

Note that parents and teachers often have a history of rescuing these youth, of "doing too much" (Smith 1988, p. 5). This means that many developmentally delayed adolescents have few or no experiences in planning for themselves and need to be taught explicitly to organize a project. But, more importantly, parents, teachers, and staff need to be taught the value of allowing them the opportunity to fail and to learn from their failures. Fortunately, highly supervised TLPs are uniquely suited to providing the necessary comprehensive programming required to address this social/emotional developmental delay.

Effective transitional living programs for developmentally delayed adolescents must provide a foundation for the facilitation of independence to the greatest extent possible. Bearing in mind that developmentally delayed persons have experienced disability in some area of development—and are conscious of that disability—a program that did not, for example, formally solicit participation by consumers in program planning would become another environmental deficit and source of frustration.

It has been found, for example, that learning disabled youth need to achieve a comfort level with their own abilities and disabilities that allows them to speak for themselves (Smith 1988). Once they have created a list of strengths and disabilities, they are capable of becoming their own best advocates. In illustration, a youth with auditory perception problems who is able to say, "Please speak more slowly," and to hold up an index finger while preparing an answer, is a youth on the way to independence.

The goal of transitional living programming for adolescents is to facilitate the initial separation from the family and to consolidate an identity and value system. In a word, the goal of programming for adolescents is independence, relative to emotional development as well as physical residence. For developmentally different youth, this goal is best facilitated by identifying areas of developmental delays and assisting growth in those areas. Development may not progress along a typical sequential and chronological course. However, the youth can be assisted in reaching the goal of a healthy transition to adulthood. To continue the previous analogy, all of a developmentally delayed persons horses will not reach the finish line to adulthood simultaneously, but the slow ones can be assisted in making a much more productive race.

Advocacy

Independence is not only key to all adolescent development but is central to normalization and its roles in quality of life measures (Bellamy et al. 1990). Concerning the measurement of quality of life in residential treatment for developmentally delayed persons, Goode (1988) wrote:

> Quality of life is a matter of consumer rather than professional definition. Quality of life issues should be defined by consumers and other citizens rather than by professionals in the field. Ultimately, it is how the individual perceives and evaluates his own situation rather than how others see him that determines the quality of life he or she experiences. (p. x)

Connie Martinez, a member of People First Capital Group, a self-advocacy group for persons with developmental disabilities, gained her own independence through a transitional living program. She sums up the needs of young adults with developmental disabilities in the following way:

> So, the first thing for the professionals and the parents to understand is that we can have a good quality of life if we have control over our own lives and if we have the help we need to keep that control and independence in our own lives. We don't need KEEPERS, we need TEACHERS. (Martinez 1990, p. 4)

The most significant question for program planners to ask themselves is "Does this program effectively teach self-advocacy?" Many persons with developmental disabilities perceive self-advocacy as synonymous with manipulation of others—something "bad" people do to get what they want. For others, attempts to manipulate other people are inappropriate and maladaptive. If a program can teach appropriate self-advocacy, or "healthy manipulation," it will be facilitating a skill that will be of lifetime use. Teaching self-esteem, assertiveness, and concrete advocacy skills may not feel as productive to a staff person as going out and doing the advocating, but it is infinitely more valuable.

In all then, transitional living programming for developmentally delayed adolescents requires careful attention to the individual and assistance in the growth of whatever area is needed to reach every adolescent's ultimate goal—independence.

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PROGRAMS FOR HIV-INFECTED YOUTH

HIV and AIDS: An Overview

This chapter offers a very brief overview of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS): background and definitions; how the virus is transmitted; numbers of people currently diagnosed with the disease and the estimated number believed to be infected; varying rates of infection within different age, sex, and racial groups; and projected infection rates in the future. This information is current as of January 1992. However, this disease is still new, and the numbers and percentages change frequently. Local AIDS service organizations or health departments can provide up-to-date statistics as needed.

This section is designed to offer easy access to the basic information needed to understand the virus, to inform staff, and to answer the most common questions about the disease. It is not an extensive or exhaustive review of information. It is important that human services professionals continue to educate themselves and their staff members by reading newspapers and journal articles, by watching television specials, and by attending training and information sessions.

Background and Definitions

AIDS, first recognized in the United States in 1981, has been reported in all States and on all continents of the world except Antarctica. AIDS is a serious infectious disease that undermines the body's immune system and leaves the affected persons susceptible to a variety of fatal opportunistic infections and diseases, including cancers, pneumonia, dementia, and wasting syndrome.

The causative agent, HIV, was isolated in 1984. In 1988, the National Academy of Sciences suggested the term "HIV disease" to describe the entire spectrum of diseases caused by the virus. Four stages are typically described: acute infection, asymptomatic infection, symptomatic infection (previously known as AIDS-related complex or ARC), and AIDS. Although these stages may be viewed along a continuum, individuals will not necessarily experience all of them.

Routes of Transmission of HIV

Although the numbers and percentages of those diagnosed with AIDS change from year to year, the routes of transmission—the way people get infected—have not changed. There are only three ways to get the virus:

- Through *unprotected sexual contact* in which there is an exchange of infected body fluids

- Through injection of *contaminated blood or blood products* via the sharing of drug injection equipment (works), the use of unsterile instruments in tattooing or ear piercing, and accidents in health care settings such as needle sticks. Infection through blood transfusions is now rare—approximately a 1 in 150,000 chance in 1990.

- From *infected mothers to fetuses* in the uterus before birth, during the birth process, or possibly to nursing infants through breast milk.

Numbers of AIDS Cases

As of January 1992, 209,693 cases of AIDS had been diagnosed; of those diagnosed since June 1981, 135,434 (or 65 percent of those diagnosed) have died (Centers for Disease Control 1992). Using the standard multiplier of 10-15 persons infected with HIV for each one diagnosed with AIDS, an estimated 1.5 million-2.2 million individuals are infected with the virus who have not yet developed AIDS.

The highest numbers of AIDS diagnoses are in New Jersey, New York, California, Florida, and Texas. However, as the numbers increase in the other States, the percentage of the total represented by these States will shrink.

Testing for HIV

A blood test is used to determine if a person has developed antibodies to HIV. Those with antibodies are infected with the virus.

A positive HIV test means a person has been infected with the virus and can transmit it to others. It does not mean the person has AIDS or any other symptomatic manifestation of HIV disease. A person who has tested positive for HIV may be healthy for many years. A person who tests positive on the screening test (the ELISA) is usually administered a second, more sensitive test (the Western Blot) to confirm the results and to help screen out false positives.

A negative HIV test means that the person has not developed antibodies to the virus. This does not necessarily mean the person is virus free. Of those who have been infected, 85 percent seroconvert (test positive for the virus) in 2-12 weeks; 15 percent seroconvert before or after that time. This means that in a some cases—and especially immediately after infection—a person may NOT test positive even though infected and capable of infecting others.

Clearly, the test for HIV is not a good screening mechanism for future sexual partners. Testing negative is not a guarantee of non-infection and offers no protection against future infections.

Confidentiality of Test Results

Since laws vary from State to State, it is important to be familiar with State and local laws before being tested. It is also important to know the difference between anonymous and confidential testing.

Anonymous testing means that people are not required to provide their names and that no record of their results is on file. Generally, they choose or are assigned a code number that they use to obtain their results. This type of testing offers the best protection against unwanted disclosure of test results.

Confidential testing means that a person's name is given, but rules limit who may have access to the information. Just as with other medical records, a person must give permission for the information to be released. Unfortunately, mistakes can be made and information released without permission.

Getting a Test

In most States, the local health departments provide HIV testing. Private physicians can also test for the virus. There is generally a waiting period (from a few days to a couple of weeks) from the time of the test until results are known.

The decision to be tested is not to be taken lightly. The waiting period can be very difficult, and hearing the results can be traumatic. It is essential that those considering testing be tested in a facility that offers pretest and posttest counseling. Many health departments, AIDS service organizations, and other health agencies offer such services free of charge.

People may decide to be tested or not for a number of reasons. Individuals must make the determination based upon their own circumstances. Some considerations are outlined below.

Reasons to consider getting tested for HIV

- To begin medical treatments

  Treatments are now available which, though they do not cure HIV disease, have helped those infected stay healthier longer.

- Worry about HIV is interfering with regular life

  If school, work, friendships, and dating relationships are suffering from a concern about HIV, testing may provide some resolution.

- If pregnant, considering becoming pregnant or fathering a child, or breastfeeding

  HIV may be transmitted to the fetus (current estimates are that about 25–30 percent of babies born to HIV-infected mothers are infected with the virus). There have been 12 documented cases to date of transmission through breastfeeding.

- If the information would provide motivation for adopting safer behaviors

  Learning one is HIV positive could provide impetus for protect-

ing others; learning one is HIV negative could motivate one to ensure against the future transmission of infection.

- If required to undergo mandatory testing

  The military and job corps currently require HIV testing prior to acceptance. The results of these tests become part of a person's medical record. Since a positive test will disqualify an individual from the military, it may make sense to be tested prior to application.

Reasons to consider NOT getting tested for HIV

- Anonymous testing in not available in the community

  The social, legal, and economic consequences of having others know of one's HIV infection can be devastating. Some with HIV infection have been rejected by family and friends, physically and mentally abused, and denied housing, medical care, jobs, and health insurance. If anonymous testing is not available, individuals may decide to avoid the risk of having others learn of their HIV status by electing not to be tested. Or they may choose to go to an anonymous test site in another area.

- All possible precautions against infection are already in use

  If a person is already doing everything possible to protect against infection, a positive test would not necessarily result in any behavior change.

- Coping with a positive test would be impossible

  Some people are convinced they would kill themselves or would refuse to practice safer behaviors to protect others if they knew they were infected.

One approach to assisting youth in making decisions about testing, known as the "Three Plus" approach, focuses on three key questions plus a discussion and role play. The questions are:

- Why do you want to be tested?
- Who are you going to tell?
- What are you going to do when you get the results?

Counselors and direct-care staff can assist youth in their decisionmaking by asking these basic questions and, if the youth and counselor feel comfortable, introducing a short role play exercise to help the young person explore motivations and feelings about the test.

The role play is set up by asking the young person to imagine that he/she is about to receive the test results. The counselor plays the

role of the clinician providing the results. They then act out scenarios in which the young person receives both positive and negative results. This allows the youth to explore reactions to both outcomes and opens the way for further discussion of the testing decision.

From HIV Infection to AIDS

HIV infection is still a relatively new disease. At this point, it seems that about 50 percent of those testing positive for HIV develop AIDS within 10 years. Some who test positive may never develop AIDS. It is too early to know for certain how the disease may progress.

Early in the epidemic, there were no effective treatments. AIDS was seen as a terminal illness; once diagnosed, it was just a matter of time. However, with the new drug therapies now being introduced, that perspective has changed. HIV disease is now being viewed by the medical profession as a chronic disease—much like diabetes. It cannot be cured and requires lifelong treatment, but it is not a death sentence.

This is an important breakthrough. It provides those who are infected with a new source of hope. It also signals the need for a change in attitudes and approaches of those providing services. Those infected with HIV need support and encouragement to adopt healthy life styles, to seek early treatment, and to think positively about their prognosis.

AIDS by Age and Gender

More males than females are diagnosed with AIDS. The overall male to female ratio is 9 to 1, but there is great variation in that ratio by geography, age, and race. In a study done in New York City, the ratio of males to females was much closer: 2.8 to 1 (Hein 1990). Even more dramatic was the finding that, among the youngest armed forces recruits, more females than males were infected (Hein 1990). The ratio was 1 to 2, one male for every two females. Several reasons for this have been suggested:

- The virus is more effectively transmitted from males to females than the reverse.
- Females tend to have partners who are 3 years older and older males have had more opportunities for exposure to the virus.
- There are more infected males than females in the population, so females are more likely to have contact with infected partners than are males.

AIDS by Race

The rate of AIDS diagnosis in the United States among Blacks and Hispanics is twice their representation in the general population. The overall population of the country is 80 percent white, 12 percent Black, 6 percent Hispanic, and 2 percent other. The percentages of those diagnosed with AIDS are 54 percent white, 29 percent Black, 16 percent Hispanic, and 1 percent other (Centers for Disease Control 1992). Given that drug use and unplanned teen pregnancies are endemic among those suffering from poverty and given the overrepresentation of Blacks and Hispanics in the lower echelons of our

society, it should come as no surprise that this disease is ravaging these populations.

The overrepresentation of AIDS among minority groups is even more dramatic among women. For Black women, AIDS occurs at four times their population rate; for Hispanic women, the rate is three times their population rate. The general population of women in the United States comprises 81 percent white, 11 percent Black, 6 percent Hispanic, 1 percent Asian, and 1 percent Native American. The percentages of women diagnosed with AIDS are 26 percent white, 52 percent Black, 21 percent Hispanic, and 1 percent other (Centers for Disease Control 1992).

The rates among children (up to age 13) are similar to those among women—not surprising when you realize than many children are exposed to HIV prenatally from an infected mother. The general population of children in the United States is made up of 73 percent white, 15 percent Black, 9 percent Hispanic, 2 percent Asian, and 1 percent Native American. AIDS cases among children are 21 percent white, 52 percent Black, 25 percent Hispanic, and 1 percent other (Centers for Disease Control 1992).

AIDS and Adolescents

To date, all reported AIDS cases among adolescents have resulted from the same routes of HIV transmission as with the adult population, although with different proportions. Adolescents are less likely than adults to be infected through homosexual contact and more likely to be infected via heterosexual contact.

Since the advent of blood screening, blood donor self-referral, and heat treatment of clotting factors, the risk of HIV exposure to infected blood or blood products in transfusions has been virtually eliminated. New HIV infections among adolescents will therefore come almost exclusively from sexual or drug-use exposures (Gayle and D'Angelo 1990).

It is difficult to identify the number of adolescents who have been infected with the virus. As of June 1991, the Centers for Disease Control reported only 695 adolescents between the ages of 13 and 19 with AIDS. Among the 20- to 29-year-olds, 36,266 cases were reported. Although the numbers for adolescents appear low, many of those in the 20- to 29-year-old age group must have been infected as teenagers because of the long latency period (up to 10 years) between infection and HIV-related illnesses.

AIDS cases in adolescents have been reported from 41 States, Puerto Rico, and the District of Columbia. Fifty-three percent of all adolescent cases have been reported in Florida, California, New York, Texas, New Jersey, and Puerto Rico. Fourteen percent of cases are from New York alone (Gayle and D'Angelo 1990). Such information can create a false sense of security among youth outside these areas. Youth need not reside in these areas to be at risk. Ours is a very

mobile culture, and the virus travels in the bodies of those who are infected.

Adolescent Characteristics Placing Them at Risk

Adolescents are at particular risk for HIV infection. This is especially true for those adolescents who lack the typical supports of family, friends, and school. Several general characteristics place most adolescents at risk:

- *Impulsiveness*—Not thinking through consequences of behaviors before acting
- *Sense of invulnerability and immortality*—Feeling they could not possibly be affected by AIDS
- *Sexual exploration and experimentation*—Trying out new behaviors
- *Dysfunctional beliefs and attitudes toward health care services and disease prevention*—Concerns about confidentiality and accessibility of care and discomfort introducing contraceptives that would protect them from HIV infection
- *Reliance on peers rather than adults for information*—Peers may be misinformed themselves.
- *Use of perceived peer group standards rather than actual norms to determine behavior*—Believing that "everyone" is sexually active and, therefore, they need to be, when, in fact, many are not sexually active.
- *Focus on the immediate rather than the long term*—Thinking rooted in the present and current experience rather than in the long-term consequences of their behavior.
- *Concrete versus abstract thinking*—This is particularly important when dealing with a disease with an incubation period of 10 years or more—how are adolescents to feel it is of immediate concern to them?
- *Fear leading to denial*—If frightened too much, they may simply deny the risk of unprotected sexual and drug behavior altogether.

Adolescent Sexual Risk

A 1986 Harris Poll found that 50 percent of youth were sexually active by the age of 17. Other studies have placed that figure anywhere from 59 to 90 percent.

Not only are many teenagers sexually active, most are not monogamous. Many believe they are monogamous because they engage in serial monogamy; they have only one sex partner at a time. However, since adolescence is a time of experimentation and exploration, most of these relationships last only a few weeks or months.

Through a series of these relationships and the resultant exposure to the partners of their partners, youth greatly amplify their risk.

They are already experiencing the consequences of that behavior. When the rates were adjusted for the percentage of individuals who are sexually active, adolescents were found to have the highest rates of gonorrhea of any age group. Their infection rate was two times that of 20- to 24-year-olds (Hein 1986).

Even though they are suffering the consequences of inadequate protection, these youth are not protecting themselves. In a study of youth who were users of health clinic services and who were considered at high risk for sexually transmitted diseases, almost half reported that they never used contraception of any kind. Fewer than 20 percent of the youth reported using condoms (Stiffman and Earls 1989).

Runaways, Homeless, and Other At-Risk Youth

Runaway and homeless youth have more problems than their nonrunaway peers. In a study of youth served in runaway centers in the eight Southeastern States (Southeastern Network 1991), these youth reported problems with:

- Low self-esteem (44 percent)
- Depression (39 percent)
- Drug/alcohol abuse (19 percent)
- Suicide attempts (23 percent)
- Abuse: Physical (38 percent)
  - Neglect (29 percent)
  - Emotional (30 percent)
  - Sexual (19 percent)

These youth are likely to engage in high-risk sexual and drug behaviors to alleviate distress. Sex and drugs become an escape from pain for some. For others, the sale of drugs and prostitution become primary means of survival.

They are also likely to be out of school. Most are attending irregularly if at all and, as a result, do not have access to the HIV/AIDS education programs offered through schools. They are likely to know even less about the disease, its transmission, and how to protect themselves than other, in-school youth.

Adolescent Drug Risk

Clearly, those using injectable drugs—and sharing needles—are at a high risk for exposure to HIV. These are not the drugs of choice for the majority of youthful drug users. Unfortunately, those are not the only drugs of concern.

Youth, especially runaway and homeless youth, are high users of drugs like alcohol and marijuana. These drugs, called gateway drugs because they often precede the use of other drugs, lower

inhibitions and cloud rational thinking. When under the influence of these drugs, youths may make poor decisions—about sexual activity or about drug use—that put them at increased risk for acquiring HIV.

A recent study of runaway and homeless youth in the Southeast compared the self-reported usage rates of various drugs with the self-reported rates of drug use by in-school youth (Southeastern Network 1990). Usage rates by runaway and homeless youth were higher for every substance (table 2).

Table 2. Self-report of drug use in past month (in percentages)

	School youth	Runaway/homeless
Beer	26	33
Liquor	16	18
Wine	17	2
Marijuana	9	19
Stimulants	4	10
Depressants	4	8
Narcotics	2	6
Coke/crack	3	8
Cigarettes	17	54
Sold drugs	3	10
Drunk	14	23

Behavior Change

Behavior change for youth is parallel to that of adults. Health educators tell us it depends upon three basic factors:

1. *Identification as a personal threat*—Youth must see AIDS and HIV infection as a disease that has meaning for them, not just for adults or for gay men. Unless they can identify their own risk, they are unlikely to make any change.

2. *Understanding the reasons for taking preventive measures*—Youth must clearly understand why certain precautions are important. If they do not understand what "body fluids" are, they are unlikely to understand why a condom should be used.

3. *Sense of personal efficacy in taking necessary precautions*—Even if they understand that the disease affects them and that using condoms can offer protection, they will not use them if they do not know how. Simply looking at a diagram of how condoms are put on or watching someone else put one on a banana is insufficient. Though it is better than no information, it is less likely to result in use of condoms than is actual hands-on practice.

Program and Agency Issues

Agencies cannot afford to ignore HIV and AIDS. They must address client- and staff-related issues directly to develop comprehensive policies, procedures, and educational activities that create a positive, accepting, and caring organizational climate. Agencies operate within a confusing and constantly changing legal environment. They must have agency policies and procedures that adequately protect staff and clients. They must educate staff and clients and be prepared to address a variety of service issues related to HIV disease and its prevention.

Client Issues

HIV-infected clients cannot by law be denied services based only on their HIV status. Two Federal laws, Section 504 of the Rehabilitation Act of 1973 and the Education for All Handicapped Children of 1975, prohibit recipients of Federal funds from discriminating against a handicapped individual who is otherwise qualified to participate, unless bona fide efforts at reasonable accommodation are unsuccessful (Lloyd 1987).

The U.S. Supreme Court held in the case of *School Board of Nassau County, Florida* v. *Arline* that an individual who has contracted a contagious disease may be "handicapped" and, therefore, protected by Section 504 of the Rehabilitation Act of 1973. The definition of "handicapped" under the Education for All Handicapped Children Act of 1975 has always included "health conditions" (Lloyd 1987).

A third and more recent piece of Federal legislation expected to influence agency HIV policies is the American Disabilities Act of 1990. The impact of this law and its specific application to HIV-infected individuals will likely be far reaching, but, as yet, it is untested in the courts.

In addition to Federal regulations, agencies must also be aware of State and local regulations that affect the delivery of service, hiring and supervision of staff, and education of clients and staff. Local and State health officials as well as local AIDS services organizations can provide updates on and interpretations of such regulations.

Agencies need a clear policy on service eligibility for HIV-infected clients. Since HIV is difficult to transmit (i.e., ordinary and reasonably good hygiene practices and infection control practices will prevent transmission), an agency would have difficulty making a case that it cannot make a reasonable accommodation (Lloyd 1987).

Agencies already have a responsibility to prevent sexual activity (whether consensual or assaultive) and drug use among clients in an agency's residential setting. Outside of its own residences, it has a responsibility, at a minimum, to promote safer sex and educate its clients regarding the nature and transmission of HIV. Although agencies may be unable to adequately serve clients who are in need of extensive medical care, they should have no difficulty serving clients who are asymptomatic or are able to care for themselves.

A number of resources are available to assist agencies in the devel-

opment of policies and protocols for serving HIV-infected youth. In 1985, the Centers for Disease Control published guidelines regarding services to HIV-infected children in foster care and educational settings. Additional guidelines and resources are available from the Child Welfare League of America and the National Network of Runaway and Youth Services.

Staff Issues

Agencies must also address the issue of HIV infection among staff. Agency staff must educate themselves about Federal and State legislation that affects the organization's ability to hire, fire, and supervise employees with HIV.

Agencies need personnel policies that address HIV as well as other life-threatening illnesses. Issues to be addressed include: use of sick and annual leave, extent of unpaid leave permitted for illnesses, health insurance coverage, leave for care of seriously ill family or partners, job security, and confidentiality of medical information.

A good resource for employer assistance in this area is the National Leadership Coalition on AIDS in Washington, DC. They have materials on policy development, legal issues, and employee education that are specifically designed for use by small businesses. Another resource for policy development and staff education is the *Safe Choices* program of the National Network of Runaway and Youth Services (see Resources).

Confidentiality

An important component of both staff and client HIV policies is the issue of confidentiality. Agencies must be aware of State and Federal restrictions and requirements. Within that context, the agency must struggle with the concept of "need to know." Who needs to know of a client's or staff member's HIV status? Why must they know? Is it necessary for the provision of good services? What repercussions will likely ensue for the HIV-infected person? Are adequate protections in place?

Unfortunately, these questions have no easy answers. Each agency must develop its own policies as it sees fit. Involving other community resource people (legal experts, HIV educators and treatment staff, State/local health officials, and representatives from local AIDS/HIV service organizations) in the process will help ensure that policies reflect the current and best thinking in the field.

Infection Control

It is essential that agencies practice universal precautions in the handling of all body fluids (blood, semen, and vaginal fluids) to avoid infection. This requires the use of latex gloves when handling potentially infected materials and the practice of carefully cleaning potentially infected areas with a chlorine solution. Contact your local health department for written materials and onsite training in universal precautions.

Education for Staff and Clients

HIV education should be ongoing for both staff and clients. Program staff need to have a clear and usable knowledge base in HIV prevention, transmission, and education. It is important that such infor-

mation be offered initially as part of staff orientation training or in the early stages of a staff member's tenure with the program. Regular updates and more indepth training in specific HIV-related issues should be provided as part of inservice education programming.

Such training will help reduce the potential for emotionality among staff around HIV issues. Without such training, staff may decide to leave the program when required to work directly with HIV-infected clients.

Independent living curriculums for clients should include similar information and training. A variety of local, State, and national organizations provide training and educational materials appropriate for use with adolescents.

Programs may also consider distributing condoms to their clients as part of educational programming. For some programs, this presents ethical dilemmas; for others, it represents the only responsible option for a youth service agency. Regardless of the program's decision on the distribution issue, it should inform youth about the proper use of condoms and where they can purchase them or get them free.

Agencies may choose to involve outside resource people for specific topics (e.g., infection control, epidemiological updates, legal issues). These outside experts should not be the sole source of information, however, particularly since agency staff are better prepared to work effectively with adolescents than most outside resource people.

Total reliance on outside resources presents three problems. First, the agency has no control over the availability of such resources. If the external resource experiences funding cuts and can no longer provide services or can only provide services on a limited basis, the agency's clients and staff will suffer.

Second, the agency is not developing its own expertise in HIV. Agency staff will be fielding questions from clients about HIV outside of formal presentations by outside speakers. They must be prepared to respond with accuracy and sensitivity to client concerns. They are more likely to do so if they have been educated themselves and are actively involved in educating clients.

Third, and perhaps most insidious, is the underlying message conveyed: the problem is "out there," not "in here," and can only be addressed by "experts." In fact, the problem is very much "in here," and most of the issues (except for the most technical ones) are best dealt with by those closest to the clients. By involving staff in active HIV education with clients, the agency sends a message that HIV is like many of the other challenges faced by clients—not easy, but not impossible. And staff can help them develop the necessary knowledge and skills.

Serving HIV-Infected Clients

Transitional living programs have an important responsibility to meet the emotional and psychological needs of their HIV-infected clients. All staff need to have a good understanding of HIV-related issues. Those staff, either in-house or by referral, who provide counseling services to HIV-infected clients need to be especially sensitive to the therapeutic issues involved in serving adolescents in these programs.

Those clients who are awaiting their HIV test results may manifest varying degrees of anxiety, depression, or acting out behaviors. Many clients in TLPs have already experienced rejection and failure in many areas of their lives. The possibility of a positive test—and the client's concern about rejection by friends, family, and the program—may trigger many of those feelings. On the other hand, a negative test result may reduce or eliminate the clients' fear and anxiety or may leave them alone to face painful issues raised by the testing process.

Those who test positive are likely to deal with a constellation of issues, including possible rejection by the few supports they have managed to amass, a social stigma separating them from other youth, their own real or anticipated illnesses, issues related to sexuality and sexual behaviors, and the possibility of an untimely and painful death. Such issues may be exacerbated for those clients who are already experiencing mental health problems.

Counseling services for HIV-infected clients should include suicide risk assessment, peer support groups, HIV risk-reduction strategies for the client, and family intervention whenever appropriate and possible (Athey 1989). A sense of personal control and hope is important to the client's emotional well-being. These feelings can be fostered through education in the promotion of good general health and the importance of self-care in delaying the onset of illnesses.

Programs should be aware of and have established service linkages with other agencies that provide medical or counseling services to HIV-infected clients. Youth service programs routinely providing transitional living services to HIV-infected clients should consider designating a liaison person to access the community's system of care of HIV-infected clients.

An additional clinical issue to consider includes an awareness of the possibilities of infection through sexual abuse. Because sexual abuse, date rape, and sexual assault continue to be largely unreported, program staff must remain alert for signs of sexual trauma (Burgess and Hartman 1989).

Programs providing transitional living services to pregnant and parenting clients must be sensitive to pregnant clients who are HIV infected and to those with HIV-infected children. Special education and assistance in procuring medical services for such clients and their children is essential.

Summary

Transitional living programs serve adolescents with a wide range of needs. Their lives have been marked by failures—with family and friends, in school and work, by self-destructive behaviors, and by limited opportunities and disappointments. Added to this is the prospect of infection with a virus—a virus that can result in even further rejection and ostracism from society.

Programs should help clients understand two important, overriding issues:

- We are not helpless in the face of this disease. Being at high risk for HIV infection does not mean a person is necessarily infected. Actions can be taken to avoid infection if clients are educated and supported in their efforts to remain virus free.

- HIV infection is not a death sentence. There have been great strides in the past few years in the medical management of those infected with HIV. Many of those who are infected are leading productive and meaningful lives.

Programs serving these youth have a responsibility and a unique opportunity to assist them in changing the direction of their lives. In these times, those responsibilities must include HIV education and support and caring for those who are infected.

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PROGRAMS FOR PREGNANT AND PARENTING ADOLESCENTS

Adolescent Pregnancy: An Overview

The 1989 report of the Carnegie Council on Adolescent Development warned:

> . . . by age 15, substantial numbers of American youth are at risk of reaching adulthood unable to meet adequately the workplace, the commitments of relationship in families and with friends, and the responsibilities of participation in a democratic society. These youth are among the estimated 7 million young people—one in four adolescents—who are extremely vulnerable to multiple high risk behaviors and school failure. Another 7 million may be at moderate risk. (Hersh 1990, p. 21)

Approximately half of all adolescents are at some risk for serious problems like dangerous lifestyles, early unprotected sexual intercourse and pregnancy, substance abuse, and school failure.

The adolescent pregnant and parenting population has continued to draw increasing attention, research, and speculation regarding current effects and projected costs and impacts. During the 1950s and 1960s, the choices surrounding an unplanned pregnancy seemed both traditional and clear: the couple married or the child was placed for adoption, often following the mother's 6- to 12-month absence from the family home to a relative out of the area or a home for unwed mothers.

Things changed. Families became less intact and more dysfunctional. Divorce rates are now approaching 60 percent. Sexuality became more open and acceptable. Adolescent pregnancy became less a shameful event, with few feelings of guilt, and more a badge of honor and rite of passage away from the family.

There are conflicting statistics and notions about adolescent pregnancy. Each year, more than 1 million adolescents become pregnant; more than 800,000 of those pregnancies are reportedly unintended. Half of the unintended pregnancies occur to girls under 18 years of age; 30,000 of those occur to girls under 15 (Children's Defense Fund 1986, p. 16). There is also an important relationship between pregnancy and homelessness, which is frequently one of the primary characteristics of clients referred for

transitional living services. Robertson (1989) stated that an unknown number of homeless adolescents are pregnant and have become homeless because of their pregnancy or have become pregnant while homeless. Athey (1990) identified most pregnant adolescents as being homeless first and becoming pregnant later.

The proportion of births to unmarried teenagers has been increasing rapidly. Within the Black community, the vast majority of teenage births are to single mothers. Ninety percent of Black adolescent mothers are single, although the birth rate among unmarried Black women has been going down. Four out of ten white adolescent mothers are single, and the birth rate for this unmarried population is rising (Children's Defense Fund 1986, p. 7).

Homelessness

As a special population served by transitional living projects, it is important to understand the situations and circumstances that lead to both pregnancy and homelessness. Athey (1990) identified four primary pathways to adolescent female homelessness. The first is system related, in which the youth has been placed, often multiple times, in foster care, hospital, emergency shelter, residential school, and juvenile justice settings. This is often marked by little stability, which harms rather than helps the youth. Youth often leave the system with a history of multiple placements, feeling that the street offers a more consistent opportunity to meet their needs. The system often chooses not to locate them after they leave their placements.

A second pathway to homelessness is that of "throwaway," in which the adolescent is evicted by the caretaking parent or family. This often follows extensive parent-child conflict. Females are often evicted as a result of pregnancy while living at home.

Physical and sexual abuse is a common pathway for adolescent females, who run away to escape the problem. For them, the street is often safer than their homes. Athey (1990) cited several studies showing that from 21 to 60 percent of runaway and homeless adolescent females had been exposed to admitted sexual abuse and between 16 and 40 percent had suffered physical abuse. A fourth pathway to homelessness is through parental homelessness, which often places the adolescent female prematurely on her own.

Contributing Factors

There are multiple opportunities and resources for adolescents to become pregnant. These may include their lack of experience of unconditional love, which may create a desire to fill that void with a baby. Situations such as this produce little motivation to avoid pregnancy or use contraception. Only 20 percent of sexually active 15- to 19-year-old females report the use of condoms the last time they had sexual intercourse (Furstenberg et al. 1990).

Abrahamse and associates (1988) described other factors that make adolescent females receptive to single parenthood. These factors, which manifest themselves in different ways in different individuals, include rebelliousness, (mis)calculated thinking, and a bleak

outlook for future prospects. These three factors may be helpful for programs in constructing profiles to help identify prospective single mothers.

A large body of psychological literature supports the notion that rebelliousness, risk taking, and problem behaviors are related to adolescent pregnancy. The adolescent's willingness to consider nonmarital childbearing is one instance of a broader resistance to social norms and a tendency toward nonconforming behavior (Abrahamse et al. 1988). This may be associated with their struggle to separate themselves from their parents. In some cultures, this may be the social norm.

Costs and Benefits

The economic perspective of adolescent pregnancy emphasizes the costs and benefits of single parenthood as they appear to the adolescent. What does she stand to lose (or gain) by forming a single parent family? That is, what opportunity costs would she incur? This perspective implies that the irrational behavior of becoming a parent without marriage or support may indeed be logical and reasonable within the adolescent's own perception (Abrahamse et al. 1988).

Premature parenthood is widely believed to jeopardize the overall life chances of young mothers and their children. It contributes to the impoverishment of many already disadvantaged lives. A 20-year followup study (Furstenberg et al. 1990) of Baltimore girls under 18 years of age who had never had a child prior to their initial interview sought to explore the link between teenage parenthood and long-term welfare dependency. This study provided evidence of an "intergenerational transmission of disadvantage" and indicated that today's teenage parents may be less likely to overcome the handicaps associated with early childbearing than were their own teenage parents. It showed that a greater percentage of second generation teenage mothers were at risk of long-term welfare dependency, and their offspring, in turn, were more likely to be raised in more disadvantageous family circumstances.

According to participants' pregnancy histories, about the same proportion of each generation became pregnant within the first several years after the birth of their first child, but more of the younger generation obtained abortions. That is, the number of children subsequently born to the younger generation was less, even though the pregnancy rates were relatively the same. The study also found that 60 percent of both mothers and daughters were neither working nor in school at a comparable stage in their lives. Without some positive life-changing event or intervention, it appears likely that the prospects for escaping poverty remain unchanged at best.

Teenage motherhood is also associated with an increased probability of homelessness among public assistance families. It is one of many factors that impede financial independence (Wertzman 1989), although its overall effect probably subsides as the women get older.

Athey (1990) categorized three basic types of activities that lead to adolescent pregnancy—rape, survival sex, or a love relationship. Rape or sexual assault of homeless women is 20 times that of women in general (Kelly 1985). Fifty percent of rape victims are less than 18 years of age. Since homeless girls have double risk factors, it can be assumed that rape has been a common experience for many of the young women participating in transitional living programs. Sexual abuse at home has also been related to adolescent pregnancy because it leads to sexual acting-out and increased promiscuous behavior (Brown and Findelher 1986).

Homeless adolescents, particularly those who have been on the street for some time, use sex to acquire food, shelter, or other material items. Such survival sex may lead to systematic prostitution. While the love relationship in its ideal sense is the least damaging, it often leads to premature parenthood.

Early premarital childbearing is known to be far more common among Blacks than whites, although in the past 15 years, the incidence of teenage childbearing has risen most rapidly among young unmarried whites (Furstenberg et al.). Abrahamse and colleagues (1988) found that 50 percent of Black and 25 percent of white female adolescents expressed a willingness to consider single adolescent motherhood. This willingness can be traced to three sources: (1) a small, well-defined (19 percent) segment who rank high in problem behaviors that are part of a recognizable pattern of nonconforming behaviors, (2) the opportunity to avoid education by becoming a single mother, and (3) among white and Hispanic adolescents, a link to self-reported depression (which may be a proxy for low self-esteem).

Other problems associated with the pregnant teenage population include mental health problems with a high incidence of self-reported suicide attempts, poor diet, unsatisfactory prenatal care, the presence of sexually transmitted diseases, and varying degrees of substance abuse (Athey 1990). Transitional living programs seeking to develop and provide services to this population are likely to discover any combination of the factors discussed. While the general TLP client pool comprises primarily at-risk and high-risk youth, the pregnant and parent population has an additional layer of risks and challenges to be met.

Program Provider Issues

While all prospective clients come to transitional living programs somewhere on the at-risk to high-risk continuum, pregnant or parenting clients bring the unique dimension of a single-parent family. One of the first decisions a program must consider is whether it will serve this population. Will it serve a client who already knows she is pregnant? Will it serve a client who presently has a child or children and will it limit the number of children it will serve? Will it continue to serve a nonparenting client who becomes pregnant while participating in the program? Will it offer

services to fathers of clients' children or clients' current partner or boyfriend?

The answers are simpler for programs that offer only outclient educational and training services than for residential programs. The physical setting becomes particularly important for meeting the ongoing needs of parenting clients and those nearing delivery of a child. Programs may choose to provide a high level of supervision through a group home, congregate apartments, shelter setting, various forms of host homes, or live-in options. These are effective alternatives for managing prenatal, postdelivery, and child care issues. This is easier to accomplish if the residential setting is owned or operated by the program or sponsoring agency. Many TLPs have difficulty in helping parenting clients locate suitable housing due to landlord reluctance to rent to young, single women with children. Because these clients are, or will be, functioning on a very low income, their options are frequently limited to properties or neighborhoods that pose real safety issues.

An additional consideration is the geographic context in which the program operates. While urban settings may offer greater availability of various housing opportunities, they may also present the greatest safety risks. Urban settings may also offer greater anonymity and a larger pool of other resources such as employment opportunities, day care, and medical services.

Suburban settings frequently offer greater safety, but have greater limitations of other resources such as public transportation and affordable and available day care. Different communities also offer different levels of support for both clients and programs that serve the pregnant and parenting population.

While rural programs have the same general client needs (housing, employment, medical services), they often have comparatively less to offer in terms of resources and opportunities. These limitations can often be overcome with strong networking and service linkage development.

Transitional living programs serving the pregnant and parenting population will probably have to address clinical issues. Pregnant and parenting clients bring physical and emotional stresses other clients do not have to manage. Childbearing often triggers old issues with the client's family of origin. It intensifies ongoing problems of self-esteem and may deepen client depression. Clients with histories of abuse and mental health problems may present greater resistance to engagement.

Babies of parenting TLP clients are frequently at risk for developmental and emotional handicaps. Athey (1990) reported on a Boston shelter study that found a majority of children from similar backgrounds suffering developmental delays, severe anxiety and depression, and learning difficulties. This highlights the importance of counseling services and parent education for both generations.

Program staff need to be well trained in working with both therapeutically difficult clients and pregnant and parenting clients. Their knowledge base should include an understanding of child development issues. Programs also need to be sensitive to staff age and life experience. While young, nonparenting staff may have acquired theoretical foundations in child development, they may be experiencing their own new independence at the same time they are teaching it. Their lack of birth, life, and parenting experience may actually be unsettling to both clients and program functioning. Programs seeking to serve this population should reach a philosophical decision on the kind of staff they want prior to actually hiring staff.

Programs that do not offer day care services need to consider the extra time, transportation, and cost clients will require to get their child to an alternative day care site and themselves to work. The pregnant and parenting population requires additional service linkages, particularly in the area of medical care for the mother and child. Unless programs have a special linkage with a hospital, medical group, or individual practice, services will probably be provided through a clinic, which clients often experience as demeaning and detached. Medical practices often will not accept Medicaid payment because of its low reimbursement rate.

Linkages with businesses and schools are important. Many employers are reluctant to hire pregnant individuals because they know their initial tenure will be short or because young parenting mothers may occasionally be late or absent due to child illness or day care issues. Established and properly maintained positive relationships with businesses and schools are important to educate and sensitize present and potential employers to the sometimes unpredictable situations experienced by young single mothers.

Summary

The pregnant and parenting population brings a special challenge to transitional living programs that seek to serve them. While each client has her own unique life history, which is often filled with limited success, low self-esteem, and various forms of victimization, they share common issues that are predictable and workable.

Services to this population need to be well thought out, with a clear understanding of the developmental, physical, and emotional issues common to them. Program staffing and linkages with other providers are important to making their transition to adult living a successful one.

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Independent Living Collaboration and Partnership: A Vision For Program and Client Practice

Robert M. Robertson, Jr., M.S.W., L.S.W.

The article examines the relationship of Title IV-E Independent Living Programs and Runaway and Homeless Youth (RHY) Transitional Living Programs as a core collaboration and partnership. It expands the foundation concept to a broader two party and multi-party collaboration models, barriers to collaboration, and links the model concept to useful independent living practice with the clients to be served.

1998

Copies are available from:

Robert M. Robertson, Jr.
Valley Youth House
524 Walnut Street
Allentown, PA 18101

(610) 432-6481

Independent Living Collaborations and Partnerships: A Vision For Program and Client Practice

Robert M. Robertson, Jr., M.S.W., L.S.W.

The concept of independent living has long been overstated and misused in its practical application. In recent years it has more often been transformed to *interdependent living* which emphasizes the natural reliance and interconnectedness of people, organizations, and resources. An obvious and natural outcome of interdependence is the development and maintenance of collaborations and partnerships which take many forms, have many agendas, but cooperate toward a shared independent living interest or goal.

Independent Living Collaborations and Partnerships examines the relationship of Title IV-E Independent Living Programs and Runaway and Homeless Youth (RHY) Transitional Living Programs as a core collaboration and partnership. It expands the foundation concept to a broader two party and multi-party collaboration models and links the model concept to useful independent living practice with the clients to be served.

Title IV-E & RHY TLP's: Understanding the Link

The primary differences between Title IV-E and TLP is one of funding and client eligibility. On the surface they seem somewhat paradoxical in that they both seek to provide independent living services but have exclusive categorical client eligibility criteria.

The Children's Bureau administers the Title IV-E entitlement program by awarding state grants that require the funds go to and are administered only by a State's child welfare agency. Each state is eligible to receive a portion of the funds. They are apportioned in a manner that is equal to each state's proportion of the national total of foster care children that received maintenance payments under the IV-E Foster Care Program in fiscal year 1984.

The State agency can have agreements and contracts with other public and private agencies for provision of services. Those services must be to youth who are 16 years of age or older, who are in foster care or who were in foster care after age 16, to help them make the transition to independent living.

For all practical purposes this means that most of the funding is spent on youth living in some type of residential setting while in the care and custody of a State or county child welfare agency and that the
IV-E services provided are of an outclient nature by the independent living provider. The independent living provider can be, and often is, the State or the county child welfare agencies within the state, or a community-based youth serving agency within the community.

Transitional Living Programs (TLP) are competitively awarded through the Family and Youth Service Bureau (FYSB) of the Administration on Children and Families, Department of Health and Human Services. While any State, unit or combination units of local government, private or public agency, organization, or institution are eligible applicants for these direct grant awards they are typically awarded to non-profit organizations who have a history and experience of serving high-risk runaway and homeless youth adolescents. The overall purpose of the Transitional Living Program for Homeless Youth is to assist older homeless adolescents (16 - 21 years of age) in making a successful transition to self-sufficient living and to prevent long-term dependence on social services. Since the definition of a homeless youth is one who does not have the possibility of living in a safe environment with a relative and has no other safe alternative living arrangement, TLP's implicitly have an eligibility requirement that the youth can not be in the care or custody of a public child welfare or juvenile justice agency upon entering or during participation in TLP services.

TLP's typically provide many of the same IL life skill and resource education and development as IV-E programs. An important service difference is in the residential or housing area. Typically, IV-E youth live in foster or group care while others have left out of home placement and returned home to their family or a relative's home while still in the custody of the public agency. IV-E independent living services are usually almost always of an outclient and group nature.

By comparison, TLP's are generally programs in which the residential and life skill services are integrated in a manner whereby the youth practice and live what they learn. This is often more possible in TLP's since many of the youth are older than the typical IV-E youth and often they are disenrolled or graduated from school and full time employment is an essential component of their participation. Additional noteworthy comparisons are that TLP's tend to have more individualized and intensive services to youth than IV-E programs and the nature of the independent living experience in TLP's is more real than the "virtual" or artificial experience in IV-E programs.

In summary, while IV-E and TLP share the similar goal of preparing youth for successful independent living, the intensity and immediacy of need for service is different as is the method of service provision. Eligibility requirements for program participation dictate exclusivity in who actually gets served as program clients by each program but does not prevent the possibility for collaboration and partnership.

The Nature of Collaboration and Partnership

Collaboration and partnership are different degrees of the same thing when operationally implemented. Partnerships are, for all practical purposes, formalized collaborations. The commonalty of the two is that they are a cooperative association with another or others in activities of common interest. Collaborations and partnerships can exist in many forms internally among programs within an agency or organization or externally between agencies. Whether internal or external it implies all parties have something to both contribute and gain from the

collaboration. Figure 1 coceptualizes internal and external as well as formal and informal collaboration and partnership.

Figure 1
Collaboration/Partnership Paradigm

	Informal	Formal
Internal	Joint efforts and cooperation based on need, interest, and opportunity among programs or components within an organization.	Prescribed roles and activities among programs or components within an organization which is documented in grant, formalized plan, etc.
External	General agreement to share and cooperate based on need and opportunity among agencies or organizations.	Prescribed roles and services among agencies or organizations which is documented through contract, letter of agreement, etc.

From a practical point of view it is important to understand that large agencies or organizations with numerous programs and locations often function as many small agencies with their own directors or supervisors. Such organizations often experience some of the same challenges of cooperation and collaboration as do separate independent agencies seeking to work together.

Collaborations are the rare exception when less is more because what you bring is additive to the whole which all parties share and hopefully receive some benefit. Funders have recognized this important point since it can make the impact of funding more powerful through the reduction of duplication of services and staff, assuring cooperation rather than competition, and reducing issues of *turf*. Ultimately it means that more clients will receive more services with the limited resources that are available.

It is also important to recognize there are different levels of collaboration and partnership. These include primary and secondary. The stake or benefit of the parties defines whether they will be a primary or secondary partner. For example, a major funder or a subcontractor is a major collaborator or partner while one who has a more peripheral role would be considered a secondary collaborator.

Independent living services present a variety of opportunities for collaboration and partnership. Typical examples include funding, resources (housing, employment, staff, etc.), information, training, and clients. Opportunity and mutual interest alone are not necessarily sufficient cause for collaboration. Other important considerations are efficiency (will the benefit outweigh the effort?), population to be served (are they a close enough match to warrant mixing the client types?), effectiveness and outcomes (can a collaboration actually produce the outcome or result you want to achieve?), and resources (can the collaboration complement what you have or need?).

Likewise, it is important to consider when it is not a good idea to collaborate. For example, with limited resources and time a collaboration could actually take valuable time and resources away from the clients you wish to serve. Blending client pools could be problematic. An example

would be mixing independent living clients who have a history of victimizing others with those that have histories of being victimized. Categorical funding may also prevent certain types of collaboration or partnership because of client eligibility for service criteria.

Models of Collaboration

Collaboration between IV-E, TLP, or any other potential partner will almost always proceed more effectively if a positive relationship already exists between the parties interested in collaboration. This can occur through numerous circumstances such as a past or present contract or letter or agreement, participation on past or present projects, participation on community task forces or coalitions, and regular referrals from or discharge plans between the organizations. A common sense rule is to consider all funders as partners and collaborators. Collaboration is an essential function of customer service and relations between the organizations.

The most ideal situation that will guarantee maximum collaboration and use of resources is when the same agency receives the funding and provides the services for the IV-E and TLP programs. In such an arrangement the collaboration is actually between components within the same program or organization. There is also a distinct financial benefit to this since the administrative cost of managing two or more IL components within a program should be significantly less than operating seperate programs in two different agencies. This also includes the concept of sharing office space. A visual representation of organizational ease of collaboration within this scenario is identified below in Figure 2.

Figure 2

Organizational Ease of Collaboration

	Organization HAS a TLP	Organization DOES NOT Have a TLP
Organization HAS a IV-E	++	+
Organization DOES NOT Have a IV-E	+	–

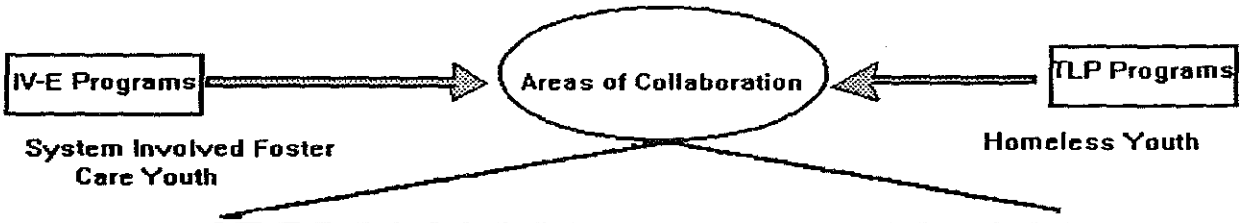
Within the current mental health and child welfare *wraparound* model it is highly desirable to involve any and all parties that provide services or who are significant in the youth's life as part of the planning process. While this model has been proported to be an effective collaboration strategy for developing plans and providing services to youth it is the belief of this author that it effectively slows the process, often involves those unfamiliar with what constitutes good planning, and decision-making in the process, and has not provided significantly more positive outcomes than an effective case management model that limits involvement to fewer key individuals or agencies. This bias is noted as a possible collaboration barrier where a IV-E funder operates with a *wraparound* mindset of that *more parties involved is better* versus a tighter, more centralized service planning and provision model.

Other environmental preconditions that support an organization's positive collaboration include an organizational predisposition or organizational culture of collaboration and cooperation, previous experience in partnering and networking, community leadership in initiating community based projects, positive affiliations with other organizations who provide the same or similar services, strong personal relationships between staff of organizations even when those organizations do not formally cooperate, and a positive history of internal collaboration among an organization's own internal programs. One of the most powerful incentives to collaborate comes from funders who mandate collaboration or partnering as a precondition to funding.

While many organizations identify their community service relationships as positive they often cite the primary barrier to collaboration as *turf*. It appears somewhat contradictory that a community of service providers identify themselves as having positive relationships yet can not get beyond the issue of turf to cooperate in providing collaborative services to the same client population. While organizational cooperation toward collaboration is desirable it often only occurs because individuals within a program put client need above organizational politics. This is often more possible within independent living programs because staff and services are often located in locations other than the organizations traditional offices and administrative staff.

The collaboration of IV-E and TLP represents a two party model. Figure 3 identifies the two party collaboration model.

Figure 3
Two Party (IV-E and TLP) Collaboration Party



AREA	DESCRIPTION
Staff	To co-lead groups, share caseloads in the same and provide coverage in the program
Groups & Activities	To combine IV-E & TLP clients for common educational & recreational activities/
Transportation	Sharing transportation to common IV-E & TLP activities
Office	Works best when IV-E & TLP are within same agency or program
Funding	Possible to share administrative costs when IV-E and TLP are in same agency
Employment, housing, etc.	Knowledge & relationships with community resources
Information	Maintains current standard & technologies within IL community
Opportunities	Future opportunities for funding, etc., are enhanced with cooperative efforts

Within this model collaboration or cooperative exists in the areas of resources and services. Since client eligibility is exclusive to the particular program, the collaboration is actually in the provision of services unless both the IV-E and TLP are contained within the same agency. The collaboration of services effectively prevents the duplication of effort and valuable resources on smaller groups of clients.

When two different agencies provide the services a likely collaboration is in the area of assuring the continuity of service for IV-E youth who leave care unprepared to begin solo independence or who become homeless following discharge from care. In collaborative efforts, knowledge of IV-E youth who participated in combined groups or activities has the advantage of prior relationship with TLP staff as program knowledge of the youth which can accelerate the screening and acceptance process.

As stated earlier, the sharing element is more significant for an organization that has both the IV-E and TLP. In such a case client caseloads can be mixed if needed which often helps situations when IV-E clients transition to TLP. Additionally, coverage during crisis or worker absence is covered in an easier manner since having both generally means a program's staff size is larger. As stated earlier it also presents the opportunity to reduce administrative cost.

A second model of collaboration is one which involves multiple parties. This model acknowledges the reality that there are other IL type programs which exist beyond IV-E and TLP. The benefits of the multi-party model are the same as the two party model but are more enhanced because of additional opportunities for the sharing of resources and services.

A Multi-Model Case Example

The multi-model is a combination of both the two party IV-E and TLP as well as the multi-party IV-E, TLP, and other hybrid independent living components. They operate simultaneously and while it may seem contradictory that both can operate at the same time it occurs primarily because of additional IL components and the nature of the relationships among the partners or collaborators.

Valley Youth House (VYH) is a private, non-profit agency located in the Lehigh Valley (the greater Allentown, Bethlehem, and Easton area) area of eastern Pennsylvania. The agency serves approximately 3000 troubled and at-risk youth and their families annually through seven programs including a runaway and homeless youth shelter, family preservation, licensed drug and alcohol prevention and education, intensive in-home treatment to neglectful families with at least one parent being an active substance abuser, outreach and outclient counseling and therapy, a 250 member community coalition for abuse prevention, and independent living.

The Valley Youth House Independent Living Program was initiated in 1978 as Pennsylvania's first such youth serving IL program. It has evolved through numerous models of service ranging from

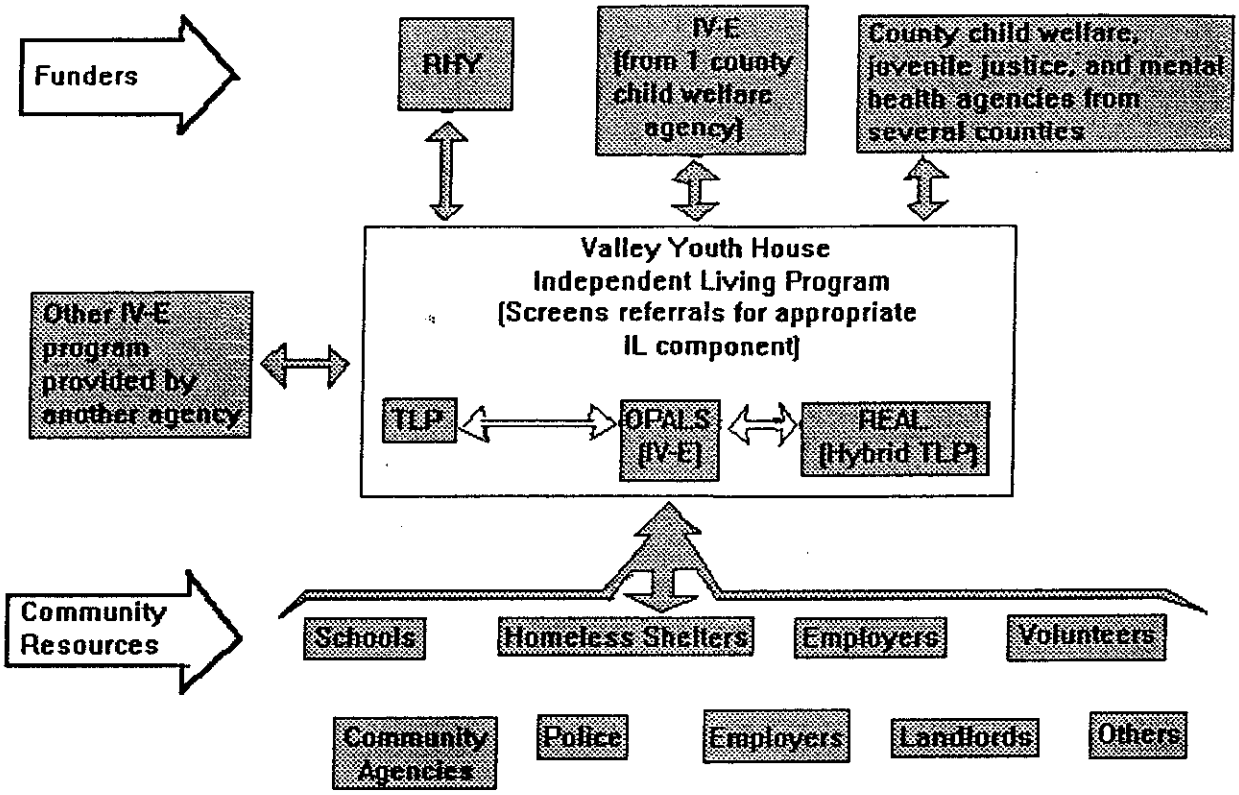
an initial volunteer mentoring (trained community volunteers rather than professional staff) to its present form of operating 3 different IL components at the same time.

The current three components include an outclient IV-E component in which VYH is the vendor agency providing the services, a residential Runaway and Homeless Youth TLP, and a hybrid residential TLP it developed for the multiple county child welfare, juvenile justice, and mental health agencies whose clients were ineligible for TLP services. The program operates seven IL houses which have one full-time live-in Resident Advisor per site. Each site has 4-5 youth which can include adolescent parents and their baby/children. Full time staff includes a Director, Supervisor, Therapist, 4 Life Skills Counselors, Peer Counselor, and 7 Resident Advisors. Additionally, the program utilizes numerous Relief Resident Advisors and a graduate clinical counseling social work intern. The program serves approximately 20 outclient and 27 residential clients on an ongoing basis.

The program's original IL Youth Advisory Board (EXCEL), which is comprised of current IL clients was expanded in 1997 to include runaway shelter residents. The combined Board, which wrote its own by-laws and historically has elected its own Chair, advises both IL and Shelter programs as well as the agency at large, publishes a youth newsletter, and develops and completes community service projects. It is expected that beginning in 1998 the agency Board of Directors will elect at least 1 Youth Advisory Board member to the agency's Board.

Figure 4 provides a visual representation of the VYH IL and its collaborative patterns.

Figure 4
VYH Multi-Model Collaboration



As stated earlier, there are two levels of collaboration - primary and secondary. Within this case example the three internal VYH IL components have the strongest collaboration relationship. While each component has very distinct eligibility criteria and somewhat different levels of intensity of service, each operates with a common IL philosophy of services needing to be very experiential and reality oriented and within a positive youth development context. Staff have responsibility for their respective component area which sometimes overlaps, but function as one program who often cover each other's cases when needed, conduct combined groups and common activities, share transportation responsibilities for those groups and activities, and share office space in the same building. Other internal collaborators within the agency include other programs who provide special expertise and services when necessary and requested. This can include assessment in specialized areas such as sexual offending, victimization, substance abuse, and alternative treatment strategies such as music therapy and psychodrama.

Funders, particularly the county child welfare and juvenile justice agencies are also considered primary collaborators to the Valley Youth House IL program. They are among the primary referral source for two of the components (OPALS & REAL). A strong collaborative relationship has historically always existed with the county child welfare agencies which led to the development of the REAL IL component to more specifically address the needs of youth in their custody who were not eligible for IV-E or TLP services.

Within the multi county area, one of the county child welfare agencies has a different community based agency (Youth Advocate Program) who provides their IV-E services. While the VYH and Youth Advocate Programs provide a somewhat different type of service they often collaborate with each other for educational and recreational group activities. For state leadership and annual retreat events they share transportation. Program staff provide regular networking through attendance at activities sponsored by each agency as well as the regional network's annual conference.

Secondary collaborators include the Lehigh Valley's high schools within the area's 17 districts, other community agencies, employers, landlords, and other community volunteers who share an interest in assuring youth make a successful transition to adult living. It is important to remain open and flexible to opportunities for collaboration. Such opportunities can change secondary collaborations into primary ones. Such opportunities are often created because the program or agency remains dynamic in its vision of and for youth services.

Historically Valley Youth House has maintained a leadership role in developing community partnerships and coalitions. This organizational culture is communicated to program directors and staff which functionally becomes the metaphor for providing client services. Within independent living it teaches that the essence of cooperation is the strategy for growth, development, and achievement.

Barriers and Things That Go Wrong

Barriers are opportunities waiting to happen. They generally describe changes that need to occur in order for successful collaboration to occur. Barriers are often like a double-edged sword in which one may feel they do not have the time or resources to commit to an activity but to ignor the activity or task will limit future success or opportunity. As such, a common barrier is the limitation of time and staff to proactively seek and maintain collaborations. These activities typically include attendance at meetings and coordination of events or activities.

Differences in organizational philosophies is often a significant barrier. These can include differences between *screening in* (serving the most needy and difficult) versus *screening out* ("creaming" of clients) and pro-life versus pro choice. An example of the latter is religiously affiliated IL's who will only serve clients and collaborate with organizations who share their pro-life or *no choice* stance. Even in these organizations line staff often subvert the organizational position to operate in the best interests of the youth they serve.

A significant barrier when working with funders is the issue of need and control by a funder which can compromise the best practices of an IL program. Such barriers truly test the organizational desire to collaborate. Managing this often requires additional time and attention to maintain such relationships.

The community context of practice can be a significant barrier to collaboration. This exists in an adversarial environment where turf, poor communication, and isolation tend to be the community

attitude. This occurs most often when a new service or organization is initiated in a closed human service community.

Geography or lack of close proximity to potential collaborators can also be a significant barrier. A variation of this barrier is the absence of individuals or organizations for collaboration.

Barriers to collaborations can always be found. It is organizationally important to determine whether one wants to be invited to collaborate or initiate such collaborations. One must choose to determine their level of proactive commitment to the process since it requires ongoing maintenance and being active in the identification and problem-solving of difficulties that arise.

Summary

Collaboration is not only an administrative function but one which should be demonstrated consistently between organizations, within organizations, and with clients. It is metaphoric of the philosophy of service which requires cooperation, participation, and a commitment to a common vision, end, or goal.

Service without collaboration is isolation. It recognizes there is a greater benefit to participation. The goal is to determine the type of collaboration that makes sense given the time and resources of the organization as well as recognition that there are different levels of gain for collaboration. Sometimes collaboration should be done even when no apparent gain can immediately be recognized or expected. One does it because in some cases it is the right thing to do for the community.

Like positive youth development it sees everyone as resources and potential partners or collaborators. It focuses on the strength of opportunity rather than the problems of deficiency. Collaboration is the vision of both what is and what can be. It is the paradox that independent living rarely exists; that we live and exist in interdependent relationships that work best when we cooperate around common goals and interest.

bob/ilcollab

Independent Living and Beyond: How To Teach It In All Program Areas

Robert M. Robertson, Jr., M.S.W., L.S.W.

The child welfare and runaway and homeless youth field has historically directed independent living services toward preparing older adolescents, who are unable to return home, for successful adult living. An ongoing reality for youth serving agencies is that not only are many of those youth from problematic home situations and family systems unprepared for successful adult living, so are many of their parents. Agency programs working with the child and latency population often find a similar situation with parents and caretakers practicing unproductive life skills, poor problem-solving and decision-making, and experiencing delayed emotional development which prevents them from acquiring, integrating, and maintaining positive parenting skills that will keep their children safe and prepare their children for future successful living.

The dilemma for human service workers is that an over focus on providing counseling and concrete services to youth and their families will often meet their immediate crisis and resource needs but does little to prepare them for continuing use of any new education or acquired skills after service by the worker ends. Thus the youth and family relapse into old patterns and the cycle begins anew.

Work with child and latency aged youth should be more critically focused on teaching independent living skills to the adults in the home who, when successful, can pass them on to their younger children. Work with adolescents is often rightly focused primarily on the youth with an attentiveness to parental sabotage and successful opportunities to support a positive parental relationship and youth independence.

Independent Living and Beyond presents a simple linear orientation to the core concepts of independent living that apply to both youth and their adult parents and caretakers alike. It is a strength based orientation to understanding and empowering clients, regardless of setting, to achieve success beyond their present level. It is also a recognition that counseling and the teaching of practical independent living skills are a tandem process that support each other.

FOUNDATION CONCEPTS

The importance of the foundation concepts will become evident when considering the assessment and planning process for youth and their parents or caretakers. In general, it will be helpful to think about the foundation concepts on a continuum or range of extremes of possessing many strengths to possessing few strengths in the respective area. Those areas with limited strengths will be clues as to where interventions and greater focus on teaching independent living skills will be necessary.

Independence, Interdependence, and Dependence - The traditional concept of **independence** is drawn from the public welfare definition of living without the care and control of others. For

adolescents this has generally been equated with the very nebulous concept of emancipation. It implies the possession of the primary cognitive, behavioral, and emotional skill sets and competencies to function normally within a community and without the care and support of parents.

These skill sets and competencies are developmentally related to the changing roles of the individual. The relevant adolescent to adulthood issues generally include beginning as an individual who has multiple interpersonal relationships, settling into a primary relationship, and becoming a parent whose role is to nurture and teach their children in order to prepare them for their own eventual independence. Those parents who have not experienced or integrated the fundamental life and emotional skills from their own respective parents or caretakers generally have great difficulty passing on positive and productive skills to their children; particularly the soft independent living skills.

The notion of pure independence is a concept reserved for hermits who live in virtual isolation with their primary interaction being with the environment. An outgrowth of this extreme is a moderation of independent living to **interdependent living** which acknowledges the connectedness of individuals to others and a natural reliance on others as an essential function of community living. It inherently relies on *getting along* and *playing nice with others* as cooperative activities of functioning in a family, neighborhood, or community system.

By contrast, **dependence** refers to an over-reliance on others for the maintenance of key parts of the self. This most notably occurs in the areas of financial, basic need, and emotional support. Unlike interdependence which has a high element of cooperation, dependence implies one party is more passive and compliant while the other is more dominant.

It is important to understand the relationship between clinical counseling and independent living skill acquisition. There are occasions when independent living skills can not be integrated. This occurs because of unresolved issues which present an impairment to integrating and successful use of a skill set. An example is an individual with significant dependence issues mixed with a history of domestic violence. While the individual can learn the material they will present resistance to using and integrating it because it conflicts with more active unresolved issues. In such cases it is important to provide counseling for the purpose of resolving the old issues in order to free the individual to experience independence as a positive and acceptable outcome.

The continuum in this foundation concept area looks something like:

Independence Continuum

Independence — **Interdependence** — **Dependence**

From an independent living perspective, the ideal on the continuum would be somewhere between independence and interdependence. It recognizes that one must interact with others but possesses the ability to make decisions and function independently when needed and necessary.

Reparenting - Reparenting is conceptually the process of *redoing* inadequate or inappropriate parenting that has already occurred and been integrated within an individual. It often has to do with issues of core values, right and wrong, and parenting and child response behaviors. It also includes intangible qualities of being nurturing, supportive, patient or tolerant of differences, acceptance of responsibility, and others. The process requires redoing or replacing old ineffective ideas, values, and behaviors with new positive and productive ones. It is essential to be respectful and mindful of cultural traditions and values so as not to misinterpret reluctance for resistance. From an independent living perspective the ideal would be to not have to provide any reparenting service but the reality is that one of the reasons problem situations occur in the first place is because there are often limited strengths in this area. The reparenting continuum looks like:

Reparenting Continuum

High Integration of positive values, behaviors, etc.	**Low integration of of positive values, behaviors, etc.**

Reenactment - Based on life experience and safety a person may often continue to respond to new situations in old and ineffective ways. In the areas of apparent poor choices or behaviors this may be an issue of safety whereby the continued repeating or reenactment of the response serves two purposes. The first is an attempt to correct or make right the original situation that created the emotional problem and second, although seemingly contradictory, an effort to stay safe by repeating a behavior that will produce a known and predictable outcome. In working with clients this often plays itself out as the client setting up situations that are familiar to them, such as choosing partners who are violent, abusive, or substance abusing. Other obvious and likely situations include serious prior physical and sexual victimization and severe control issues. With the familiar situation the client has a predictable sequence of behavior and known or predictable outcomes they have managed numerous times. The goal in addressing reenactment situations is to assist the client from making seemingly impulsive responses to that of *stop-think-act.*

The ideal independent living situation would be the absence of prior severe physical, sexual and/or emotional trauma that has been generalized into several areas of the person's life. The assessment of this would therefore be understanding patterns of behavior, causal events leading to the behaviors, and the frequency and durations of the reenactments. The continuum would be:

Reenactment Continuum

The presence of many intense prior traumas	**The absence of any major life traumas**

Worker Style (Strength vs. Deficit Approach) - This core concept is based solely on the individual worker. Best summed up by the saying "you get what you look for", this dictates whether the worker will be over focused on looking for problems and managing solutions with

controls, expecting compliance, and using punitive consequences or looking for strengths and building on them as foundations, planning for overcoming likely barriers, and working cooperatively with the client as a partner. The strength based approach is analogous to the youth development model.

Within the independent living perspective, the ideal is a worker who is strength based and well versed in the youth development model. The continuum looks like:

Worker Style Continuum

Worker is strength based — **Worker is deficit/pathology based**

Assessment - No meaningful work can proceed without some type of reasonable assessment of the client and their respective situation. This can be as limited as a focused understanding of the immediate situation or as extensive as a full psycho social history with other areas of specialized assessment in order to develop a more in-depth and longer term plan. The reality is that the worker must have a reasonable enough understanding of the client and their situation in order to develop and provide a meaningful service.

In the independent living area it is essential that the assessment be both historical and predictive as well as rooted in present functioning. The predictive element is based on recurring life themes, events and behaviors that are likely to repeat themselves while you are working with them.

Assessment should be a strength based process of the major independent living life domains which include housing, employment/education, relationships (past and present), problem-solving and decision-making, cognitive functioning, and physical and mental limitations that impair functioning. The identification of strengths is important because it is the foundation for enhancing skills already held and transferring them to other areas requiring greater growth. The general assessment of functioning will provide insight into the client's capacity to receive and use services, their learning style, and the service approach (cognitive or behavioral) that will best work for the client.

From an independent living perspective there are several continuums worth considering in the assessment process.

Problem-Solving/Decision-Making Capacity Continuum

Low — **High**

Learning Style Continuum

Visual — **Auditory** — **Kinetic**

Problem Predictability Continuum

Low likelihood of reoccurrence	High Likelihood of reoccurrence

Simulation vs. Real - There are two basic methods of teaching independent living skills - simulation and real. The simulation method is similar to role playing in that one may stop and teach along the way, interrupt the process to comment and correct, and provide feedback, often with very limited consequences. The closer to a real situation one can make it for the client the closer it will be to a virtual reality situation. The other basic method is simply to have the client do what it is you wish them to acquire as a new or enhanced skill. The stakes are higher and the risks for success are quite real. An intermediate method is to practice the skills for a short period of time and then have the client move into the real situation with support. One of the prime reasons services often fail with youth and adults is because the worker does too much for the client and the client never actually acquires the necessary skills to replicate it again.

From an independent living perspective, the closer to the actual situation or event the better. The continuum below identifies the key extremes.

Opportunity Continuum

Worker does too much	Worker assists client	Client does it all

Hard and Soft Skills - There are two basic types of independent living skills - hard and soft. Hard skills are those generally associated with concrete daily living such as finding a job, finding housing, cooking, banking and budgeting, shopping, and others. Hard skills are generally acquired rather quickly through information and education. Clients often come with some mastery of many of these skills.

Soft skills, by contrast, are those which are intrinsically more difficult to touch, hold, and see. Examples of soft skills are attitude (keeping the job), conflict resolution, communication, networking and support, problem-solving, and maintaining interpersonal relationships. The context of soft skills is generally acquired through life experience and plays a more significant role in how one acquires and uses the hard skills.

The new welfare to work movement has made the acquisition and maintenance of hard and soft skills a fundamental requirement for survival by expanding the client world to one of work, greater interpersonal involvement, and problem-solving of new complex situations.

There are five core independent living areas which bridge both hard and soft skills. Those areas are job (employment or school), money management (budgeting, etc.), problem-solving, communication, and community resources. A sample framework for considering those core areas on a continuum is identified below.

Hard and Soft Skills

CORE AREA	TYPE OF SKILL	ACTUAL SKILL
Job	Hard	Reading classified ads Filling out applications Interviewing Showing up for work on time
	Soft	Negotiation Interacting with coworkers Respecting rules
Money Management	Hard	Budgeting Maintaining a checking account Comparison shopping Credit cards Securing and paying loans
	Soft	Discipline to save Loaning money to friends/relatives Goal setting for future purchases, etc.
Community Resources	Hard	Medical, dental, etc. Recreational Basic needs Spiritual/religious Friends, relatives, etc.
	Soft	Comfort with interpersonal contact Resourcefulness
Problem-solving	Hard	Possession of problem-solving format Knowledge in respective area Resources to assist
	Soft	Patience vs. Impulsiveness Creativity Cooperation Need to do it right vs. be right
Communication	Hard	Ability to read, write, etc. Ability to articulate ideas, messages, etc.
	Soft	Clarity of thought (thinking errors, distortions, etc.

In general, impairments to enhancing or acquiring soft skills are often the result of life issues that interfere with the clients ability to take risks and move forward. As such, counseling is often helpful to assist the client in resolving those issues. Within independent living it is often relatively easy to teach hard skills. Often clients already possess some mastery of those skills since they are a function of information and education. Clients who were parentified as children often demonstrate high skills in the area of basic living since their role was to be caretaker to other sibling or parents. The cost of that early mastery was often a denial of opportunity to experiment with other social and interpersonal roles that tend to enhance one's soft skill development.

APPLICATION TO OTHER PROGRAM AREAS and POPULATIONS

The principles and format for teaching independent living skills to other populations is relatively similar with adaptations for the setting and population. As a first step it is imperative to understand the particular goals, mission and primary target population to be addressed. This is important in order to support the purpose of program or component. Further, staff time is a valuable resource and distractions from designated responsibilities might adversely effect their ability to meet the challenges of their primary charge.

Further discussion of setting and population is identified below.

Population - Human service agencies that provide services to runaway and homeless youth often have a variety of other programs and services within their organization. This is likely since such organizations tend to have family systems orientations which view the client in the context of the entire family and often provide broad base services in a manner that will do whatever it takes to assist the family system. It is not uncommon for such organizations to have a runaway and homeless youth shelter, provide independent living services, and substance abuse prevention, intervention, and/or treatment services. They may additionally provide family preservation services, educational services, abuse and prevention services, and generalized counseling services.

Such agencies would minimally have contact with youth between the ages of birth - 17, young adults 18 - 21 years of age, adults of parenting age 18 - 50 years of age, and often grandparents who are raising their grandchildren or living with their children. As such, the broad base of independent living skills could be offered to any of these populations according to their specific developmental needs, unique needs, and the impact they might have on success of the plan if they do not acquire such skills. For example, a parent who does not learn basic budgetting skills may be destine to repeat situations that leave the children without adequate food and housing.

More specific examples of populations are runaway shelters serve adolescents between 12 - 17 years of age, family preservation programs typically serve infant, child and latency age youth and their families, transitional living programs typically serve adolescents 16 - 21 years of age, general counseling programs serve all ages, and drug and alcohol programs tend to split their service between those under 18 years of age and those older than 18.

There is also a presumption that services will be offered to only those who possess the reasonable capability to benefit from such service. For example, clients with active substance abuse problems or clients and their family with significant physical, mental, or emotional limitations are generally not good candidates for the youth serving agencies and should be referred to more specialized agencies who are geared to work with very specialized populations.

A first important step to determining capacity to benefit from an independent living service, as already identified, is the completion of an assessment. Failure to conduct this in the beginning can result in a great expenditure of time and valuable resources with very poor outcomes.

Setting - Where the service is going to occur is an important consideration since the setting will function much like a laboratory for teaching. Services are generally provided in several settings which can include a program office, a non family residence (such as a runaway or homeless shelter, foster home, etc.), school, family home, or the community. Each has unique characteristics and opportunities.

The traditional program office, as well as a school, have the greatest limitations since the services tend to be provided in a somewhat artificial setting within a very fixed period of time. This may be a counseling or group session. Service within this setting is generally that of information or education and often may include role plays or simulations. While the worker may attempt to make it real, it seldom is because there are no real life consequences or the unique atmosphere of the actual setting which are part of the process or simulation.

A shelter affords an important and prolonged opportunity for real life observation because the client is immersed in a real situation. It affords the opportunity to assign and assess real independent living activities and skills and the client gets real feedback from others beside the worker. For example, a client assigned to cook a meal will get direct and indirect feedback from those who have to eat the meal. A client working on their interpersonal skills will get direct feedback from their peers either at the time they interact or later within a group.

The client home is generally the best setting to work with parents since they are immersed in the setting where the most help is often needed. These areas often include child care, waking up and putting clients to bed, managing traffic within the home, learning and practicing daily life skills such as cleaning and cooking, and managing parent-child conflict. The home offers the opportunity to get a realistic sense of what is actually happening in the client's world firsthand and often provides observational clues to issues the client is unwilling to disclose. An example is seeing the recycle bin overflowing with beer cans or alcohol bottles or drug traffic in and out of the house. It also affords the opportunity to engage important other family members who will not come to the program office.

The community is the practical setting for those activities that have to do with employment, resources, transportation and the like. A worker can rehearse and role play on an ongoing basis but there is no teacher like a real life interview. A worker can drive a client to every appointment and have the client learn nothing to assist them when the service is over and have to find their own transportation. Life skill education and experience must be real to be lasting and reinforced.

The First Time - An interesting paradox of providing independent living services is that clients are often identified as high risk because of their behaviors but often present great anxiety around risk taking for new positive and productive behaviors. A client can act almost unfazed by their own self-destructive behaviors yet resist all attempts to interview for a job and maintain ongoing employment. It is almost predictable that a client will experience anxiety and present resistance to changing an unproductive routine or behavior. Understanding this the worker must be prepared to normalize the feeling of risking failure in an attempt to acquire new or advanced independent living area. The worker must additionally understand that completing it once or several times will not guarantee the client will continue the positive new skill use; particularly if the client experiences some failure along the way. An example of this is the completion of many job applications and interviews before one may actually get hired. Clients often feel defeated because they feel like they expend a great deal of emotional and physical energy with limited results. It is important to normalize for the client it is simply part of the process and the same for even the most qualified candidate.

Making It Work - While this may seem simplistic, the process is relatively basic. The steps are outlined below.

1. Know your program mission, who you can work with, and the extent of what you will be allowed to do in the area of teaching independent living skills.

2. Assess your client. Understand their developmental stage, the way they learn, and the skills they already possess. (Use the Hard and Soft Skills chart as well as the continuums if necessary)

3. Create a real plan regarding what independent living skills will be most beneficial to the client and will support the primary work you need to accomplish with the client.

4. Know when the client needs counseling because there may be issues that left if unresolved will impair their ability to integrate the independent living skill(s).

5. Be flexible and make it real. Clients learn by doing.

6. Be flexible and make it real. This bears repeating.

SUMMARY

Independent living is not just for older adolescents preparing to go and live on their own. Family systems often break down because those in charge, the parents, do not possess some of the critical independent living skills necessary to successfully run a household or manage the responsibilities of parenthood.

Youth service agencies often overlook the obvious by providing only those concrete and counseling services that help the client get through their current crisis or situation that brought them to the attention of the agency in the first place. Greater understanding of what will ensure a lasting positive outcome often requires stepping outside the narrow description of the program. Expanding the vision of what it takes to be successful from a practical point of view is necessary if one is to be truly helpful in a lasting way.

Independent living is not just for adolescents. It is a fundamental set of life skills to be acquired by children, adolescents, and adult. It is cumulative, experiential, and involves risk-taking to successfully acquire and maintain those skills. It is a tall order indeed for workers commited to doing whatever it takes to help families help themselves to successful independent living.

Independent Living and Beyond: How to Teach It In All Program Areas

Robert M. Robertson, Jr., M.S.W., L.S.W.

This article presents a simple linear orientation to the core concepts of independent living that apply to both youth and adult parents and caretakers. It is a strength-based approach to understanding and empowering clients, regardless of setting, to achieve success beyong their present level.

1997

Copies are available from:

Robert M. Robertson, Jr.
Valley Youth House
524 Walnut Street
Allentown, PA 18101

(610) 432-6481

Practical Programming and the Independent Living Experience

Practical Problem-Solving

by

Robert M. Robertson,Jr., M.S.W., L.S.W.

Practical programming examines and provides considerations for independent and transitional living programs in the areas of (hard) program issues, (soft) process issues, clients, and staff. Practical problem-solving provides a simple framework for understanding real and potential problems and a process for developing useful solutions.

Revised 1994

Practical Programming and the Independent Living Experience

Robert M. Robertson, Jr., M.S.W., L.S.W.

Practical programming for an independent or transitional living program is based on what will work best for a specific program, agency, or client. While it is conceptually simple, it is comprehensive in the need for understanding of a given situation or environment. In general, practical programming is useful for thinking about, developing, or finding solutions that will work best for identified situations.

Typical programming issues or situations will fall into four general categories which include ***program, process, client and staff.*** It is important to recognize that none of the categories are pure and always exist in overlapping relationships.

Program start-up and implementation issues tend to be different then maintenance and change issues. Start-up issues are usually well thought out because of their developmental nature which involves research, consultation, and comparison to existing program models. By contrast, maintenance and change issues usually require more immediate attention and if left unattended will likely get worse.

An awareness of the many common issues can be helpful in preparing for future situations. Thoughtful preparation allows for a more proactive response when presented with issues or situations that need immediate attention or action.

The four categories and their most common corresponding issues are presented with practical programming thoughts for consideration.

PROGRAM: Hard Core Issues

Program related issues are usually the most clearly stated and defined. They are discussed in program literature, procedure manuals, and are the descriptive subject of program presentations. It is the "hard" core of the program which includes mission, goals, eligibility criteria, rules, expectations, and consequences. Once a program is operational they are returned to under two general circumstances - planned review and evaluation or a problem or situation that requires attention or intervention. It will test your commitment to your purity of design or model and your flexibility to the changing realities of an inexact and often unpredictable population and environment.

Eligibility and acceptability are birds which look alike but which lay different kinds of eggs. The referral and intake process is akin to a blind date in which a misjudgment in the beginning makes it more difficult to end the relationship later due to the commitment, relationship, and investment already established. The person you interview often turns out

to be different then who you have to deal with later on when the honeymoon period is over. By the end of the first year of operation this is less of a program issue since you will likely be at your maximum level and will be accepting a fewer number of new clients into the program. You will also have learned a great deal from the year's mistakes and will repeat less of them in your second and subsequent years.

Practical programming issues deserving additional consideration during the screening and intake process includes client levels of mental health disturbance and degree of resolution of past and present issues, drug and alcohol histories, significant acting out behaviors against persons and property, refusal and defiance histories, and familial investment in sabotaging success. Trustworthy information may involve contacting past and present counselors, schools, children and youth caseworkers, probation officers, family members, and important others. The idea is not to (necessarily) reject clients, but to more fully know who you are accepting so you can do a good job planning for a successful independent living program experience.

Successful planning for clients is a real art. Poor planning usually leads to staff, client, and program frustration, problems, and delayed success. There are two general planning models - normative and baseline. While both are individualized, normative plans are based on staff and/or program expectations of where the client should be as a member of the independent living client population as opposed to where they are as a unique individual who may or may not be at the "normal" IL population level. Normative planning examples include "developing appropriate interviewing skills", "identification of resource appropriate housing", or the "development of appropriate social and interpersonal skills". By contrast, baseline planning is organized around the client's present skills, what they are really capable of achieving, and a realistic time frame for achievement of realistic and specific goals. A baseline goal example for a low functioning client with poor interpersonal skills might be to successfully complete one week of interactions with no more than two major conflicts. An example for a client with a history of failure and missing appointments might be to attend a minimum of fifty percent of scheduled appointments.

The point of baseline planning is to be realistic based on who the client is and what they are realistically capable of doing at a given point in time while at the same time establishing (with them) goals they can be incrementally successful at achieving. It is worth noting that clients frequently operate with a different time frame and agenda than the program and staff(despite what they may have already agreed to). They may also maintain a different view of success.

Programmed phases are common elements of independent living programs which allow clients to accept responsibility and earn benefits and privileges in a sequenced manner. We call this "jumping through hoops". This might include clients beginning in a supervised apartment or group home setting with some limits or restrictions and progressing to an unsupervised apartment setting with no restrictions or limits. No matter what you design you can count on some clients regressing, messing-up, or doing

something that will or should set them back to a previous level. Many programs use point systems, checklists, and other ways of measuring success or consequences(or so it seems until it is time for implementing them).
The "ideal" is different than the "real". Problems or issues seldom exist in isolation which is usually the opposite of the way it is described in the program's procedure manual. Real problems usually have extenuating circumstances and before you know it your consideration of those circumstances has caused you to violate your own rules and create exceptions and precedents the clients will be only to quick to remind you of when they the next recipient of an unwanted consequence.

Practical programming for structure involves brainstorming obvious(and less obvious) scenarios which will require program or staff intervention or consequences. How rigid or flexible is the program and staff willing to be and what are the implications when a similar, but slightly different situation arises? If you believe that relapse , setbacks, or situational failure is a likely possibility with your clients, consider what situations will warrant a return to a previous stage, discharge, or other noteworthy consequence. Try and envision whether it will be a single event, an accumulation of small events, or the proverbial "straw that broke the camel's back". These structural issues are different than the process issues like "natural consequences" which are discussed later.

Each program will have its own unique "hard" program issues for consideration. Practical programming for any related issue employs basic, yet thorough problem-solving skills.

PROCESS: Soft Core Issues

Process issues are the "soft" unwritten practices, protocols, methods, and procedures programs and their staff use to implement and administer their programs. They are considered "soft" because of their intangible nature. Process issues are very connected to philosophical beliefs and values. Typical examples include leadership, management, change, and community relationships.

A quality of soft, intangible, or process issues is that they have a tendency to become easily entrenched as unwritten policy. They are seldom thought about or reviewed because of their unwritten and undocumented nature. They often fit the characteristics and style of a program's identified leader(s). They are often more apparent to outside observers than program staff. Very often the program has an unspoken commitment to maintaining its own process status quo or homeostasis.

This is not to say process issues are negative. They are, in fact, usually quite positive and effective in their utility. They do, however, possess the potential for negative consequences. They have an invisible quality when they are working effectively. When they do not work they appear much like storm clouds forewarning impending foul

weather. At this point programs respond by either acting in a proactive manner to minimize possible damage or do nothing with the hope or belief it will blow over. Practical programming is an attentiveness to environmental changes - both internally and externally. It includes an ability to predict and respond, but always to be prepared in as proactive a manner as possible.

Leadership and management are tandem qualities that guide, direct, or control the activities and services of a program. An old saying describes the difference between a leader and a manager as follows: a leader is a person who does the right thing and a manager is a person who does things right. While program supervisors, directors, or coordinators possess both qualities, one is usually more dominant than the other. Both have important qualities and characteristics which impact staff, clients, agencies, change, and how problems get solved.

Practical programming issues deserving consideration include identifying the individuals who act a program, staff, and client leaders and managers. These may include persons other than designated supervisors, directors, or coordinators. It is important to be aware of how the various leaders and managers interact, whether they have complementary or conflictual styles and the (sometimes) varying agendas of each.

Leadership and management issues are seldom discussed or documented as part of a program's procedure manual. It is rare that it is discussed as part of planning, evaluation, or review. As stated earlier, it is functionally invisible until problematic situations occur. Chronic situations draw special attention to the leadership and management of programs and often has far reaching effects on all aspects of the program.

Practical programming requires an attentiveness to understanding the use and style of leadership and management within a program as well as it's specific implications both internally and externally. Review of this based on problematic situations is often a clear signal the program or agency has put off or neglected this issue.

Change comes in two varieties - planned and unplanned. Planned change is the outcome of purposeful review or evaluation. Review or evaluation outcomes just as often include recommendations for no change. Change always stirs up feelings among staff and clients because it disrupts the safety and complacency of "business as usual". Interview questions for prospective staff should always include "change" related questions. It provides an up front understanding of staff cooperation(or resistance) for the time(s) when the inevitable change will come. A staff person who has trouble with change issues frequently fosters negativism and resistance which can be problematic to successful program implementation.

Unplanned change can result from both an avoidance of (periodic) review and evaluation of program related issues and from being "blindsided" by issues or problems that could not have been predicted or expected. In either case, unplanned change carries a larger emotional charge because it requires a quicker response or intervention. It often places

program leaders and staff in a defensive position which may result (even though we hate to admit it) in faultfinding and blaming. Program leaders rise and fall in the most difficult or extreme of these situations.

Practical programming issues of change includes planning to conduct reviews and evaluations periodically. Keep it an active part of the program's process. Affirm that change can be a very positive and constructive quality that presses the frontiers of excellence. It helps one aspire to the "cutting edge". Planned review or "revisiting" should occur with any implemented procedure or protocol. It expects there may be fine tuning necessary and prevents an over commitment to a process that does not work well or well enough.

Within a practical programming mindset it is important to know there will always be issues for which you cannot anticipate and plan. But knowing that allows you to be prepared with a planful strategy for the management of unknown future situations. Such a strategy will serve the program leader and staff well in negotiating the rough waters of surprise.

Community and neighborhood relationships are opportunities programs and their staff tend to think about in relation to jobs, residences, and what they have to offer to the program and it's clients. Programs and their clients are community and neighborhood members who have responsibilities to meet as "good" neighbors or community members.

As clients try out their new found independence(especially in unsupervised settings) they sometimes press the limits of acceptable neighborhood behavior. Neighbors often "save up" the incidents until it necessitates police or community intervention. It may create management problems that extend well beyond program or agency boundaries.

Like other soft process issues, programs are not always proactive in establishing protocols for developing and maintaining positive neighborhood and community relationships. This may include making a point to meet surrounding neighbors(in neighborhoods where that is appropriate), providing an open house to meet neighbors and answer their questions or address their concerns, following up on any complaint and staying in touch to assure there are no further incidents. Neighbors want to believe the program has control over it's clients.

Like other practical programming issues it is important to anticipate likely and unlikely situations in order to be prepared for future situations should they occur. Knowing you cannot anticipate everything it is important to be prepared with a clear and practical process to minimize the impact of any future situation.

CLIENT: Wild Card Issues

The reason clients come to independent or transitional living programs is because they have had unsuccessful home lives which have included any, some or all of the following: a failure to provide them with consistent, positive parenting, a lack of a physically or emotionally safe and nurturing environment in which to thrive, and less than adequate provision of the basic physical needs of food, shelter, and health care. Almost adults, they have few options available to them regardless of whether they are leaving the custody of the child welfare or probation system or have never been part of it.

For many it is a scary choice to undo that which has been done by and to them and enter the adult world intact with the attitudes and skills necessary to become successful citizens. Each client brings their unique experience of survival from their own perilous childhood and adolescent world. On the downside it is often marked by physical or sexual victimization, parental conflict, school failure, delinquency, mental health problems, conflicting messages of what is right or appropriate, diminished self esteem, and a lack of real dreams.

On the upside they have their wits, several positive and successful experiences to build on, a resiliency to bounce back, some exposure to positive role models, and unless they have an anti-social personality disorder, a conscience and feeling that really want them to make the right choices and do the right thing.

Clients bring the greatest unpredictability to a program regardless of how well thought out a program is designed or how experienced the staff may be. Clients often go through several interviews, have thorough intake and social histories completed, sign releases of information for the program to obtain additional information, and participate in various types of educational, vocational, psychological, and psychiatric tests and evaluations as part of their admission into a transitional or independent living program. And still we are surprised by their choices and behaviors!

They are the program's reason for being - to help prepare them for successful entry into adult living. They are a dynamic force with both known and elusive issues with which programs have to contend. Some of the general issues which programs and their staffs have to consider include secrets and unknown information, mental health problems, defiance - compliance, sexuality, and struggles with success and failure.

There will always be information, knowledge, and insight gaps with clients. ***Secrets and withheld information*** are ways in which clients control, self-protect, test trust, and maintain their emotional safety. Practical programming considerations include having a thorough information collection and verification process, completion of intake interviews by one of the program's best clinicians and diagnosticians(in the broadest context), follow-

up with key prior agencies or individuals, utilization of a staff with different areas of relevant knowledge and expertise, and knowledge of the right questions to ask.

General areas of secrets tend to fall into the general categories of sex(abuse, pregnancy, sexuality, etc.), love(relationships, etc.), and crime(past and present). Clients will be the victim or the perpetrator(or accomplice). Neither is particularly appealing when it is framed in the context of possible consequences. The implication for the client is that it presents the opportunity for reenacting failed parent-child relationships with the program staff.

The failed childhood and adolescent experience frequently creates varying degrees of ***mental health problems*** such as depression, suicidal ideation, drug and/or alcohol use and abuse, and other types of self-destructive behaviors. Clients bring both their successfully and unsuccessfully resolved issues with them into the program. They may be actively acting them out or have them lying dormant until some event triggers them.

Practical programming insists program and staff know their client's issues. This requires doing most of the work in the beginning during the information collection process and always remaining open to noteworthy positive and negative changes. It includes understanding the type and length of behavioral cycles the client experiences. This enables program staff to effectively plan for and intervene, when necessary, to extend or prolong desired client behaviors. This will also contribute to the program's ability to anticipate and plan for likely future behaviors. As stressed earlier, the key is being proactive so as not to be placed in a defensive position.

A close cousin to mental health issues is ***defiance and compliance*** **.** Clients stuck at either end of the continuum will likely have noteworthy mental health issues. Rebellion is an expected developmental feature of adolescence. An outstanding history of defiance and refusal is a sign you can anticipate social and interpersonal problems in school, on the job, with other clients, and with program staff. This is often related to control and trust issues. Plan ahead because clients experienced in defiance and refusal are well rehearsed, have no problem upping the stakes, and usually win in maintaining their defiance or refusal. Practical programming considerations include removing the "win -lose" context, providing choices that preserve client dignity and respect, and never making it personal for the staff or client.

Overly compliant clients usually do well with staff but are often victimized by others which may create issues within or for the program. Like most client related issues, (clinical) counseling serves an important part of program services. It is most often the client's ability to resolve and manage their emotional and psychological issues(within the counseling process) that will define their program success as opposed to their acquisition of the hard or tangible independent living skills such as budgeting, getting jobs, or locating housing.

Independent or transitional living program clients frequently struggle with their own perceptions of and willingness to succeed. For many clients, life has become an arena for failure(school, work, relationships, etc.) which offers safety in complacency and low expectation. Independent living opportunities are mixed blessings which trigger anxiety and a failure avoidance. For example, to prevent risking job failure the client doesn't find a job, to avoid vulnerability in a relationship the client prematurely ends it, or to avoid flunking a test the client doesn't go to school.

Practical programming for client issues includes reframing and redefining large issues (for the client) into smaller, more manageable ones which offer greater opportunity for success. It includes really knowing the client's issues, expecting and planning for the worst so that if it happens you do not have to react, you only have to respond. When the client is out of control you are in control because you already know the issues and can fully help the client utilize the opportunity before them.

STAFF: Disciples of Success

The front line of independent and transitional living program services belong to the staff. They have the primary responsibility for engaging the client in a trusting relationship that will maintain them throughout their participation in the program. The staff have the dual responsibility for acknowledging growth, success, and achievement and for implementing consequences. They are the referee who in most instances calls it("natural" or "unnatural" consequences) without administrative interference. Staff hold a great deal of power and control. To a client they often personify the "good" or "bad" parent.

Like clients, staff bring to the program their interpretations of abstractions like "right", "wrong", and "truth". They frame life and (client) behaviors within their historical experience of education, practice, relationships, and prior observed and participatory interactions. Staff are successful examples of perseverance, calculated risk taking, and realized goal achievement. Staff are also human and as such have blind spots, vulnerabilities, their own resolved and unresolved issues and failures.

Staff are the bridge between the realities of the client world and the expectations of the administrative world. They are the conduit and filter through which information and services pass. Practical programming issues related to staff include the hiring process, age, experience, control, flexibility, and rigidity.

One of the key administrative skills program or agency directors need to master is ***recruitment and hiring***. Getting it right in the beginning minimizes future personnel related problems. Important considerations include being clear on the program's needs which might be greater than the traditional independent living skill training. This could include ethnic and cultural diversity, parenting experience, gender specific characteristics, treatment skills, and others. Some of those considerations might better define the age,

experience, and educational levels necessary for staff. The program budget may also place limitations on the recruitment and retention process.

Practical programming realities in recruitment and retention include younger and less experienced staff are easier and less expensive to recruit than older, experienced candidates with higher educational levels. Both older and younger staff have inherent assets and liabilities. Younger staff are often in their own process of learning and mastering independent living skills at the same time they are teaching clients. That experience is very fresh for them. They can easily empathize with the tribulations of becoming independent. While their education is also very fresh it has not yet been tempered with the experience of practice and years of successful independent adult living. They are often very flexible and still experimenting with their own personal style(s) of engagement and intervention. In general, younger staff are at the beginning of their growth curve and usually have great potential for future skill levels.

Older staff generally bring a seasoned wisdom tempered by life experience. This can be very positive or have less positive implications such as cynicism and rigidity. They generally have mastered the successful independent living experience and in many cases have experienced "hands on" parenting. There is a greater likelihood their practice and life experience has settled into a routine or style they feel comfortable with and are less open to abandoning it or making room for change.

Practical programming considerations for staff are important because the program will have to live with the real subtleties and outcomes of their staff's choice. Staff work will live on through the clients served by the program.

Control is a practical issue clients and staff deal with on a daily basis. How much is enough and when to knowingly let clients fail are the types of questions staff are confronted with routinely. There is also a subtle personal investment in client success by staff. It is, afterall, a desired outcome goal for a program and all the clients it serves. The very personal connection for staff is that their job performance rating is related to their ability to help clients acquire and successfully demonstrate independent living skills.

When clients are uncooperative, staff may become more controlling in an effort to "guide" the client in a more desirable direction. We want clients to be successful, even when they don't. Staff control issues sometimes get in the way of the client experiencing necessary consequences for their behaviors and actions which are integral to the independent living process. Not always aware of the issues, supervisors have a special role in identifying and managing this staff related issue.

It is important to make sure that all staff know and understand the mission and philosophy of your program. Acknowledge that most staff experience some difficulty with control and letting go. It is helpful to use staff meetings as forums for discussion and to use supervisors to help staff identify and manage their control issues.

Summary

While there are many practical programming issues and strategies, it is important that program administrators think proactively. It is also important to understand that problems and deficiencies are only a part of the whole person, system or program. Each person, system and program also has strengths and assets that must be incorporated into the planning process. When appling practical programming, it is most important to be real.

PRACTICAL PROBLEM-SOLVING

Robert M. Robertson, Jr., M.S.W., L.S.W.

Practical problem-solving is a simple framework for understanding real and potential problems and developing useful solutions for them. It requires that the problem-solver step out of their everyday "this is what I believe" mindset and view a problem from multiple perspectives. In that way, it may look the same or not. If it does not then there will be new characteristics and options to consider before deciding on the best solution.

Problems come in several forms. Some are the "here and now" that require some immediate attention. That will necessitate some quick thinking. Others are looming on the horizon just biding their time. If you believe there is a realistic chance they could actually happen they are worth problem-solving because you can either eliminate them as a potential problem or be well prepared for them should they materialize. Potential problems have a more flexible time frame.

Ground Rules

They are simple but effective. Be inclusive. Be flexible. Utilize basic brainstorming techniques even if you are alone. Seek consultation if necessary.

Problem Identification

Problem identification is figuring out what really is the problem. Sometimes it is not so apparent. Important questions worth consideration include:

- What does the problem appear to be or what do I think the problem is?
- Who is involved in or with the problem? Why is it a a problem for them?
- What type of problem is it(people, process, system, etc.)? How is it a problem in this context?
- Are other problems related to it?
- How big is the problem? If others are involved, how big is it for them?
- What do I want as an outcome?

- What will happen if I do nothing? Will it stay the same, get worse, or go away? How long will it take to happen?

- What happens if it gets solved? Will there be a new one uncovered? (If yes, it's a clue you do not have the core issue)

- Where is it a problem? (Internally, externally, or both)

If you are working with a group of people it is sometimes helpful to divide up to represent the different perspectives such as an internal/external group, client, staff, and others identified. Decide on the specific person, agency, or interest group and role play it by brainstorming the various perspectives. This can be accomplished alone by simply "jumping into the other person's shoes" and trying to think as they would.

Problem Analysis

Problem analysis is the process of reducing all known or generated possibilities to the best one, two, or three. This is helpful for generating alternate solutions in the event your best choice was incorrect. You will not have to repeat the process; merely utilize the others you have prepared.

Solution Alternatives

Once the problem has been successfully identified, solution alternatives are developed and prioritized. A helpful strategy before implementation is to "play out" both likely and unlikely scenarios to anticipate possible outcomes. This is accomplished by returning to the problem identification characters and anticipating their responses to your solution choices. This will help validate or negate your solution(s) and fine tune the alternatives.

The solution alternative process is important in the process of being proactive. It reduces the likelihood of a bad choice and prepares one with other alternative strategies in the event that becomes necessary.

Solution Implementation

Solution implementation is quite simply the process of activating the chosen solution. It is important to remain attentive to the actual responses when implemented. A basic rule is be to patient, but not over committed so that if it is not working you can shift gears to an alternate plan to prevent making the problem worse than it already is.

Solution Assessment

Solution assessment is evaluating the outcome of your chosen solution. It is pretty basic. It either was successful or it was not. Less than successful outcomes, for those who need to work on a continuum are also a possibility.

Leftovers

Practical problem-solving is as big or small as one wants to make it. Most problems are solved in an unconscious or automatic mode because they are small and do not have significant consequences if you are wrong. Practical problem-solving is best suited for the medium - large problems which programs and their staffs face in providing services to clients and dealing with external persons, agencies, and others who can have an impact on the program.

It's simple, but comprehensive format helps capture important perspectives and related issues. It proactively provides a clearly thought out solution strategy for assuring a successful outcome.

About the Author

Robert M. Robertson, Jr., M.S.W., L.S.W. - Mr. Robertson is the Associate Executive Director of Valley Youth House (Allentown, PA) and is an independent trainer and consultant who brings more than 15 years of clinical, program development and consultation to his interactive trainings. He is the co-author of ***Transitional Living Programs for Homeless Adolescents*** (available through Georgetown University Child Development Center) and numerous other articles on independent/transitional living and creative counseling techniques.

For additional information please contact Bob at (610) 432-6481

Dialog

Practical Programming and the Independent Living Experience

Robert M. Robertson Jr. M.S.W., L.S.W.

Practical programming is reality based. It is doing what works best for the client considering the available resources and the existing environment. It means finding practical solutions for real situations. While it may seem conceptually simple, practical programming requires the special ability of integrating program theory with common sense while anticipating the future. The practical programmer must be equipped to think and act in a pro-active manner.

Programming issues that the practical programmer should anticipate will fall into four general categories: program, process, client and staff. None of the categories are pure. They almost always exist in overlapping relationships with each other. An awareness of the issues in each category will help the practical programmer prepare for future situations. The four categories and their most common issues are presented with practical programming thoughts for consideration.

Program: The Hard Core Issues

Program related issues are usually the most clearly stated and defined. They are discussed in program literature, procedure manuals and are the descriptive subject of program presentations. They are the "hard" core because program issues include the mission, goals, eligibility criteria, rules expectations, and consequences. Once a program is operational program issues are revisited under two general circumstances: (1) planned review/evaluation and (2) when problems occur. Review these issues more often to avoid potential problems.

Eligibility and Acceptability - These concepts often look alike but can be very different. A misjudgment during the screening and intake process often results in different behaviors than the program expects later on when the honeymoon period is over.

Important eligibility and acceptability issues of the intake and screening process are the clients's level of mental health disturbance, degree of resolution of past present issues, drug and alcohol history,

significant acting out behaviors against person and property, refusal and defiance history, and familial investment in sabotaging success.

Collect relevant information from those who will best know the client. Conduct more than one interview using different staff or current clients as the interviewers. Pay attention to your diagnostic instincts. Have a strong intake format which helps identify present and future problem areas. The idea is not to (necessarily) reject clients, but rather to more fully know who you are accepting.

Normative vs. Baseline Programming - Successful planning with clients is a real art. Poor planning usually leads to staff, client and program frustration, problems and delayed client success.

Two types of planning typically occurs within programs. Normative plans are based on staff and/or program expectations of where clients should be as a members of the independent living population. They do not allow for the unique individual who may or may not be at the "normal" IL population level. Baseline plans, by contrast, are based on the client's current skills and abilities. These plans build in realistic time frames for the achievement of realistic and specific goals. Normative planning examples are "developing appropriate interviewing skills" or "development of appropriate social and interpersonal skills." A baseline plan example for a low functioning client with poor interpersonal skills and a history of missing appointments might be "to complete one week of interactions with no more than two major conflicts" and to "attend a minimum of fifty percent of all scheduled appointments."

Baseline planning is always a better choice when staff work with clients individually. Staff must possess the ability to monitor progress and to implement consequences, if necessary. Normative planning is often a better choice when independent living services are primarily educational and are conducted in a group format.

Programmed Phases - These structured progressive levels of achievement allow clients to accept responsibility and earn benefits/ privileges in a sequential manner. This might include beginning in a supervised apartment or group home setting and progressing to a low supervision setting and eventually into total independence. A program may use point systems or checklists to document their clients' progression through the independent living phases.

The "ideal" is different than the "real." Client problems or issues during these phases seldom exist in isolation. Real problems often have extenuating circumstances and before you know it your consideration of them has caused you to violate program rules by creating exceptions and precedents the clients will remind you of when they are the next recipient of an unwanted consequence.

Periodically, revisit your model to consider what really works and what doesn't. Brainstorm obvious (and not so obvious) scenarios which might require program or staff intervention. Consider how rigid or flexible the program and staff will be when similar, but slightly different, situations arise. Consider the various kinds of situations which might warrant a return to a previous level, discharge, or other type of consequence.

"Periodically, revisit your model to consider what really works and what doesn't."

Process: The Soft Core Issues

Process issues are "soft" unwritten practices, protocols, methods and procedures which staff use to implement and administer programs. They are "soft" because of their intangible nature and are very connected to philosophical beliefs and values. Typical examples include leadership, management, change and community relationships.

Soft process issues have a tendency to become entrenched as unwritten policy. They are seldom thought about or reviewed. They usually fit the characteristics and style of the program's identified leader. Very often the program has an unspoken commitment to maintaining its own process status quo.

Leadership and Management - These tandem qualities guide, direct and control the activities and services of a program. An old saying describes their difference, "a leader is someone who does the right thing and a manager is someone who does things right."

Leadership and management are functionally invisible until a problematic situation occurs. Chronic situations draw special attention to

the leadership and management of a program and often have far reaching implications to all aspects of a program.

Understand the style of leadership and management within a program. Identify the individuals who act as staff and client leaders. Consider their agendas. Observe how these leaders interact (complementary vs. conflictual). Discuss leadership/ management issues after a situation is over to keep a pulse on the need for additional work in this area.

Change - Change comes in two varieties-planned and unplanned. Planned change is the outcome of purposeful review or evaluation. Unplanned change can result from an avoidance of the reviewing, evaluating or managing known program related issues and from being "blind-sided" by problems that could not be predicted.

Both planned and unplanned change stir up feelings among staff and clients because it disrupts the safety and complacency of "business as usual." Unplanned change carries a larger emotional charge because it usually requires a quicker response and often creates defensive feelings in program leaders and staff.

Start managing change by asking staff candidates about change during the interview. Determine in advance a staff person's level of cooperation or resistance to the inevitable process of revisiting issues and evaluation. Affirm change as a constructive process. Recognize that there will always be issues that can not anticipated.

Community and Neighborhood Relationships - Residential programs and their clients are community neighborhood members who have the responsibility to be "good" neighbors and community members. As clients try out their new found independence they may press the limits of acceptable neighborhood behavior. Neighbors often "save up" incidents and vent them to police or community leaders rather than program staff.

Engage in regular communication with surrounding neighbors. Invite them to an open house to answer their questions and address their concerns. Follow up on any complaint. Stay in touch to assure there are no further incidents. Neighbors want to believe the program has control over its own clients.

Clients: The Wild Card Issues

Clients come to independent living programs because they have had unsuccessful lives at home and in their community. Clients may have experienced poor and/or inconsistent parenting, victimization, the inadequate provision of basic needs, school failure, delinquency, mental health problems, diminished self-esteem, conflicting messages about what is right or appropriate, and a lack of real dreams. Positive client qualities include survival instincts, survival resiliency, some exposure to positive role models and experiences, and, unless they have an anti-social personality disorder, a conscience that encourages them to make the right choices and do the right thing.

Clients bring the greatest unpredictability to even the best designed programs with very experienced staff. They are a dynamic force with both known and elusive issues. Some of these issues include secrets and withheld information, mental health problems, defiance-compliance, sexuality, and struggles with success and failure.

Secrets and Withheld Information - Clients control, self-protect, test, trust, and maintain emotional safety with what they share and withhold. General areas of secrets tend to fall into the general categories of sex (abuse, pregnancy, sexuality, etc.), love, and crime (past and present). Clients may become the victim or the perpetrator while in the program. Neither is particularly appealing when framed in the context of consequences. The implication for the client is that it presents an unwanted opportunity for reenacting a failed adult-child relationship with the program staff.

Conduct a thorough information collection and verification process. Use the program's best clinician and diagnostician for intake interviews. Follow-up with key prior agencies and individuals.

Mental Health Problems - Failed childhood and adolescent experiences frequently create varying degrees of mental health problems such as depression, suicidal ideation, drug and/or alcohol use and abuse, and other self-destructive behaviors. Clients bring their resolved and unresolved issues with them to the program. These issues may get acted out or lie dormant until some event triggers them.

Make sure that staff know and understand their clients issues, the types and lengths of behavioral cycles, and the type of events that previously triggered acting out behaviors. Knowing this enables staff to extend desired behaviors and pro-actively plan for interventions when expected undesirable behaviors occur.

Defiance-Compliance - Clients who are stuck at either end of this continuum will likely have mental health issues. Rebellion is an expected developmental feature of adolescence. An outstanding history of defiance and refusal is a sign you can anticipate social and interpersonal problems in school, on the job, with other clients and with program staff. This is often related to client trust and control issues. Clients experienced in defiance and refusal are well rehearsed, have no problems upping the stakes, and usually win through outlasting others. Overly compliant clients often do well with staff but are often victimized by others.

Remove the "win/lose" context of situations. Provide choices that preserve client dignity and respect. Never make it personal for the staff and the client. The clinical counseling process serves an important function in helping client's resolve and manage their emotional and psychological issues. Resolution in this area will likely have a more positive impact on success than the acquisition of tangible living skills.

Staff: The Disciples of Success

Staff are on the front line of program services and have the primary responsibility for engaging the client in a trusting relationship. They have the dual responsibility of both acknowledging growth and success and implementing consequences. They hold a great deal of power and control. To some clients, they personify the "good" or "bad" parent. Staff also bridge the realities of the client world and the expectations of the administrative world.

"Remove the win/lose context of situations. Provide choices that preserve client dignity and respect."

Recruitment and Hiring - Good personnel decisions in the beginning will minimize future personnel related problems. This includes being clear on the program's unique needs (ethnic and cultural diversity, parenting experience, treatment skills, etc.) and the type of staff which can best meet those needs. Issues of staff age, experience, educational level, and flexibility must be considered. The program budget may also help define the type of staff a program can recruit.

Clarify within the context of your program design the important differences between younger and older staff, experienced and less experienced staff, and parenting and non-parenting staff. Do not fall victim to the myths that all younger staff will relate better to adolescents or that all experienced staff will be able to handle problem situations better.

Control - Clients and staff deal with control on a daily basis. How much is enough? When do you let clients fail? These are important staff issues. Staff have a personal investment in client success since it is the desired program outcome and is often a staff evaluation criteria.

When clients become uncooperative, staff may become more controlling in an effort to "guide" them in a more desired direction. Staff control issues may get in the way of the client experiencing necessary consequences for their behaviors and actions, a necessary part of the independent living process.

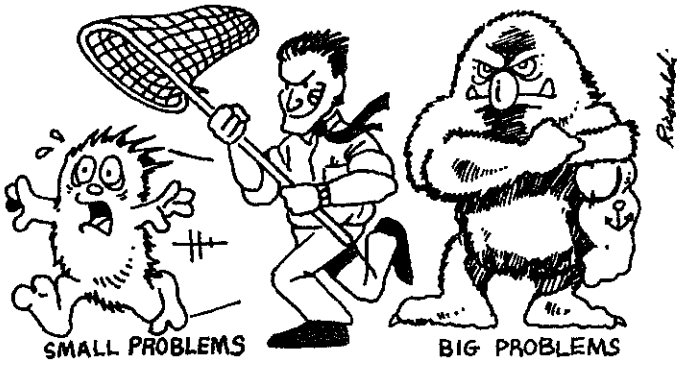
Make sure that all staff know and understand the mission/ philosophy of your program. Acknowledge that most staff experience some difficulty with control and letting go. Use staff meetings as forums for discussion on this topic. Use supervisors to help staff identify and manage their control issues.

While there are many practical programming issues and strategies, it is important that program administrators think pro-actively. It is also important to understand that problems and deficiencies are only a part of the whole person, system or program. Each person, system and program also has strengths and assets that must be incorporated into the planning process. When applying practical programming, it is most important of all to be real.

Editor's Note: Robert Robertson, Jr. is the Associate Executive Director of Valley Youth House with 11 years of program management experience. For more information about this approach to program management you can contact Mr. Robertson at Valley Youth House, 524 Walnut Street, Allentown, PA 18101, (215)432-6481.

Ideas For Program Management

Practical Problem-Solving



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Problems come in several forms. Some are the "here and now" kind that require immediate attention and quick thinking. Others are looming on the horizon just biding their time. If you believe there is a realistic chance that a potential problem can actually happen, it is worth problem-solving. Advanced problem-solving, at best, may eliminate potential problems and, at worst, prepare you for them when they materialize.

Ground Rules -

Be inclusive. Be flexible. Utilize basic brainstorming techniques even if you are alone. Seek consultation if necessary.

Problem Identification -

Spend time figuring out what really is the problem. Ask important questions like:

1. What do I think the problem is?
2. Who is involved? Why is it a problem for them?
3. What type of problem is it (people, process, system, etc.)? How is it a problem?
4. Are other problems related to it?
5. How big is the problem? How big is it for others involved?
6. What do I want as an outcome?
7. What will happen if I do nothing? Will it stay the same, get worse, or go away? How long will it take to happen?
8. What happens if it gets solved? Will there be an new problem uncovered?
9. Where is the problem (internally, externally, or both)?

If you are working with a group of people, consider dividing up the group to represent the different perspectives (staff, clients, external groups, etc.). Use role play to identify the various perspectives of the problem. This can be accomplished alone by simply "jumping into the other person's shoes" and trying to think as they would.

Problem Analysis-

Reduce all known or generated possibilities to the best one, two, or three. This is helpful for generating alternative solutions in the event your best choice was incorrect.

Solution Alternatives -

A helpful strategy before implementation is to "play-out" both likely and unlikely scenarios to anticipate possible outcomes. Return to the "role play" characters. Have the characters anticipate their responses to the solution choices. This will help validate or negate your solution(s) and fine tune the alternatives.

The solution alternative process is an vital part of being pro-active. It reduces the likelihood of a bad choice.

Solution Implementation-

Activate the chosen solution. Remain attentive to the actual responses when implemented. A basic rule is to be patient, but not over committed so that if the solution is not working you can shift gears to an alternate plan. Shifting gears prevents making the problem worse than it already is.

Solution Assessment -

Evaluate the outcome of your chosen solution. It may indicate a need for beginning the process again.

Leftovers-

Practical problem-solving is as big or small as one wants to make it. Most problems are solved in an unconscious or automatic mode because they are small and do not have significant consequences if you are wrong. Practical problem-solving is best suited for the medium-to-large problems which programs face in providing services to clients and in dealing with external forces that can have an impact on the program.

Practical Problem-solving's simple but comprehensive format helps capture important perspectives and related issues. It proactively provides a clearly thought out solution strategy for assuring a successful outcome.■

Advanced Independent Living Thinking, Strategies, and Techniques

Robert M. Robertson, Jr., M.S.W., L.S.W.

Advanced thinking is changing the rules, stepping outside the traditional, bending the alternative, and daring to constructively go where few have gone before. It is relative to what one already knows or believes they know. It implies an ability to look ahead or beyond what seems apparent or obvious. It requires the ability to step out of one's own experience of immersion in order to see with *naïve eyes* that which can be. It recognizes there is no end to a process in which you either rise or are pushed to new levels that are constantly unfolding before and around you and others. Your comfort with the speed and direction of the process will determine where you fit into that process.

Cognition and experience drive the engine of advanced independent living thinking. Cognition without an ever-expanding experiential foundation is an empty "what if?" Experience without cognition is work without meaning. However, together they create an experience with form, texture, meaning, and feeling that is living, breathing, and growing with all its possibilities, successes, and failures.

Advanced Independent Living Thinking, Strategies, and Techniques takes a closer look at many IL themes that can lead a program to greater youth success; increased staff performance, satisfaction, and retention; greater experiential diversity for youth clients and staff; and an ever evolving positive program model unique to the sponsoring organization.

Philosophy: You Are and Do What You Think

While organizations have clearly defined missions and general philosophies of their treatment or service models, programs refine those to fit the unique nuances of their particular populations needs and type of services. While an organization may define itself philosophically as a community based positive youth development organization, their independent living program will have more specific beliefs and philosophies about the way they think about and serve older adolescents preparing to transition to independence. A great deal of this has to do with the practical realities of providing independent living services.

Unlike typical counseling services which often focuses on insight, problem-solving and resolution, IL services requires youth to actually *do* the work as a condition and successful outcome of participation. Therefore, a clear understanding of those philosophies is critical to any successful IL work with youth.

Understanding and making decisions about whether a program will practice ***real or virtual independent living*** is important. It is analogous to shooting and practicing basketball at the playground alone or with friends versus playing on a real team in a game where performance really counts. An IL program must determine where it wants to be on the continuum of teaching, practicing and actually implementing independent living in the real world. Simple IL program questions in this area are, "How real is my IL presently?", "How real do I want my IL to be?", "What do I have to do to get it to that level?", and "Are my IL clients practicing or living IL?"

Some typical examples in this area include the type of furnishings in the IL sites – are the sites furnished with new or used furniture and are those items typical of what a newly independent youth would likely have when starting out? If the IL provides a TV, what kind and size is it? What happens when it breaks? Who pays for the cable? How do youth get to appointments, really important appointments, really important appointments they need to be at? How much rescuing does staff do with youth to assure those outcomes? Do staff implement the program philosophy consistently? At all?

System youth who often come to IL programs often present attitudes of ***entitlement and dependency***. An attitude of expectation often develops from having had foster parents, group home staff, or caseworkers regularly meeting their material needs. If their behaviors were problematic they were often excused or rescued because of their life history and circumstances. IL staff often foster issues of entitlement and dependency through projecting sympathy with a youth's difficult life. Somehow they believe youth will perform better if they get a break or they will respect them more if they do more for them. Youth are often experts at reading worker vulnerability and may push them in that direction because if they can get someone else to do it, they will not have to. The real world they will shortly be entering cares about *performance*. Their success will rise and fall on their own performance.

Advanced thinking dictates an IL must reconcile its expectation in the area of attitudes of entitlement and dependency among youth participants and staff. This does not mean an IL should be intolerant of such attitudes, but rather examine whether their overall attitude facilitates growth or creates a barrier to it. In other words, are IL staff consistent with the independent living philosophy or do they encourage or feed into youth dependence and entitlement? If it is not working, staff and clients should remember that if they keep doing what they do, they will keep getting what they got.

Change occurs in many ways within organizations and programs. In general, it is either ***planned (proactive) or reactive change***. Planned change comes from a sense of visioning where one wants to go and directed review of whether one is still on course or whether the course needs to be adjusted. Reactive change generally occurs in response to

specific events or situations which are or expected to be problematic. New thinking may be initiated from a particular event or situation which propels review and change beyond simply addressing a specific situation. The process of being planful involves seeking or acquiring new information through training, consultation, site visits; reflecting on or reviewing what is and is not working; and assuring IL practice is organizationally and programatically consistent.

Program philosophy as to what creates ***success and failure*** is often overlooked as a guiding principle of IL practice and protocol. For example, if an IL followed the simple William James success-failure model (a successful individual is a person who has at least one more success than failures) they would organize their program and practice around providing ongoing opportunities for youth to experience success as a foundation of their self-esteem. Positive youth development is the current extension of that principle. For an IL program it translates into both providing opportunities and viewing and using natural consequences (which are often seen as negative outcomes the youth must experience) as opportunities for success.

A final general advanced thinking philosophy for an IL program is whether instilling a sense of social conscience or responsibility is important or consistent with IL programming. In the most basic way this involves ***community service*** and a personal appreciation for and philosophy of giving back. For many youth who have life experiences of system dependency and who believe others "have to" do things for them, it is often an alien concept that there are personal and social rewards for helping others or working to make the world a better place. Within this *brother's keeper* mindset they begin to see that life is really ***interdependent living***, that we all rely and depend on others, and that we all have some responsibility to others and to the world around us in which we live.

Advanced thinking is to develop, know, and share your philosophy and principles with your staff, clients, other programs, and everyone. Those philosophies and principles will guide you in troubled times, through difficult decisions, and into the future. Give others a reason to be believers. Excellent IL programs grow around them, they do not make them up as they go.

Staffing: The Professional Reaping and Sowing Thing

Staff job descriptions and performance evaluations are the professional and organizational equivalent of client IL plans which describe responsibilities, goals, and expectations. It is not uncommon, however, for IL programs to be inconsistent and model two different standards. Poorly performing staff are often provided endless opportunity to improve their performance despite gut level supervisory instinct that they will never rise to the desired level of performance. Poorly performing youth clients are often jettisoned from IL programs faster than alien creatures in a low budget space movie. Youth retreating to unproductive old behaviors and resistant to change are sent to therapy. Staff practicing unproductive behaviors and resistant to change get to blame it

on their youth clients and supervisors often accept or tolerate such performance. The relevant IL question for consideration is whether there is organizational consistency between expectations for youth and staff. If so, in what areas and if not, why not?

In general, the theme of **organizational consistency** between expecting staff to practice positive youth development and organizational staff development is discussed in greater detail by Robertson (1997) in *Walking the Talk: Organizational Modeling and Commitment to Youth and Staff Development*. Advanced thinking since the article furthers the analogy between youth seeking to enter the job market for the first time and the beginning professional at the entry level of their career. While the beginning professional is more educated and practiced in the hiring process, both require goals, good supervision, opportunities for growth, practical experience, and a setting that will be more encouraging than punishing, more real than virtual, more opportunistic than closed, and more career oriented than stepping stone oriented.

Whether an IL program views its **staff positions as *entry* or *career*** makes a big difference in areas of turnover and retention, morale, program consistency, and budget. These important clues let staff know whether positions are stepping stones to something else, in which case tenure is shorter, or long term where staff can settle in, grow with the program, and expect to be paid a livable salary for the important work they do. It recognizes that the cost of recruitment in high turnover situations may actually pay for the increased salary of a stable staff. Likewise, it requires that organizations may have to identify supplemental funding to support this value.

One of the big changes that positive youth development has brought to IL programs is the opportunity for **peer counselors**, both as paid and unpaid staff. The general concept can easily be expanded to a variety of other roles within an IL program or organization. This can include the more traditional peer counselor role, support staff, tutor, aide, and residential assistant or advisor. This can provide meaningful supervised opportunity for youth as well as an affordable complement to IL staff.

There is an emerging understanding of the **relationship between staff personality type and their ability to successfully implement a positive youth development (PYD) approach**. While there are a variety of models for measuring and describing personality types the most simplistic to understand for overview purposes is the continuum of personality types B and A. On the continuum, the more extreme A's appear to experience the greatest difficulty in actualizing PYD. In general, those type A staff tend to be more goal and compliance rather than process oriented, more focused on outcomes, and more focused on immediate events, situations, and behaviors than their meaning. An additional generalization is that type A staff tend to be more impatient and experience frustration when youth clients fail to perform as expected. Their natural consequences with IL youth often ends up being more punishment rather than teaching oriented.

The practical implications for an IL program is that type A staff tend to see youth problems more as resistance than safety or lack of opportunity related, tend to advocate more for dismissal for poor performance or noncompliance with program rules, tend to

experience higher levels of burnout and turnover, tend to escalate situations with youth over power and control issues, and tend to require more supervisory time for undoing, teaching and redirecting. In the most basic sense, extreme type A's tend to have more difficulty using and integrating PYD than type B's because of their personality. Additionally, supervisors should be attentive to the possible implications of matching type A staff with type A youth.

Advanced thinking is to spend more time up front in the recruitment, screening and hiring process so you really get the staff person you think you are getting. You may be able to make lemonade out of lemons later on, but sometimes even cold lemonade won't quench your thirst.

Program Design: Practical Experience Meets Best Intentions

In considering advance thinking in program design the natural presumption is that a basic model is already developed and in operation. The goal is to refine or tweak, build it out or back, or improve it or aspects of it to the next higher level of successful performance. That would be the *best intentions.* The practical experience is what the program or others can offer based on their own or known experiences. The goal is to divine some meaning from that intersection (intention and experience) that will guide the process successfully to a higher level.

A practical design issue is whether the IL program model will be one of ***maintenance or research and development***. A maintenance model IL program, even if started within a state of the art IL context, tends to continue within that defined design with some minor adjustments as needed. Over time, failure to readjust, retool, and rethink the model creates programmatic staleness that can lose its effectiveness as the type and issues of youth clients change. The research and development model IL program implements the program as a dynamic *living laboratory* which continually adjusts and evolves the design based on what the program learns and experiences. This may create a dilemma for staff who have difficulty managing a changing environment and expectations for the way they provide services to their youth clients.

An additional opportunity that comes with the research and development model is diversity of services and settings that an IL uses and develops. As new needs, themes, and successful experiences of service variations occur an IL program can be offering these emerging service needs to funders/customers. Providing services in this way will identify the program as cutting edge or bleeding edge. On the advanced side of the program model or service continuum one can identify programs as ***state of the art*** (implementation within a current best practices model), ***cutting edge*** (one of a few who are practicing emerging service models or practices), or ***bleeding edge*** (a leader who is developing and implementing services that are unique and untested). In general, bleeding edge programs take greater risks but also have greater opportunities for successfully capturing new funding, organizational notoriety, and the ability to impact policy and practice on a variety of levels. They also have the greatest opportunity to experience

failure if they choose an unsuccessful direction or practice model.

Advanced thinking is that adventurers and warriors go boldly where no IL has gone before. Take a first aid kit along for the cuts, wear thick skin to protect you from the neysayers, think through the journey well before you leave, and have a good escape plan in case it gets hostile or you get lost.

Program size presents both challenges and opportunities. Growing or shrinking in short periods of time tends to intensify such challenges and opportunities. It is most likely that IL program growth will come as a result of community need for such services. The smaller an IL program the more manageable it tends to be. This also translates to less community visibility, better communication among fewer staff, and greater control over the flow of referrals and outcomes. It also tends to mean a smaller customer and funding base and less resources and opportunities for customizing services.

By contrast, larger programs tend to have a larger IL service continuum to better meet individualized client needs, greater financial and staff resources, more community opportunities, and increased visibility which can positively or negatively impact a program depending on the community's experience with the program and its clients. Size and resources permit IL programs to develop new internal services, such as educational day programs and expanded life skills services which complement existing IL services.

For the IL director it often creates a hierarchy which further distances them from their own staff and clients. It requires the training and development of supervisory staff who share and practice the same IL culture. It almost always requires the director to spend more time completing the increased administrative responsibilities and problems that come with a larger IL program. In summary, the bigger you are the greater distance between the director and their staff and youth clients.

Advanced thinking is that IL programs need to be extremely planful in the speed and size and direction they grow. Seek consultation and advice because the type of problems that can occur are often hidden to eyes focused on the end of the tunnel rather than the dark and poorly lit tunnel walls.

In considering or reconsidering program design, program autonomy and the ***IL program's relationship to other programs*** deserves further thought. Analogous to the independence versus interdependent life model that IL programs discuss with their clients, IL programs are distinct programs which operate within organizations and the community. How clearly, tightly, or dependent the IL program is related to other programs internally and externally depends on many factors.

Family and Youth Services Bureau (FYSB) funded transitional living programs have a natural relationship to basic centers (runaway shelters) and street outreach programs because of the common referral base among them. Within an IL program's organization there may be other natural relationships based on the provision of counseling, employment, drug and alcohol, pregnancy prevention, education or other services. Other

formal or informal relationships likely also exist. Whether an IL program is cooperative with other community IL programs can foster or hinder the sharing of resources. An example would be cooperation between IV-E and TLP independent living programs.

Advanced thinking is that there is more to be gained by fostering cooperative (interdependent) relationships which share resources than remaining (independently) isolated; even if that means the IL program has to use some of its own valuable resources to achieve this. However, be smart and practical in developing such relationships. You are looking for a healthy friendship, not a marriage.

Program Implementation: Where the Rubber Hits the Road

While there is a seemingly endless list of program implementation issues, advanced thinking, strategies, and techniques will be limited to only a few key implementation areas. They are the areas of time use, modeling, use of supervision, and how youth leave an IL program.

How IL staff spend their time is a clue to how program services are implemented. To understand this, one simply needs to consider the breakdown of day to day activities. This applies to direct service as well as supervisory staff. If staff spend a significant amount of time fighting fires, dealing with problem behaviors, and managing problems that would tend to minimally indicate that the individual staff member or the program is more reactive than proactive. Conversely, staff who spend more time figuring out who the client really is as an individual and planning for likely behaviors and opportunities will likely have both a higher success ratio with clients as well as better client and community relations.

A clue within the supervisory process is whether the IL staff person is overproductive in telling stories, explaining why things have not occurred, and leaving it up to the supervisor to discover what is not going well or whether they are focusing on actual themes, their role in the work, and opportunistically problem-solving with their own ideas.

Advanced thinking for the supervisor is to focus more on the meaning and theme of behavior rather than the distraction of the stories.

Similarly, ***staff modeling*** creates an unspoken tone and expectation for everything from interpersonal relationships to solving problems. This modeling includes being optimistic, showing and taking responsibility, being on time, making it safe to trust and address difficult personal issues, being opportunistic, and not defaulting to the worst scenario and behavior in anticipation of some unknown outcome.

Advanced thinking is that staff have to be who they want youth clients to become.

Supervisors and directors need to understand their role. Supervisors have many hats to

wear and roles to fill which include administrative, clinical, and financial; usually in some combination of all three. Additionally, they need to consider whether their dominant style is one which manages or leads. This will help define the roles of others within the IL program. For example, an IL supervisor or director whose dominant style is leadership may rely on others more heavily for day to day detail completion while a manager director or supervisor may need others to help vision the bigger IL picture. An ideal team is one which complements each other in style rather than one which competes with itself.

Within the supervisory process one needs to be sensitive to the individual needs, strengths, and growth areas for oneself and those he or she supervises. Subtle differences include ***teaching versus refreshing***. New staff require more teaching in the areas of IL program culture, policies, procedures, and unwritten practices of the IL program. Over time it is important to remember it is not the need for knowledge acquisition that changes, but the type and style of teaching. Additionally, it is important to remember the role of refreshing all IL staff with those core principles and practices that often get lost in the ruts and routines of experience and proficiency.

Advanced thinking is that even seasoned staff need refreshment to stay IL fit. Failing growth curves are poorly tended supervisory gardens. It is easy to forget to feed the champion flowers if you spend a lot of time pulling weeds.

Knowing when an IL youth is done with IL services sounds simple enough as a concept. This often depends on whether an IL program provides services within an *individualized planning model* or a *program completion model*. The program completion model usually requires that all youth, regardless of their varying skill levels, complete the same tasks or groups before *successful* graduation from the program. The individualized planning model requires staff to figure out what a youth needs to be independent, making flexible concrete goals, and working toward successfully completing those goals. The youth is finished when they have completed their goals regardless of how long or short the timeframe. There is, therefore, no defined length of service, predesignated number of groups, activities, or tasks that apply to all youth clients.

Advanced IL thinking is to give IL youth only what they need to be successfully independent. Anything beyond that is a program and staff issue which has nothing to do with the youth.

Assisting IL youth whose behaviors continue to run in opposition to their goals and program expectations is one of the most challenging issues for any IL program. Every program has its own line drawn in the sand where enough becomes too much. What happens approaching that point of no return defines how committed an IL program is to positive youth development. The traditional response is *rules are rules* and crossing the line means ***termination from IL program services***.

Advanced IL thinking challenges the *rules are rules* notion with individualized planning for the likelihood of such occasions. While an IL youth may not be able to remain in a

group IL apartment or house site because of the effect and outcomes of their behaviors, it should not necessarily mean that their participation in IL services ends with their departure from an IL site. Advanced thinking in this area is to consider a ***fast-tracking approach*** which accelerates a youth's transition to a non IL site with the continuation of IL services. This includes assisting the youth in identifying and securing a place to stay or live and continuing the individualized life skills and counseling during and after this critical time. Experience has demonstrated that many of the most challenging IL youth rise to this new opportunity because it feels like their only real option.

Advanced IL thinking is to eliminate termination from program services as an option for program staff. It forces IL staff to be more creative and resourceful during the times it is most needed. It challenges youth to be responsible for the reality of the situation they created and emphasizes interdependence over independence in the problem-solving process.

Funding: You Got To Pay To Play

A simple rule of program funding is that the more diversity there is in the types of funding sources, the more secure the program will be. The implication of this philosophy is that an IL program will need to be flexible enough to meet the varying needs and requirements of each funding source. The reality is that such flexibility requires a great deal of stretch in areas such as the type of youth an IL program will accept for services, the variety of services they will offer, how hard they will try to keep the most difficult youth when things start going sour, and how flexible they will be to developing new or expanded services to meet new needs.

Such flexibility comes at a cost. Cookie cutter IL programs do not do well in being flexible. They have difficulty attracting new funding sources because of the limitations and boundaries they impose in all aspects of the program. Creative IL programs have a different challenge in managing how quickly they want to grow and whether the types of services potential funders request fit the culture and philosophy of the IL program.

Advanced IL thinking challenges programs to think about what it is that they really do, who are and could be their clients, what are the realities of their community that creates a need to serve those clients, why is it no one is already serving those clients, and what happens to those clients if they do not get served? While everyone talks about stepping outside the box, few do because the job is busy, it takes work, and there is no guarantee of any payoff for doing it. Be bold, go where no one has gone before; there really is someone waiting there with clients and money to pay you to serve them.

Summary: The Rest of the Story

No matter how good you think you are or how much you know about IL there is so much to be advanced, uncovered, discovered, and developed. It is the never ending story which

continues to be written by staff and programs who dare to be different.

It sounds easy, but it isn't. It sounds difficult, but it isn't. It feels scary, but it isn't. So what's the trick? Think small! Just as you need to make it safe for IL youth to change and grow to a place they have trouble imagining, you have to make it safe for staff, the program, and the agency to grow to a place they think they can successfully go. Think small! *Baby steps* if that works for you.

And now the confusing part. Think BIG! It is the vision, the quest, the journey, the ideal, the *what if*. The BIG picture is that you need to know the direction. The speed, route, and destination is up to you. Keep it safe; that is the *think small* part. Enjoy yourself and others will want to join you.

Final advanced IL thinking is borrowed from an unknown source, if you're not standing on the edge, you're taking up too much room.

Advanced Independent Living Thinking, Strategies, and Techniques (Part 1)

Robert M. Robertson, Jr., M.S.W., L.S.W.

Advanced Independent Living Thinking, Strategies, and Techniques takes a closer look at many IL themes that can lead a program to greater success with youth; increased staff performance, satisfaction, and retention; greater experiential diversity for youth clients and staff; and an ever-evolving positive program model unique to the sponsoring organization.

Advanced thinking means changing the rules, stepping outside the traditional, bending the alternative, and daring to constructively go where few have gone before. It is relative to what one already knows or believes they know. It requires the ability to step out of one's own experience of immersion in order to see with naïve eyes that which can be. It recognizes there is no end to a process in which you either rise or are pushed to new levels that are constantly unfolding before and around you and others. Your comfort with the speed and direction of the process will determine where you fit into that process.

Philosophy: You Are and Do What You Think

While organizations have clearly defined missions and general philosophies of their treatment or service models, programs refine those to fit the unique nuances of their particular populations' needs and type of services. While an organization may define itself philosophically as a community-based, positive youth-development organization, their independent-living program will have more specific beliefs and philosophies about the way they think about and serve older adolescents preparing to transition to independence. A great deal of this has to do with the practical realities of providing independent-living services.

Understanding and making decisions about whether a program will practice *real or virtual independent living* is important. It is analogous to shooting and practicing basketball at the playground alone or with friends versus playing on a real team in a game where performance really counts. An IL program must determine where it wants to be on the continuum of teaching, practicing, and actually implementing independent living in the real world. Simple IL program questions in this area are, "How real is my IL presently?", "How real do I want my IL to be?", "What do I have to do to get to that level?", and "Are my IL clients practicing or living IL?"

Some typical examples in this area include the type of furnishings in the IL sites — are the sites furnished with new or used furniture and are those items typical of what a newly independent youth would likely have when starting out? Who pays for the cable? How do you get to appointments, really important appointments? How much rescuing does staff do with youth to assure those outcomes? Do staff implement the program philosophy consistently? At all?

System youth who come to IL programs often present attitudes of *entitlement and dependency.* An attitude of expectation often develops from having had foster parents, group home staff, or caseworkers regularly meeting their material needs. If their behaviors were problematic, they were often excused or rescued because of their life history and circumstances. IL staff often foster issues of entitlement and dependency by projecting sympathy with a youth's difficult life. Somehow they believe youth will perform better if they get a break, or they will respect them more if they do more for them. Youth are often experts at reading worker vulnerability and may push them in that direction because if they can get someone else to do it, they will not have to.

Advanced thinking dictates an IL must reconcile its expectation in the area of attitudes of entitlement and dependency among youth participants and staff. This does not mean an IL should be intolerant of such attitudes, but rather examine whether their overall attitude facilitates growth or creates a barrier to it. In other words, are IL staff consistent with the IL philosophy or do they encourage or feed into youth dependence and entitlement?

Program philosophy as to what creates *success and failure* is often overlooked as a guiding principle of IL practice and protocol. For example, if an IL followed the simple William James success-failure model (a successful individual is a person who has a least one more success than failures) they would organize their program and practice around providing ongoing opportunities for youth to experience success as a foundation of their self-esteem. Positive youth development is the current extension of that principle. For an IL program, it translates into both providing opportunities and viewing and using natural consequences (which are often seen as negative outcomes the youth must experience) as opportunities for success.

A final general advanced-thinking philosophy for an IL program is whether instilling a sense of social conscience or responsibility is important or consistent with IL programming. In the most basic way, this involves *community service* and personal appreciation for and philosophy of giving back. Within this brother's keeper mind set, they begin to see that life is really *interdependent living*, that we all rely and depend on others, and that we all have some responsibility to others and to the world in which we live.

Advanced thinking is to develop, know, and share your philosophy and principles with your staff, clients, other programs, and everyone. Those philosophies and principles will guide you in troubled times, through difficult decisions, and into the future. Give others a reason to be believers. Excellent IL programs grow around them, they do not make them

Staffing: The Professional Reaping and Sowing Thing

Staff job descriptions and performance evaluations are the professional and organizational equivalent of client IL plans which describe responsibilities, goals, and expectations. It is not uncommon, however, for IL programs to be inconsistent and model two different standards. Poorly performing staff are often provided endless opportunity to

improve their performance despite gut level supervisory instinct that they will never rise to the desired level of performance. Poorly performing youth clients are often jettisoned from IL programs faster than alien creatures in a low-budget space movie. Youth retreating to unproductive old behaviors and resistant to change are sent to therapy. Staff practicing unproductive behaviors and resisting change get to blame it on their youth clients, and supervisors often accept or tolerate such performance. The relevant IL question for consideration is whether there is organizational consistency between expectations for youth and staff. If so, in what areas, and if not, why not?

Whether an IL program views its *staff positions as entry or career* makes a big difference in areas of turnover and retention, morale, program consistency, and budget. These important clues let staff know whether positions are stepping stones to something else, in which case tenure is shorter, or long-term, where staff can settle in, grow with the program, and expect to be paid a liveable salary for the important work they do. It recognizes that the cost of recruitment in high-turnover situations may actually pay for the increased salary of a stable staff. Likewise, it requires that organizations may have to identify supplemental funding to support this value.

There is an emerging understanding of the *relationship between staff personality type and their ability to successfully implement a positive youth development (PYD) approach.* While there are a variety of models for measuring and describing personality types, the most simplistic to understand for overview purposes is the continuum of personality types B and A. On the continuum, the more extreme A's appear to experience the greatest difficulty in actualizing PYD. In general, those type-A staff tend to be more goal- and compliance- rather than process-oriented, more focused on outcomes, and more focused on immediate events, situations, and behaviors than their meaning.

The practical implications for an IL program is that type-A staff tend to see youth problems more as resistance than safety- or lack-of-opportunity-related, tend to advocate more for dismissal for poor performance or noncompliance with program rules, tend to experience higher levels of burnout and turnover, tend to escalate situations with youth over power and control issues, and tend to require more supervisory time for undoing, teaching, and redirecting.

Advanced thinking is to spend more time up front in the recruitment, screening, and hiring process so you really get the staff person you think you are getting. You may be able to make lemonade out of lemons later on, but sometimes even cold lemonade won't quench your thirst.

Advanced thinking is to spend more time up front in the recruitment, screening, and hiring process so you really get the staff person you *think* you are getting. You may be able to make lemonade out of lemons later on, but sometimes even cold lemonade won't

Editor's Note: Bob Robertson is the Associate Executive Director of Valley Youth House in Allentown, PA. He has eighteen years of program-management experience and has contributed many articles to *Daily Living*. For more information about the Valley Youth House Independent Living Program, you may contact Bob Robertson at 610/ 432-6481 or write to him at 524 Walnut Street, Allentown, PA 18101. Look for Part 2 of this article in the next issue of *Daily Living*. ■

Share Your Experience With Others

If you have enjoyed reading about the experiences of other youth programs in this issue of Daily Living, consider sharing some of your own.

The knowledge you have gained from working with youth in your community can benefit others who are just starting in the field.

Send us an article describing the unique features of your program, share your tips for working with teens, or tell us about one your most interesting life skill activities.

Daily Living
202 West 8th Street
Tulsa, OK 74119
Phone: 918/ 585-2986
FAX: 918/ 592-1841
Email: dansell@ou.edu

Websites

Visit Our Links Page –
http://youthlifeskills.nrcys.ou.edu
To Find These Sites

http://www.ummed.edu/main/resource/nexus.htm

Project Nexus — Information on an experimental program funded on a three-year grant from a private foundation. Project Nexus differs from standard case management by bridging some of the financial gaps inherent in Federally funded programs. For instance, they can use project funds to help pay for a security deposit on an apartment or for bus fare.

http://www.iglou.com/kbhc/cfi.htm

Center for Independence — A program of the Kentucky Baptist Homes for Children, the Center has several programs geared toward transitioning youth into adulthood. The Transitional Living Apartment Program provides real-time training in taking care of yourself.

http://www.lacdc.org/NEWS/Media advise/coteauop.htm

Emancipated Foster Youth Apartments — an announcement of the opening of a transitional-housing program site. The Community Development Commission used $423,500 in Community Development Block Grant funds to buy the land and $389,777 in Bond Defeasance funds for rehabilitation of the property. They have a goal of developing 300 beds.

http://www.wa.gov/dshs/ils/ils.html

Washington State Department of Social &Health Services Independent Living Skills — This very useful program site has a lot of information for eligible youth. There is an article on IL by Erica Schrack, the State IL coordinator, plus links to a roster of IL providers. There are also email addresses, phone numbers, and addresses in easy-to-find places. Very helpful features are the "Emergency Numbers" section and the link to *On My Own*, the newsletter created by and for teens.

http://www.covenanthouse.com/who/who_pro/who_pro_14.htm

Covenant House Rights of Passage — This site about the Transitional Living Program has a .PDF version of their program guide that can be used as a guide in developing programs.

http://www.omahafreenet.org/boyshome/brochures/trans/trans.html

The Omaha Home for Boys — a privately owned program that is open to any youth that have not been in care.

http://www.ysaofpa.org/

Youth Services Agency of Pennsylvania — a three-phase residential program that allows youth to move at a pace that best fits their level of competence. Phase three is living independently without adult supervision. YSA works from a youth-development model.

http://www.uiowa.edu/~nrcfcp/new/bibs/indep.htm

Bibliography on Independent Living Programs — This is an excellent source for program information from the University of Iowa National Resource Center for Family Centered Planning. It appears to have been compiled in 1999.

Advanced Independent Living Thinking, Strategies, and Techniques - Part II

By Robert M. Robertson, Jr., M.S.W., L.S.W.

Advanced Independent Living Thinking, Strategies, and Techniques takes a closer look at many Independent Living (IL) themes that can lead a program to greater youth success; increased staff performance, satisfaction, and retention, and an ever-evolving positive program model unique to the sponsoring organization. In Part I, we took a look at the philosophy and staff considerations of advanced thinking. In Part II we will discuss program design and implementation.

Program Design: Practical Experience Meets Best Intentions

In considering advance thinking in program design, the natural presumption is that a basic model is already developed and in operation. The best intention is to refine it to the next level of performance. An established program offers practical experience based on an individual's or program's prior history. The goal is to divine some meaning from the intersection of intention and experience that will guide the process.

Consider whether the IL program model will be one of maintenance or research and development. A maintenance-model program tends to continue with minor adjustments as needed. Failure to rethink the model leads to staleness as the type and issues of clients change. The research-and -development-model implements the program as a dynamic laboratory which continually adjusts and evolves, based on what is learned and experienced.

Advanced thinking is that adventurers and warriors go boldly where no one has gone before. Take a first-aid kit along for the cuts, wear thick skin to protect you from the naysayers, think through the journey before you go, and have a good escape plan in case it gets hostile or you get lost.

Program size presents both challenges and opportunities. The smaller the program, the more manageable it tends to be. It also means lower visibility, better communication among staff, and greater control over referrals and outcomes. It also tends to mean a smaller funding base and fewer resources for customizing services.

Larger programs tend to have a larger services continuum to better meet client needs, greater resources, more community opportunities, and increased visibility. Size and resources permit programs to develop new services, such as educational day programs and expanded life-skills services.

Advanced thinking is that programs need to be extremely planful in the speed, size, and direction they grow. Seek consultation and advice, because the type of problems that can occur are often hidden to eyes focused on the end of the tunnel.

Autonomy and the program's relationship to other programs deserves further thought. Within an organization there may be natural relationships based on the provision of counseling, employment, drug and alcohol programs, pregnancy prevention, education, or other services. Whether or not a program cooperates with other

community programs can foster or hinder the sharing of resources. An example would be cooperation between IV-E and TLP programs.

Advanced thinking suggests there is more to be gained by fostering cooperative relationships than by remaining isolated. However, be smart and practical in developing such relationships. You are looking for a healthy friendship, not a marriage.

Program Implementation: Where the Rubber Hits the Road

While there is a seemingly endless list of implementation issues, advanced thinking strategies and techniques will be limited to only a few key areas: time use, modeling, use of supervision, and how youth leave a program.

How staff spend their time is a clue to how services are implemented. To understand this, one simply needs to consider day-to-day activities. If staff spend a significant amount of time fighting fires, dealing with problem behaviors, and managing problems, that would tend to indicate the staff or program is more reactive than proactive. Conversely, staff who spend more time figuring out who the client really is and planning for likely behaviors and opportunities will likely have both greater success with clients and better community relations.

A clue to supervisors is when staff explain why things have not occurred and leave it up to the supervisor to discover what is not going well.

Advanced thinking for the supervisor is to focus more on the meaning and theme of behavior rather than the distraction of the explanations.

Summary: The Rest of the Story

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Just as you need to make it safe for IL youth to change and grow to a place they have trouble imagining, you have to make it safe for staff the program and the agency to grow to a point that they think they can successfully go. Baby steps, if that works for you. And now the confusing part. Think BIG! It is the vision, the quest, the journey, the ideal, the what-if. The BIG picture provides the direction. The speed, the route, and destination is up to you. Keep it safe — that is the think-small part. Enjoy yourself and others will want to join you. Finally, advanced IL thinking is borrowed from an unknown source. If you're not standing on the edge, you're taking up too much room.

Editor's Note: Bob Robertson is the Associate Director of Valley House in Allentown, PA. He has eighteen years of program-management experience and has contributed many articles to Daily Living. *For more information, you may contact Bob Robertson at 610/432-6481.* DL

Valley Youth House: Bethlehem, Pennsylvania Lessons Learned On The Independent Living Continuum

All roads for independent living programs and the clients they serve are fraught with predictability and surprise. Commitment and preparation for their respective trips will greatly reduce the number of surprises they experience along the way. Their ability to adapt to those surprises and learn from the variety of experiences they have and mistakes they make will often be a good predictor of success. These evolutionary transitions are important lessons for both independent living programs and their clients.

Thirteen years of independent living lessons have provided Valley Youth House with important insights and perspectives on providing independent living services to at-risk older adolescents. Incorporated as a private, non-profit agency (1973), Valley Youth House began providing shelter services to runaway and homeless youth in the Allentown, Bethlehem, and Easton areas of Pennsylvania. Aftercare out-client counseling services (Adolescents and Families Together) followed in 1977 with the Independent Living Program being added in 1978. Presently, the agency's five service programs additionally include an intensive in-home treatment program (Family Preservation) and a licensed drug and alcohol prevention and education program. Annually, more than 2,000 youth and families are served agency wide.

Program Service Transitions

Valley Youth House initiated one of Pennsylvania's first independent living projects in 1978. The original project began as an out-client program with the mission of preparing older adolescents for their (often premature) independence.

Program services were primarily provided by a corps of community volunteer Independent Living Aides specifically recruited and trained for providing individualized independent living skills training and support. Counseling services were provided to all independent living clients by the agency's out-client counseling program.

Most referrals came from child welfare, juvenile justice, community agencies, and self-referred youth. Unlike much of the current literature that describes the primary target population as (former) foster care youth, VYH's program served many non-foster care youth. In many ways, youth without foster care histories presented the more difficult clients.

Foster care youth generally attended school before discharge and had more positive role modeling by foster parents, caseworkers, and counselors. They also had more opportunities for successful experiences in foster care than non-foster care peers who had little or no support, few opportunities, and a school experience that frequently served as an arena for failure before dropping out.

An ongoing difficulty for the program director was the recruitment of community volunteers willing to make a one year commitment to their assigned youth. A positive aide-client match was crucial and supportive relationships frequently continued long after official program services ended.

From the beginning the program retained a strong assessment and structured (but flexible) skill training format. Intake assessment and service planning were rooted in clinical process as a way of understanding the client in a more holistic and systemic context. Historically, the agency maintained a commitment to client outreach and alternative services.

Time and experience demonstrated that while independent living services

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Valley Youth House
(continued from previous page)

could be successfully offered on an out-client basis with a well-trained volunteer staff, it had limitations. This approach lacked the benefits of structure and consistency available with a residential setting and professional staff.

Building on a successful knowledge base of assessment, planning, skill training (curriculum), and treatment services, the program enhanced its model design with the addition of two apartments and full-time staff (counselor and resident advisers) in 1988. The curriculum was strengthened and tangible and intangible life skills training and rehearsals were reworked for both group and individual formats.

The program was further expanded (1990) by integrating additional supervised and unsupervised apartments, an additional full-time counselor, and a full-time therapist to the program. The thoughtful planning of program expansion successfully achieved a multidisciplinary approach and greater consistency in the areas of referral assessment, planning, service provision, and relapse services.

Lessons Learned

Lessons learned are often elusive and sometimes only clear in retrospect. Other lessons are more immediate; usually because of the (near) crisis that challenges the program.

Lesson One: Nothing successful happens overnight. For programs and clients alike, it is an evolutionary process that requires a reasonably firm foundation on which a series of successes validates achievement. As the old sayings go: "begin at the beginning" and "one step at a time."

Lesson Two: Plan. Plan. Plan. Planning effects all aspects of the program from model design and curriculum development to client goal setting and relapse planning. Know where you are, know where you want to go, expect and plan for the unexpected, and know there are some things you'll miss.

Lesson Three: You're never alone. No matter how new or sophisticated you are, there always is another person or program who has already been where you are, is going where you are going, or knows someone who can help. All you have to do is ask.

Lesson Four: Never underestimate clients. They are usually more skillful and knowledgeable than staff in many areas such as resistance, and making impossible situations work or the "hail Mary" tactic. Pay attention, they have a great deal to teach us.

Lesson Five: Know the difference between client eligibility and acceptability. While many clients may meet eligibility requirements there could be other features or issues that prevent their success within the best of programs.

Lesson Six: Younger or newer human service staffs are often learning and experiencing their first self supporting independence at the same time that they are teaching independent living skills to clients.

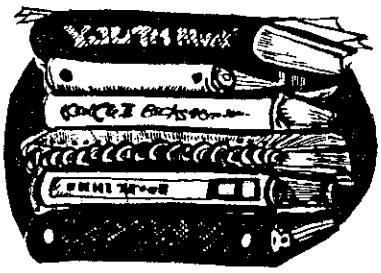
Lesson Seven: Do not confuse style with model. Style is an issue related to people. Model is a design issue. Staff implement models. They need room to be resourceful and flexible within the boundaries of the model.

Lesson Eight: Resolution of non-specific independent living issues (clinical) is often a better predictor of long-term success than skill acquisition.

Lesson Nine: Independent living is always an anxiety producing or terrifying experience for clients regardless of how prepared they appear to be.

Lesson Ten: The road never ends as long as you are willing to travel on it. ■

Editor's Note: For further information contact Robert M. Robertson, Jr., Associate Executive Director, Valley Youth House, 539 Eighth Avenue, Bethlehem, Pennsylvania 18018, (215) 691-1200.



Resources

The National Guide To Funding For Children, Youth and Families — $125.00

Raise More Money For Your Nonprofit Organization — A Guide To Evaluation and Improving Your Fundraising - $14.95

Anne New, Author
The Foundation Center
79 Fifth Avenue, Dept. EN
New York, NY 10003

Reviewed by Becky Smith
Consultant/Trainer in Fund Raising Techniques
P.O. Box 1927
Banner Elk, NC 28604

The National Guide To Funding For Children, Youth and Families will look familiar to anyone who has used *The Foundation Directory*. Listed are 2,558 foundations, and 180 corporate giving programs who either say they are interested in youth or family oriented programs or have proved it with actual grants of $5,000 or more.

Here are some recommendations for the most effective use of a book like this:

1. Determine which grant makers are close to you geographically.
2. Determine which ones make grants to programs just like yours (Just like, not sort of like. You don't have all the time in the world to do this, do you?)
3. Send a description of the grantmaker, grant type and list of Foundation Trustees to your Board of Directors and best supporters to see whether any linkages can be made.
4. If time is severely limited (It is,

Getting Real: The Elegance of Simplicity

Robert M. Robertson, Jr., M.S.W., L.S.W.

"If you make it real, you make it right."
"Think small."
These statements should become the independent living mantras for the impending millennium.

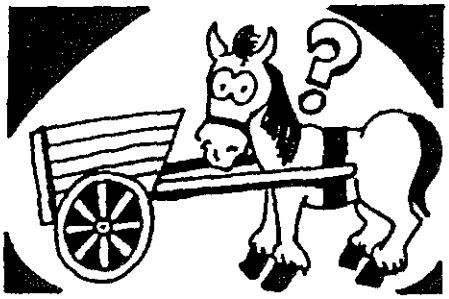
In our quest to be model inclusive, we often lose sight of the simplicity that makes independence work. We "talk the talk" of reality and natural consequences but "walk the walk" of someone disabled with a vision of client failure. The lost reality is the real life experience, natural learning and teaching moments, and consequences of present or impending failure.

Getting real invites natural growth as programs revisit the challenge of making independent living services real, relevant, and integrated. Organizations that strive for reality should focus on creating an experience for the client that is similar to the one his/she is likely to have in his/her own, interdependent world.

This article offers practical suggestion for making the transition to reality-based programming. The summary observations and lessons are drawn from the experiences of Valley Youth House residential and out client Independent Living Program and other IL programs.

Expectations: Using Community Standards

Independent living programs are "children" of child welfare models which have traditionally had low expectations for clients when compared to programs in the juvenile justice or education systems. Independent living program expectations should be rooted in community standards. Such standards are usually concerned with individuals being self-sufficient, productive, communicative, and solution-oriented. When IL programs are organized around community standards, the IL experience more closely approximates what a youth will encounter when on his/her own. Youth are provided with the opportunity to learn life lessons by experiencing real success and real failure.



Program Design: The Horse Before the Cart

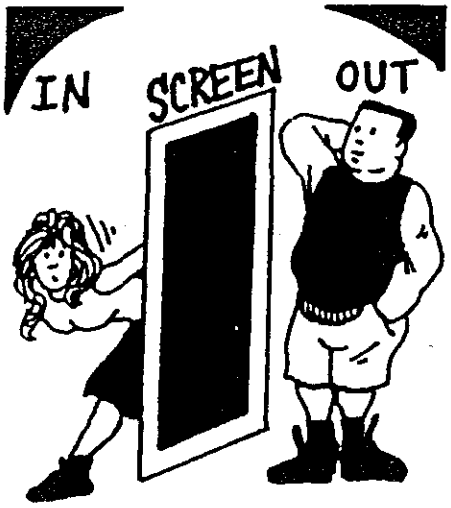
Program design is a critical step in the life of a program. For new IL programs, program design identifies the type and scope of services to be offered. For established programs, program design can be minor fine tuning or a major overhaul of services. In either case, programs should consider a few practical questions:

- Will the services to be provided be client-need driven or program driven?
- Will the intake process screen youth in or out of the program?
- Will the program provide real or simulated (virtual reality) independent living?
- Will staff and program culture support rescue or reasonable failure?

Program Services: Client or Program Driven?

Client driven programs organize service around what each client needs rather than what the program offers. Program driven services fit all or most clients into an established range of IL services. Program driven services usually demonstrate their inflexibility during problem times for the client. In a program driven model, it is more likely that a client will either be rescued or thrown out for not complying with rules or functioning within established program guidelines.

Staff culture is a good indicator as to whether a program is need or program driven. When staff are supported for being good problem solvers and good problem solving teachers, the program is more apt to be need driven. Good problem solving teachers are also less likely to rescue their clients when crisis occurs.



Intake: Screening In or Out?

The goal of intake is to screen clients into the program and to develop an individualized plan that will assist even the most difficult client in becoming independent. In the unlikely event a client is ineligible for service the program should provide direction on how the client can become eligible. Consistent with the medical model and child welfare model of service, many IL programs expect the client to be a passive participant during the initial assessment. Such intake procedures often screen clients out. Programs that ask clients to provide information through a self-completed intake are more apt to screen clients in.

Similar to the employment application process, the client completed intake format provides important factual and diagnostic information about the client. The process is empowering for the client and creates an important expectation of active participation from the first interaction. Potential clients may even be asked to complete specific tasks before the first appointment.

During the assessment process, programs often overlook the obvious and become focused on "hard" skill assessment. We forget that clients seek to recreate an environment which they know and within which they feel comfortable. They will seek to change the IL environment to fit their behavior. Reality dictates that we understand based on previous history the types, duration, frequency, and meanings of behavior in order to plan for what we know is likely to occur anyway.

Independent Living: Simulated or Real?

The primary difference between practicing (simulating) and real independent living is the consequence. Simulating or practicing life skills is safe and relatively risk free. The carry-over for staff is that when the client inherits the risk and has problems or fails, they are still operating in their protective staff role. Their highly personal commitment to clients often prevents them from allowing clients to experience natural failure and the lumps and bumps of life.

Unsupervised and community living is real IL. In this model, resident advisors act as property managers rather than people managers because they function as the "super" or landlord.

Program services that last only as long as the client needs them are real. Participation according to a defined service length is simulated and tends to build dependency.

Residential models that provide amenities and services equally such as meals, shopping, and laundry facilities are simulated. Graduating clients from simulated IL receive the same rude wake-up call as those leaving foster care when they discover that "exposure" to independent living is different than actual independent living.

Making Life Skills Real

Employment is one of the five core skill areas that drive successful independence. At Valley Youth House, independent living has continued to evolve since 1978 into a simpler and more reality based program. Clients work or volunteer until they are employed. Since all residential clients pay rent, they find employment relatively quickly through fast and serious job searching and interviewing. Paying rent also requires mastery of real budgeting and money management skills.

At Valley Youth House, the IL program used to only require that clients prepare shopping lists and shop for their food using a program account. Currently, all clients receive a low, fixed, food voucher. The change brought a dose of reality encouraging residents to pool resources, rely on coupons to stretch budgets, shop smarter, do better meal planning and make better use of their money.

Valley Youth House also made an important transition from discharging uncooperative or unmotivated clients to one of "fast tracking" or accelerating a client's independence with ongoing staff support and continued relapse services. The reality of an eviction from an agency sponsored apartment with intensely focused support has been both sobering and productive for "fast-tracked" clients. The workable moment of the crisis h[illegible]roduced important IL and c[illegible]al growth for the client. It has also shed important new programmatic light on client need versus program driven services.

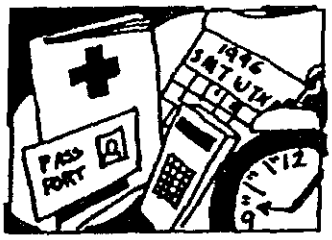
Creating challenging leadership expectations has produced unusual maturity among IL clients. During the last year, the Valley Youth House has instituted a Youth Advisory Committee and Peer Counseling Project. The Youth Advisory Committee required peer nomination, candidate speeches encouraging support, elections, development of by-laws, and an ambitious program consultation agenda. The Peer Counseling Program has been an effective strategy for managing waiting lists through the institution of a drop-in resource service for young clients. In both scenarios, the client's skill levels and maturity rose to the ne[illegible]asonable standard established by the program.

Summary: What It Means

The goal of getting and staying real is simplicity and flexibility. Independent living programs have the primary responsibility for modeling a reality-based approach to the skills sets and maturity of independence. It requires an openness to examination and self-criticism of program and staff cultures and the methods used to support and serve clients. IL program skill and maturity is reflected and acted out by the clients it serves. Getting real is the ongoing art of providing more stuff and less fluff.

Editor's Note: Bob Robertson is the Associate Executive Director of Valley Youth House, a multi-service agency for families and youth in Eastern Pennsylvania. (215) 432-6481. He provides workshops and seminars for staff of other youth serving agencies. ■

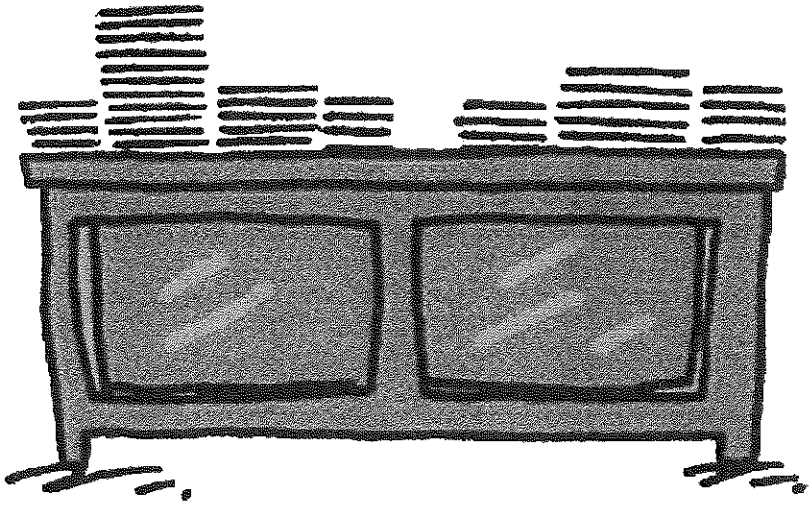
Living In the "Real" World



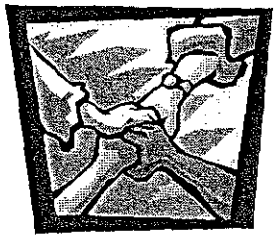
Your youth need the following items to make it in the "real" world. Which of these things do your teens have already? Are there other things that you would like your teens to have? "Having" is not the same as "knowing how to get." Do you also want your teens to learn how to get these things on their own?

	Has	Learn to Get
Social Security Card	____	____
Certified Copy of Birth Certificate	____	____
Photo ID Card	____	____
Personal Alarm Clock	____	____
Watch	____	____
Appointment Calendar	____	____
Calculator	____	____
Place to Save Money	____	____
Place to Store Important Papers	____	____
Personal Medical History	____	____
Family Medical History	____	____
Suitcase or Duffel Bag	____	____

Staff: Recruitment, Hiring and Safety



Youth as Partners in the Staff Interviewing Process: A Practical and Positive Youth Development Perspective



Robert M. Robertson, Jr., M.S.W., L.S.W.

Youth serving programs have an untapped valuable resource at their disposal.
The experience of inviting youth into the staff interview process provides an important opportunity for successful participation and decision-making as well as a reliable objective reality check for directly observing candidate interaction and response before the organization commits to hiring the candidate.

The goal of the staff interviewing process is to identify the best candidate for the position with the resources that are available to hire them. At best, this is a sophisticated and subjective process for a Supervisor or Director which is rooted in their experience, insight, and intuition as to who will best get the job done for them. At worst, it is an uninformed guess by a human resource person looking to fulfill A.D.A. and E.E.O.C. interviewing compliance standards and locate a warm and willing body that meets minimum position qualifications.

There is both a middle and higher ground in this process. This article examines the higher ground of utilizing youth in the process that will both facilitate a more informed and tested choice as well advancing the success opportunities for youth. It will provide a common sense rationale for introducing youth into a process that will directly effect the type of service they will receive as a client.

Screening and Selection: The Myth of Objectivity

With a well-defined process for evaluating all those resumes we should be able to identify the best candidates that we actually want to interview. We establish the minimum qualification criteria for the position, review the resumes to determine who meets, exceeds, and fails to meet those minimum qualifications, and then invite the *exceeds group* in first for an interview. With a large exceeds group we want to look for distinguishing experiences or characteristics that makes any candidate stand above their peer applicants. That may also include a cover letter that peaks our interest.

Separating the candidates into objective qualification piles is our last exit on the interviewing highway. At this point, it's all good. But from here on we are traveling our own road of subjective interpretation, personal preference and meaning. What distinguishes one good candidate from another is like judging beauty – it's truly in the eye of the beholder. How do you know and equate a seemingly extensive work history of unimpressive quality of one candidate against a short, but impressive quality experience of a new professional? Some of that you can detect by using your knowledge of other organizations and their reputations.

The truth is that this has a lot to do with the experiential subjectivity instinct of the person reviewing the resumes. In some cases, it is a gift. In others, it is a long history of trial and error and luck. After all, since you do not interview all candidates, how could you ever know if there was a more perfect candidate? You would only need to question that if the history of hiring the *best candidate* led to a significant number of early resignations, discharges, disciplinary actions or unwarranted complaints against the agency by bad hires.

The essential point is that it is very important to assure that the person reviewing resumes and applications has a good process, good intuition, and a successful track record for identifying and recommending qualified candidates who become good employees. If this is not happening, you need to reconsider the process or the person doing the reviews and recommendations.

The Positive Youth Development Culture

The most basic point of understanding Positive Youth Development is that it is all about providing opportunities for youth to have successful experiences. Their ability to successfully partner with adults and have input into or share decision-making can significantly contribute to enhancing their sense of industry and competence, their feeling of connectedness to others, enhancing or stabilizing their identity, and increasing their sense of personal security and worthiness.

More importantly, within programs, their participation as partners in the interviewing process emphasizes the strengths they bring to the process as well as their ability to contribute to the process, regardless of their current situation. Staff, particularly Supervisors and Directors who are responsible for the interviewing process, need to model this value and mentor youth to rise to the opportunity. Faith and belief in the youth potential to contribute is a powerful interpersonal experience that will pay the program back with many more dividends than it will ever cost.

Even if the program is not committed to Positive Youth Development, use it as part of the interviewing process because it will make your task easier, more accurate and more objective. The experience will convert the skeptical and provide a good reason for expanding the PYD philosophy.

The Real Deal Experience

Back in the days before PYD had any status, my older daughter would spend an entire workday with me on "Bring Your Daughter to Work Day". In the course of the day she would join me for interviews of recommended candidates. She would have the opportunity to ask candidates questions. Even as an elementary school student her questions were intelligent. More importantly, she directed questions to the candidate from her youth perspective. It was immediately apparent that the candidates' professional manner needed to and usually shifted to a more pragmatic and downsized version to appropriately address her questions. Her recommendations following the interviews as to which candidates she liked best and why were always thoughtful, organized and well-reasoned.

Presently, all of our residential staff candidate interviews include youth residing in our runaway shelters or from our Independent Living Program. At the Shelters, youth provide an initial site tour for the candidates. Several youth than conduct a candidate interview with a staff person present. The number of youth conducting the interview ranges from 2 – 7.

Shelter youth often utilize day program time to consider and prepare their individual questions. This preparation is based on the presumption that youth may never have participated in this kind of activity and even the minimal amount of understanding and training would better prepare them to have a successful experience. Even though most youth have been oriented to the process and have sometimes prepared questions, they understand they may ask questions spontaneously in the interview. The staff person present for the youth interview is the person who has high level input into the hiring process or is the actual decision-maker. The staff person's role is that of observer rather than facilitator. They may explain the process to the candidate, but the youth run their portion of the interview.

Like most group activities, it is not uncommon for there be some hesitation by youth to go first. The staff person's role is to remain silent in order for the group's interview leader to emerge. Once self-identified and affirmed by the group, subsequent interviews by the same group seldom have hesitation in starting the process.

The first time youth participated in the process there was a staff feeling that youth feedback following the completion of the interview would be the safest and most desirable. The reality that occurred was that youth brought closure to their own interview process by providing direct feedback to the candidate and giving them a chance to respond to their feedback. The youth directed process has been roughly the same each time it is used. Even though the youth participants have been different over many interviews and time, their process, questions, feedback, respectability and appropriateness have been exemplary.

What Youth Have Taught Us

The experience has been so universally positive that it would be undesirable to conduct the interview process without the input of youth. They have refined our process and truly created a partnership role in identifying who would, in fact, be the best candidate to fill positions in our programs. It is important to note that they have participated in all levels of candidate interviewing including Program Director.

The most important lesson they have provided is the opportunity to remove any guessing about how candidates will interact with youth clients. The process is live, spontaneous and real. Professional interviewing skills that candidates learned or rehearsed are of little value because there is no way to prepare for the kind of questions that youth may ask. The youth portion of the interview is more about the candidate's interactive qualities with youth and their genuineness which either happens or not.

Youth have taught us how to challenge candidates thinking, ideas and experience in ways that our training never considered. Youth reveal a lot about their own experiences (even though they know that is not important) and what is important to them. They are often very sensitive to very subtle non verbal cues from candidates because of their own need to be safe and affirmed.

Their relationship with staff is always more positive as a result of the empowerment they feel from the experience. As a result of being affirmed by the opportunity, they tend to maintain their behavior at that higher level of contribution and expectation. The goal of the PYD experienced program is to provide the opportunity for youth to live the experience regularly. The desire to relapse to less satisfying behaviors is lowered because it just does not feel as good.

Summary

Youth involvement in the interviewing and hiring process provides a tremendous opportunity to truly identify and observe candidates on a *test drive*. Youth input into the process makes the process easier and more efficient while also providing valuable opportunities for youth to try out new roles. As one present supervisor reminded me recently, the process of youth being part of the interview process was the reason he accepted the position. For him, it spoke volumes about our organizational and practice in a very real and experiential way. It works.

Bob Robertson, M.S.W., L.S.W. is the Associate Executive Director of Valley Youth House, Allentown, Pennsylvania.

Save the Date!!

March 25, 2003

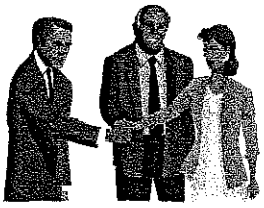
Idress Gooden, RESA VII
Adolescent Health Coordinator

Exploring Multiculturalism & Diversity

10:00 am—4:00 pm
Flatwoods Days Inn Convention Center
2000 Sutton Lane, Sutton, WV 26601
304.765.5055 Hotel
304.765.2032 Conference Center

Workshop Description: As our communities become more diverse, youth organizations and the professionals working within these agencies have an obligation to understand both the challenges and benefits multiculturalism and cultural diversity offer. This workshop will explore how areas of cultural differences can potentially cause misunderstanding and conflict. This session will also focus on the critical need to identify and develop effective practices for bridging cultural differences, heightening awareness and sensitivity of ethnic and multiculturalism, and develop the resources needed to do a better job in our complex, diverse world.

MANY would like to thank the our West Virginia members Darlene Carns (Daymark), Janet Craig (WV Children's Homes Society), and Pam Dickens-Rush (Time Out) for their assistance in identifying this topic and providing input in the planning. Look for the brochure coming any day or call MANY for more information.



Job Interview Skills

Pre-Interview Process

- ***Understanding the Meaning of the Interview:*** There are 3 primary purposes. First, it is your opportunity to realize the substance of the resume and understand the candidate in a more personal way. Second, it is your opportunity to inspire the candidate to want to work for the agency and in that particular position. And lastly, it is the candidate's opportunity to interview you and the agency.

- ***Screening:*** Candidates have already been determined to meet the minimum qualifications for the position and you should be interviewing the most qualified first.

- ***Initial Phone Screen = Your First Interview.*** This helps to screen in or out identified candidates regarding interest, salary range and your initial impressions which may determine to either invite them for the interview or not. Pay attention to your first impressions. Discuss the realistic offer range (which is different than the salary range) to make sure they are in the right ballpark. Recognize that someone about 20% above the range may still be a viable candidate because they may be willing to come down if they like the position or you might be willing to come up if they are truly a great candidate.

- ***Knowing the Position:*** Be prepared to discuss the realities of the position which is more expansive than the job description. Be prepared to respond to likely concerns (i.e., safety in conducting outreach, flexibility of schedule, direct service expectations and performance, etc.

- ***Thinking About the Questions:*** Have a good idea of the kind of information and questions you want to ask and why you want to ask those questions. Be familiar with ADA and EEOC limitations of the interview process.

- ***The Resume and Cover Letter:*** This is the candidate's initial presentation they want to make to you. How does it strike you and why? If writing skills are important to your program (and it probably is with progress notes, assessments, and correspondence and reports to agencies and the court), than the cover letter is a clue into the person's style and skills. Is there anything you want to particularly explore with them during the interview based on their resume or cover letter? For example, this could be educational institutions identified without a degree or graduation clearly noted.

- ***The Credentially Impaired:*** You are really impressed by the degrees and amount of experience identified on the resume. But, what does it really mean? How long did they actually work at each place? If you know the previous job locations, does that give you a clue about the kind or type of experience they really had? Why would such a qualified person apply for this job? Your job is to figure that out. Be prepared for the possible reality is that they look good on paper, but may not be as impressive in person.

- ***The Time Factor:*** Make sure you have allowed enough time for those candidates you want to meet with longer and be prepared to end those interviews early when you are clear the candidate does not a chance of getting the job.

- ***Know Thyself!*** Interviewing can either be an exercise in sharing and communicating information (technician) or an interesting interactive experience (artist). Understand who you are, why you do it the way you do, your triggers, and why you are responding the way you do in the interview and making your recommendations. If it sounds a little like the therapeutic process, it's because it is!

The Interview: Showtime for You and the Candidate

- ***The Waiting Room:*** Decide where you want the candidate to wait because it does make a difference. Waiting in an empty waiting room is different than where the secretaries or other staff may be. That preliminary banter may give you some interesting clues about the candidate, so you may want to check in with the secretary after the interview for their impressions.

- ***The Beginning:*** Think about how you begin and set the tone for the interview. Where do you want them to sit? How intimate or sterile a situation do you want to create? Do you provide a roadmap for what you want to cover in the interview or begin without any explanation? Who goes first? Who talks more? They should always talk more than you. Do you want to cover material that you could have sent in the mail (i.e., job and agency description) and ask for questions or use interview time to cover it there? Understand that the candidate is probably a little nervous and wants to make a good impression. How comfortable do you want to make the interview? They have also been through the interviewing process many times before and already expect many of the questions you are likely to ask.

- ***Non Verbal Communication:*** Pay attention to non verbal cues from candidates. This of includes posture, appearance, gestures (being mindful of cultural differences), and eyes. Approximately 55% of communication in the interview is visual.

- ***Questions vs. Conversation Format:*** Traditional interviews are that the interviewer asks questions and the candidate responds. Then the interviewer asks another question to which the candidate responds and so on. An alternative to this is a conversational approach which asks the candidate to share their thoughts and thinking

on various issues or situations relevant to the position. The nature of the conversational topics or questions create a different atmosphere which may lend itself more to greater depth of understanding and interaction.

- ***The Questions:*** Be clear on what you want to ask that is related to the job. Be clear on questions that you want to ask that will give you a better understanding of the candidate, how they work, how they think, what are important issues and themes for them, their strengths and weaknesses, their goals and aspirations, and other things that would make them a good fit for the job, office and agency. You have to be absolutely clear on the type of questions you can and can not ask. (Consult the attachment). Do you have favorite questions that help elicit how the candidate thinks.

- ***The Answers:*** The importance here is, first, whether the candidate actually answered the question(s) in a way that was clear, thought out and coherent. This may sometimes difficult to do, particularly if you are asking unusual questions that one can not prepare for in any meaningful way. If you are not satisfied with the answer, ask it again or restate the question in a different way that might elicit a different answer. Also important is whether you experience the answers as truthful or attempts to play the interview game.

- ***Role Plays and Scenarios:*** In order to make it real you may want to provide a scenario for the candidate to address or role play. How easily the candidate jumps into a role or speaks about it in third person to avoid role playing will tell you something. You job is to figure out what it tells you.

- ***The Use of Multiple Interviewers:*** In a youth serving agency consider inviting youth into the interview process. First, they will ask questions that you probably will not and you will get a real feel for how the candidate will respond and connect with the population they will serve as a staff person. The use of other staff as interviewers can also serve to allow you to observe without having to ask every question and will provide you additional insight on candidate performance following the interview.

- ***Ending the Interview:*** If it's clear to you the candidate is not going to be a real contender for the position, end the interview earlier. To go on is both dishonest and disrespectful to the candidate. Here's where knowing yourself is important and why you would continue and interview with a candidate you would never hire. Also consider the kind of information you want to communicate at the end of the interview. This can include the remaining process and timeframe for decision-making, feedback to the candidate and whether you want to give them any opportunity for questioning you. Also, consider whether you want to offer them the opportunity to meet with other present staff doing the same position they are interviewing for to get a better and more realistic feel for the job from a current staff person's perspective.

- ***Reference Checks:*** The reality is that candidates will always present references that will provide you with complimentary observations and experiences with the

candidate. While candidates often come with prepared reference names you should feel free to dictate the kind of references you want. For instance, you want those persons who actually supervised the candidate as opposed to another coworker or friend. When they provide the references, ask who they are and feel comfortable in asking for others if they do not meet your needs. Also consider asking what they are likely to say when they are called.

Post Interview: Considering the Information and Decision-Making About the Candidate

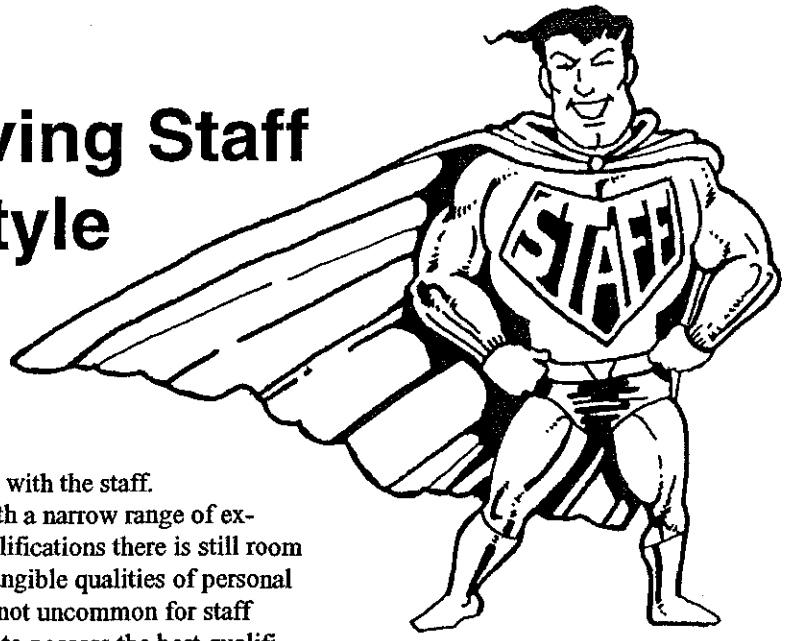
- ***Initial Reaction:*** Did you like the candidate on a personal level? If you didn't, they are not a candidate, especially if you are going to be the person who has to supervise them. If they didn't connect with you, it would be reasonable to expect them to have a similar performance with clients. Beyond that, what was it that you specifically liked or did not like about the candidate. Did you like them because they think like you. Remember, you can't hire yourself! Did you feel some weird attraction to them because they like what you like, were flirtatious or triggered something else in you. Also, remember that the inverse works the same here.

- ***Thoughtful Consideration:*** This is pretty basic stuff. It is whether you believe the candidate can get the job done at a level that would meet or exceed the program's performance expectations. Can you stand working with or supervising the candidate? If not, you can't hire them. Will they fit in with the culture and staff? If not, you can't hire them. Are they too needy? If so, you don't need this candidate and you can't hire them. Are they for real? Did they come off as genuine or some caricature of who they thought you wanted? What does their growth curve look like? If they are bright and don't have a lot of experience, but do have a lot of potential, then they could be a viable candidate. If they have a lot of experience, but are stuck with limited growth potential, consider this candidate, but understand what you have now is what you're still going to have without much change later.

- ***Rank Ordering and Recommendation:*** As you interview candidates you will undoubtedly begin to order them according to your preference. Some will stand out. Some will cluster with other candidates who feel similarly about. And, some will drop off your list of potential hires. Understand why you like and rank order the candidates the way you do because you may have to speak to it as an issue in making your recommendation. If you have two candidates at the top of your list who you feel equally strong about, but for different reasons, consider having another person interview them for a fresh perspective and insight.

- ***Live With It:*** If you do an absolutely great job and have mastered the art of interviewing, you will be justly rewarded with the perfect candidate who will both want to work for you and will be a valuable asset to the program. And guess what? No matter how perfect you did it, there will still be those very rare new hires who will crash and burn, never show up for their first day of work, or make you question what it was that you missed in the interview and reference check process.

The Right Stuff: Independent Living Staff Qualities and Style



Michele Paules, M.S.W.
Robert M. Robertson, Jr. M.S.W.

Who is best suited to work in independent living programs? What combinations of education/ experience, personal qualities and individual style constitutes the "right stuff?" Direct service staffs are expected to engage, teach, support, and counsel independent living clients. Having the "right" staff is critical to the success of any independent living program. Staff hiring decisions are based on a program's beliefs about the "right stuff." What is this illusive combination of qualities and style?

Traditional Hiring Approaches

Traditionally, the belief system for hiring the right person for the job follows a very linear way of thinking. A staff person is hired when administrative expectations around desirable qualifications and qualities are met. These expectations include: (1) a minimum knowledge base that is usually indicated by some type of degree or certification; (2) possession of generalized and specialized skill sets such as interviewing, engagement, teaching, and counseling; (3) some level of experience working with adolescents or teaching adult life skills. Most hiring decisions are made without input from the clients who actually use the services and have the most interaction with the staff.

Even with a narrow range of expected qualifications there is still room for the intangible qualities of personal style. It is not uncommon for staff candidates to possess the best qualifications and credentials yet lack the "right stuff" to create good chemistry with the clients to be served.

Survey Conducted

A national survey was conducted to gain a clearer understanding of what constitutes the "right stuff." The survey asked both program administrators and clients to identify the staff qualifications, personal qualities and style that are most important for independent living and transitional living programs.

Using nonprobability and availability sampling methods, thirty (30) independent living and transitional living programs were selected to participate in the study. Responses were elicited from both adolescent clients who are participating in independent living/ transitional living programs and administrators of these programs. Client and administrator questionnaires were developed by the authors to identify demographic, relationship and correlational variables in order to determine the amount of similarity between the two sample groups. (Copies of the questionnaires are available from the authors upon request.) The administrative response was 30% (n=10) and the client response was somewhat higher and from more programs (n=82).

It is important to recognize that while the survey responses were obtained from a representative sample of programs, they are not tested for statistical validity. They are presented as frequency of response and summary impressions and conclusions in this article.

Profile of Administrators

Overall, administrators who responded were predominantly Caucasian (90%), female (80%), 30 years of age and older (60%), and had a minimum of 5-10 years of supervisory or administrative experience (80%). Thus, only 40% were 29 years of age or younger and only 30% had less than two years of supervisory and administrative experience. Most of these administrators (80%) had direct authority to hire the staff they believed to possess the right combination of qualifications, qualities and style. All felt they were moderately to

highly successful in recruiting the staff who met their criteria.

Profile of Programs

Survey programs were located in a variety of settings including: urban (50%), suburban (20%), urban and rural (20%), suburban and rural (20%). Half of the programs were residential. Twenty percent (20%) were outclient only and thirty percent (30%) were both. Both boys and girls were served by half of the programs. Thirty percent (30%) served primarily males. Twenty percent (20%) served primarily females.

Administrative Perspective

There was general agreement among administrators on what constituted quality or attribute areas. All agreed that it did not matter whether staff had any previous personal parenting experience (100%), or whether staff were married (100%). Generally, administrators felt it was desirable to recruit staff that matched the client population in ethnicity (60%) and gender (70%). Forty percent (40%) felt staff ages should be in the 20-30 age range while the remainder felt staff age was not important. Fifty percent (50%) felt it was important to hire staff who had a similar life experience as the client. Additionally, 70% felt that staff should possess some previous experience working with youth or young adults. Many (50%) felt that staff should be independent themselves and possess a Bachelor's degree (80%).

"...staff should possess a mixture of humor and seriousness."

In the area of style, all felt staff should possess a mixture of humor and seriousness. Sixty percent (60%) felt staff should be very flexible in their style. While the remaining 40% felt they should be only somewhat flexible. Almost all (90%) felt staff should self-disclose a little with the clients they serve.

"Clients indicated a strong need to be cared about by their worker."

Client Profile

Demographically, clients were fairly equally divided according to gender (55% female, 45% male) and ethnic origin (32% African-American, 21% Latino, 44% Caucasian, 3% other). Forty-five percent (45%) of the clients were served individually and 54% were served both individually and in groups.

Client Perspective

Within the relationship variables, the majority of clients (60%) indicated an overall satisfaction with the services they have received from staff. In fact, 45% felt they were experiencing better relationships with current staff than previous human service workers.

Interestingly, clients reported that the gender (54%) and the race (60%) of the independent living/ transitional living worker did not matter to them. However, 77% desired a worker whose age was between 20-30.

The clients felt that a worker's style is important. Most clients (66%) wanted to get to know the worker at the same time the worker got to know them; particularly before working on any skills. Half felt this could best be accomplished through some "active" activity during the first meeting.

Clients desired worker flexibility (74%) which included both establishing scheduled appointments and being available as needed. An overwhelming 83% desired a worker they perceived as a friend with some clear boundaries. One half of the clients desired workers who self-disclosed a little, but not a lot, thus supporting their desire for boundaries. Clients also wanted an experienced and educated worker whose style was both humorous and serious enough to "get down to the business of teaching skills."

Clients indicated a strong need to be cared about by their worker (86%). More than half indicated a worker should show they care through moderate-high levels of support. Eighty-three percent (83%) felt the worker should tell the clients directly how they feel about them. Interestingly, the majority of clients (75%) indicated they tell the worker directly how they feel about them. Almost half (48%) of the clients felt they

could tell when a worker did not like them through the worker's nonverbal cues and subtle verbal messages. This appeared indicative of the client's desire to be dealt with directly in an open and honest manner.

Most clients (65%) wanted to be able to talk with their worker about everything including skills and feelings. This indicated their need for workers to be well rounded in many skills areas. Worker flexibility and caring qualities are very important to clients when they are experiencing strong emotions such as anger. Clients desire worker availability to help them manage and vent feelings when they feel ready or safe enough to do so. Further, 60% of the clients felt they learned best through individual work rather than group, particularly when both worker and client have shared responsibility for raising topics and issues.

What It All Means

Program administrators and clients share many common beliefs and insights about the qualities and style that make a successful worker. Both groups believe that education and experience are important. They also believe that flexibility, a mix of humor and seriousness, an amount of self-disclosure, the ability to set clear boundaries, are important qualities for a worker.

There are also noteworthy differences between what administrators believe works with clients and what clients experience as working. The primary area of difference was in the interpersonal and caring quality areas. While administrators and programs naturally see their focus as the provision of services to clients (teaching of skills, counseling, etc.), clients feel the primary focus, especially in the beginning, should be on the development of a relationship. The relationship or rapport that is established allows the client to learn and accept whatever it is the worker has to offer. While the majority of administrators sought staff older than 30, the clients overwhelmingly preferred staff under 30.

While administrators and programs continue to strive to achieve cultural sensitivity and competence through strategies such as hiring staff that match the ethnicity and gender of their clients, the clients feel it is much less important than having a worker who cares and is competent. This is reflected in the practical reality that while administrators may seek to hire Bachelor's level staff that match the race and gender of their program's clients, the candidate pool does not generally offer enough interested and qualified candidates to achieve the match. To further support the case for clients that it does not matter, they indicate that their present worker (who usually did not match the client's race and gender) is the best overall human service worker with whom they have ever worked.

In the end, the program administrators have to make the final call regarding what they believe to be best for their own programs. Having the "right stuff" is relative to the clients, community, program design, and what needs to be accomplished.

There are several important issues for administrators and workers to consider.

1. Flexibility - Because all clients, situations, and behaviors are different, a worker needs to be flexible. Workers need to be flexible in how they think, respond, manage, and interact.

2. Engagement - As most clinicians know, clients felt that engagement is absolutely crucial. If the worker can't connect with the client, he/she can't work successfully with the client. If the candidate doesn't connect with you in the interview, think about how he/she will work with different

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Right Stuff
continued from page 7
clients. Send him/her a nice rejection letter.

3. Clarity of Expression - This important skill is also one a worker will be teaching clients. Prospective workers should already possess the ability to be clear, open, and honest. If they don't, send them a clear rejection letter.

4. Interpersonal Skills - Trust your instincts. If there is something about a candidate that doesn't work for you, either conduct a second or third interview, get other input, or eliminate them as a candidate. Remember, clients know when it isn't working for them.

5. Gender and Ethnicity - The jury is still out on this one. While it is politically correct to hire for a race and gender match there are many, including the clients in this survey, who feel it is less important than hiring staff who are competent, caring, and sensitive to the clients. Our suggestion is to go for a match, if you can get a candidate you really want but don't give up a clearly better candidate to achieve it.

6. Skill - This means more than having just lived or experienced independence. One must possess the ability to teach it in a way that makes sense and is usable to the client.

7. Personal Stuff - Everyone agrees on the need for boundaries. Some degree of self-disclosure is healthy. Clients need to realize that we all have difficulty coping in the adult world. However, boundaries are important. Beware of staff who get their own issues mixed up with the client's issues. It is better to explore personal issues during the interview process.

The authors would like to thank the administrators and clients who participated in the survey.

Editor's Note: Robert Robertson is the Associate Executive Director of Valley Youth House and can be reached at (215) 432-6481. Michele Paules is a Therapist with the Valley Youth House and can be reached at (215) 820-0166. Valley Youth House is a multi-service agency for families and youth in Eastern Pennsylvania. ■

Personal Safety for the Job and Life

Hilary H. Robertson
Robert M. Robertson, Jr., M.S.W., L.S.W.

Developed as an informational handout for a hands-on training, this article distinguishes personal safety from self-defense and provides information and perspective to recognize and respond to potentially threatening or dangerous situations. It provides considerations for creating a safe setting for office, home-based, or street work as well as general guides for community living.

Creating and maintaining a safe personal space is a combination of many factors which the individual has control over and others that they may not have control over. It involves accurately assessing one's personal strengths and weaknesses, understanding and manipulating the environment to their advantage and a potential assailant's disadvantage, and developing appropriate problem-solving options for dealing with various situations. Scenarios and situations can only be presented in a generalized format since there are so many variables which depend on the personality of the individuals involved as well as the environment and motivation of an assailant.

Personal Safety for the Job and Life is divided into several sections which presents general information as a foundation for thinking about the individual and the environment, considering tools of personal safety, and discussing various strategies for managing potential or real situations. In addition, likely or expected problems or things that can go wrong will be presented for consideration. Much of the knowledge and insight contained within this article comes from various trainings, news articles and other training manuals; some of which have no reference titles or noted authors to credit.

Personal Safety vs. Self Defense

Personal safety is a proactively conscious and intentional strategy for considering and creating safe situations. It is focused on awareness and prevention. Self-defense is a practiced extension of personal safety. It includes greater depth and actual hands-on realistic training through drills and exercises designed to replicate real life threatening

 Hilary H. Robertson is a student at Parkland High School, Allentown, PA. Robert M. Robertson, Jr., M.S.W., L.S.W. is the Associate Executive Director of Valley Youth House, Allentown, PA. Both are 1st Dan Black Belts in Okinawan Kenpo Kobudo.

and dangerous situations. Personal safety is the *low impact* introduction to self-defense. Personal safety emphasizes how to minimize a confrontation by simply being aware of the environment and following one's instinct if they feel uncomfortable. While it may provide and practice some general techniques, it is not intended to be *high impact* requiring full contact with practice assailants.

Community organizations and various martial arts programs offer specifically developed self-defense programs such as those by the National Association of Professional Martial Artists. A six-hour course such as this is unique to teaching participants not only what to say and do if threatened, but how to handle their own fears (Sloane, 2000). The purpose of such a course builds verbal skills before moving on to managing a physical attack. Teaching how to manage a physical attack is often done through drilling and practicing sequences of throwing elbows, knees and punches with a padded attacker.

It is important to always maintain a personal safety awareness and to refresh that awareness on a regular basis. Individuals working in extremely high risk environments may consider self-defense training as the next level of preparedness. Regular practice is key to maintaining those skills. It should also be understood that the purpose of any training is to first, to try and prevent any type of incident involving physical contact with a potential assailant from occurring, and second, to escape and survive such an attack if it occurs.

Vision and Awareness: Assessing What's Around You

In our work and daily lives there are many different types of danger. Many of those dangers are clearly visible because they are well documented in the news, in our socialization to our neighborhoods and communities, and sometimes through direct experience. Still others are hidden or taken for granted. The primary goal of prevention includes looking at and analyzing the most obvious dangers or situations, the danger signals, and alternatives to handling those situations.

A useful perspective for considering assessment includes an understanding that the potential for danger is all around us. Statistically, dangerous experiences or our greatest risk comes from those individuals who tend to be our clients in the human services rather than from strangers on the street. It is particularly true for staff who provide outreach services in high-risk areas and to high-risk individuals and families. Despite this, staff providing services to these locations and individuals have an advantage on their side which includes an unusual awareness and understanding of those individuals which provides them opportunity and information to minimize the risk.

It is also important to understand that despite the large number of potentially dangerous situations that occur each year, very few serious injuries or deaths occur due to the individual's ability to prevent, defuse or escape the situation. In general, this means that one's ability to understand and manipulate the environment is critical to one's safety.

Awareness, knowledge and planning are our best defenses. As such, we need to channel our energies to understanding our most vulnerable situations rather than being afraid of everything that presents risk. We must be mentally prepared to understand and cope with the potential for danger, be able to manipulate the environment after analyzing potential danger and how it can afford protection, and assure safety when and where we have the most control over it through prevention.

Office Safety - While most human service workers will never be confronted with or face an assaultive client in their office, there are several common-sense precautions that can be taken to further reduce the possibility. An understanding of the office layout and surroundings is essential; particularly for new staff or those visiting or providing service in a location other than their own. This could include a different agency office, school, or other community agency. Included in this understanding is a scan for possible escape routes and exits from the room, floor, and building. This also includes maintaining a clear path of escape which can easily be achieved by always remaining between the client and an exit door.

If there is a possibility that a client has the potential for or history of acting out or being violent, staff need to make important decisions whether they should meet alone with the client. This may include assuring that other staff are nearby or in the building. This assessment can often be quickly made upon greeting the client and initially speaking with them. Should a client begin to emotionally escalate toward acting out or violence beyond their control during a meeting or session, than staff need to be prepared to leave or call for assistance.

Additionally, staff have some control over and need to be aware of their surroundings in the place of meeting. This can include the placement of tables or furniture which may serve as a barrier or objects that may be used as offensive or defensive weapons such as scissors and weighted objects.

While counselors are often well-trained in crisis management techniques, they need to take all threats seriously. These threats may occur either directly toward the staff person or to others in the room such as family, other workers, or other individuals.

Home-Based Visit Safety - Client homes pose a potentially greater danger than an office setting because it is the client's own neighborhood and turf. Staff may not always be aware of all the individuals who are in the home at the time of their visit. Staff are not the gatekeepers of client homes and unknown and potentially dangerous individuals may come and go during home visits. Clients are often involved in home-based services because of resistance to services, poor life and partner choices, drug and alcohol involvement, domestic violence, and insufficient income which may influence the type of neighborhood where they reside. Staff may not be aware of weapons present in the home but should be prepared to discuss this as part of the intake or assessment process.

Home-based visit safety begins before a staff person leaves their office. It includes letting others know their schedule, taking another person along if that is necessary, meeting with clients during safer times of day and carrying a cellular phone for emergencies. Home-based work often includes teams who travel and conduct home visits together. It should also be noted that workers who are known in neighborhoods are often recognized as safe individuals who are there to help residents in the neighborhood. Their general welfare and safety is often looked after by those who live in the neighborhood.

There are several general guidelines for conducting home visits, particularly for the first time. If you are unfamiliar with an address or neighborhood, look it up and get clear directions in advance. This may also include driving around the block once just to become familiar with the general area. Getting as close to the front of the client's home as possible without parking directly in front of it is recommended so that you may observe and approach the residence or building at a 45 degree angle. This provides the opportunity to observe the exterior of the building and the windows. For future visits this may be desirable if unannounced visits are a strategy of intervention. Other parking suggestions include:

- Keep the car moving until you have selected a spot.
- Have a wide view of the area with as few blind spots as possible for others to hide.
- Try to park under a light if it is either dark out or it will be dark out when you return to your car.
- Leave enough room so you can make a quick escape and not get blocked in.
- Park with the driver's door to the street.
- Lock your car and keep it locked while you are driving.
- Hide valuables or items that would make your car look conspicuous in the neighborhood.
- Be careful about carrying purses or briefcases. Remember they can be used as a shield if necessary.

When knocking on the door or ringing the bell staff should be careful to place themselves at a location where the door can neither be opened into them or exposed to easy physical contact with them. Staff should never enter on a *"come in"* request without the client answering the door. Staff should also be aware of and prepared for the presence of less than friendly pets such as dogs.

Upon entering the residence staff should momentarily position and remain by the door in order for their eyes to adjust to the reduced light of the room. During this time they should be scanning the room and other visible parts of the home for rooms, individuals and a general assessment of the immediate safety of the visit. It is a good idea at this point to find out who and where others are in the house.

Initially, staff may choose to place themselves between the client and an escape door and have a piece of furniture between the client and them should an unanticipated escalation or acting out occur by the client. This is also the time to observe client body language,

state of mind, and general affect. ***A good general rule of thumb is to maintain a space cushion of at least 4 feet between the client and the worker.*** These types of decisions are made by each worker during each visit based on their own assessment of the situation. If clients are agitated workers need to be calming and, if possible, to air disputes in a less open manner that does not provide an audience or additional stimulation to further agitate a client or other uninvolved individuals.

If the visit requires following a client upstairs, the worker should stay away from railings, watch ahead and remain several steps behind the client. Again, this is particularly important during initial visits before any relationships has been established with the client and their family.

Street Safety - Street safety has to do with the transitional time on the way to or from a client's home as well as any time one is out of an environment they have control over. This includes both time in the car as well as time walking to and from a vehicle to a home, office, store or traveling on public transportation. Generally speaking, 2 out of every 3 street encounters occur during hours of darkness or where light is dim such as unlit or poorly lit streets, hallways, basements, and bars. In general the outside to inside encounter ratio is 2.5 : 1. Such situations are very short and last only 2 -3 seconds.

From a personal safety mindset, no visit or assignment should be taken for granted regarding its safety. One of the greatest attitudinal enemies in a confrontation is overconfidence. One must be vigilant in remaining aware of and accepting their subconscious emotional awareness as they work. This includes processing subtle clues to possible danger in the environment and with others. A good rule of thumb is ***when in doubt, get out!*** As such, one should remain aware of possible avenues of escape for both one's self and the client. An important part of this is a proactive ability to revert without thinking to the habits, plan, and techniques one learns in training. This is most effectively achieved in self-defense training which uses *wolfing* or accurately mimicking the intensity, language, and likely scenarios as part of the training.

Personal Safety States of Mind

Awareness depends on one's ability to recognize and respond to a given situation. There are five general personal safety states of mind. Those include:

White - *Unaware of the situation*
Yellow - *Relaxed but aware*
Orange - *Ready for danger*
Red - *Ready to respond or fight*
Black - *In denial, panicked or given up*

Our jobs and life have potentially different types and degrees of danger. As such, the ideal state of mind is yellow which can ebb and flow depending on one's recognition of danger. We naturally do this in our lives anyway. Personal safety awareness increases one's sensitivity to previously unseen hazards or danger. In a practical way, training increases one's fine tuning of this sixth sense.

To restate an earlier guideline: when in doubt, get out! Human service workers often have difficulty with that when they consider who they may leave behind. Counter arguments for staying are that many of the family systems we encounter function this way on a regular basis and family system members have already developed their own survival and escape strategies and, more practically, if the worker does not survive they can no longer continue helping other clients. In this regard there are legal, moral, and psychological implications of pursuing a confrontation that can and should be anticipated and resolved prior to any confrontation. It is important to learn and review any already established organizational protocols for managing such situations. Additional considerations include learning and understanding as much as possible about a client's background, their attitudes and motivations as well as their willingness to reason and inclinations to harm others.

Confidence and Not Looking Like A Victim

A key personal safety prevention strategy is quite simply to present a positive image of confidence and purpose. Suggestions within this section are general guidelines that apply primarily to unknown or higher risk areas. When discussing personal safety strategies it is important to remember that the focus is on prevention and not to over-identify the world is an unsafe place.

A confident presentation includes standing firmly with your head level. On the street you should look like you know where you are going as opposed to being lost. Walk purposefully unless you are in a neighborhood you know well. If it is an unknown neighborhood, consider walking with another person.

Limiting your contact with strangers on the street and maintaining a neutral gaze toward others is helpful. At night one should walk in open and well-lighted spaces whenever possible. A flashlight in one's purse, briefcase or car can help detect potential dangers as well as serve as a weapon. While it is more desirable to carry a cellular phone, it is equally helpful to carry quarters for public phones in the event one does not have a cellular phone or the battery is low or not working.

The same thinking that applies to eye adjustment when entering client homes applies to traveling on the street when moving from darkness to light or vice-versa. Allow time for your eyes to adjust to significant changes in light.

Beyond Prevention: Confrontations and Contact

There are some major differences between a confrontation that occurs because it is a necessary and functional part of a human service worker's job and a confrontation that occurs on the street with strangers. Human service workers usually have specialized training in crisis management and confrontation as part of the therapeutic process. Those skills are transferable and vitally important in non client situations. On the job workers generally have some understanding of the client's background, motivations, issues, and methods that work best to calm or stabilize them. The street and strangers are somewhat different.

Street confrontations can occur for many reasons. Many of those reasons are totally out of the control of one of the individuals. It often occurs because of an interaction that may be unprovoked. Examples of interactions that can lead to confrontation include unsolicited or unintended comments to another, the various *rages* (i.e., road, air, phone, pedestrian, etc.), misunderstood gestures and poor judgment in offering help, advice, or direction. The important issue in understanding confrontation is that it is not always related to the sender's intended content of their remarks or gestures, but more related to the way the receiver experiences or interprets it. This is particularly important when considering the (unknown) mental health issues, agenda, or life experiences of an unknown receiver.

Other types of confrontations can occur because an individual has been chosen or picked by an assailant because of the way they present themselves or because they unfortunately happen to be in the wrong place at the wrong time. Typically referred to as *kicking the dog interactions,* an individual may receive the anger or action by another for something that has nothing to do with them.

In many of these cases the individual generally does not have the opportunity to prevent the confrontation or contact, but does have some ability to diffuse, limit, or terminate the event through various means. As in all crisis intervention methods, the goal is to prevent the need for or use of any physical contact through verbal strategies. General guidelines for managing confrontations include:

- presenting as calm (even though one may not feel that way inside)
- staying at least one level of anger below the other individual
- maintaining and providing personal distance, space, and territory
- recognizing there is generally an escalation process. Exceptions to this includes anti-social personalities and those with significant psychiatric disorders and career criminals who may skip stages or begin with an unprovoked attack.

A normal confrontation crisis has 5 stages. Those are identified in the table below.

STAGE	VERBAL CUES	NON-VERBAL CUES
1 **Passive-Aggressive**	*Periods of silence & retorts *Slightly increased voice volume *While logical, somewhat & questioning	*Depends on the individual
2 **Refusal**	*Overt resistance to directions or orders *Direct challenges (to authority) *Challenging you to assert yourself *Emotional statements replace logic and objectivity	*Increased hand gestures & physical movement - more likely to *get in your face* *Increased voice volume, inflections, & obscenities
3 **Bluff** (Designed to confront, set territorial boundaries, and drive off aggressors)	*Open hostility and obscenities *Loud verbal responses & threats *Verbal releases last 18 seconds or less	*Red & flushed facial color *Throwing objects but not at other person *Distancing such as waving arms, backing away, leaving room
4 **Danger Signs** (Bluffing has progressed to dangerous possibility of violence. Very difficult to diffuse.)	*Not thinking clearly *Responses often defensive, aggressive, irritable & impulsive *Quietness that is mistaken as submission	*Body flexed, arms cocked *Tight lips, mouth slightly open *Fixed stare *Squaring-off stance toward you *Toes may be pointed out (as opposed to pointed out during submissive thinking) *If they leave, they may likely likely come back
5 **Attack**		

The implication of confrontation management is that through understanding the particular stage an individual is in, one can (hopefully) interrupt further progression to a higher level. Exceptions to this were identified earlier.

Another practical reality is that none of this applies in cases where an assailant has targeted an individual and begins, without warning in the attack stage. In such cases the victim's goal is to escape with as little injury as possible.

Tools, Weapons and Survival

Personal safety knowledge is no substitute for self-defense training. Self-defense training is no guarantee one will escape unhurt. Hands on training and practice helps individuals prepare to know what to say and do as well as to handle their own fears. When surprised or panicked, our bodies release a burst of adrenaline which gives us extra strength and energy (Sloane). It can also create a *tunnel vision* that causes us to freeze and lose our

ability to respond and think. The purpose of practice is to be able to react without thinking and if physical contact is needed to rely on muscle memory.

Even without training we will generally react in ways that are survival oriented. This is often referred to as our *fight or flight instinct*. We can enhance that natural reaction through an awareness of the natural tools and weapons available to us in any situation. Those include our voices to call for help and startle; our feet to kick and run; our hands and arms to block, strike and hold; our elbows to strike; our eyes to observe; and our head for thinking, planning and butting. The environment also holds many natural tools or weapons available to us. Those include light to see and provide deterrent; distance and space to move and escape; and trees, bushes, furniture to block others, hide, provide barriers. The resources available to us are almost limitless and will often become spontaneous partners with us in the right situation.

There are also weapons which we naturally carry and those which we choose to carry for the purpose of protection. Examples include purses and briefcases, pens, keys, flashlights, pepper spray and mace, knives, and in some situations and positions - handguns.

The primary goal of personal safety is to first prevent any physical contact and if that is not possible to escape and survive. The purpose of weapons are, therefore, to achieve those goals through their use as a deterrent, a stunner to provide time for escape or aid and a disabler. Various basic techniques include kicks, stomps, elbow strikes, punches, pokes and strikes.

Within homes or offices furniture can become a valuable tool in preventing contact by placing and keeping it between you and a possible assailant. Other items within a home or office can be picked up and used to block or strike if needed. Examples are lamps, phones, ashtrays, staplers, plates and cushions. Individuals will generally be resourceful in using whatever is available to defend themselves and escape.

Several personal safety strategies are identified below. While they will be better integrated with practice, knowledge and integration of them may make a difference if needed.

- Not presenting as a target or victim is an important deterrent to being one.

- Since almost all contact confrontations have an element of power and control you need to understand and be familiar with your own strengths which may be different than physical strength.

- Punching, poking, striking, stabbing is always better if done to soft fleshy areas of the body like the neck, nose, eyes, throat, upper stomach, etc.

- Attracting the attention of others will often deter or limit an attack.

- Because of liability only the amount of force necessary to escape the attack should be used. Staying to finish off an attacker may be cause for criminal and/or civil action.

- An attacker with an intent to harm will not likely respond to talk although talk may provide time for you gather your wits, assess the situation, and act in whatever way you need to.

- If you have the opportunity and access during an attack you must do whatever is necessary to survive regardless of how unpleasant it may seem to you. In some cases this may include pushing an assailant's eyes in with your thumbs, tearing their ears, or biting.

- While there are numerous techniques for escaping a grab or hold without a weapon, it is most helpful to react like a child who is constantly wiggling, snaking, and/or moving in order to make it difficult for an attacker to maintain a hold on you.

- Never allow yourself to be taken into a vehicle by an attacker.

- Startles, such as stomps to an attacker's foot or a suprise scream may provide a momentary opportunity to escape or access something to be used as a weapon.

- Effective kicks and stomps are those that slow or incapacitate an attacker. Examples are stomps to the top of the foot with high heels or the rear angle of your shoe or kicks to the knee (particularly the side).

- When striking, kicking or using a weapon aim for vulnerable areas that will cause the most pain if landed since they will likely be more startling and disabling.

Personal Safety Crash and Burn Issues: Things That Can Go Wrong

Being trained, well-prepared, and confident are all important elements of personal safety. Despite that you can still end up in a confrontation you can not avoid, having physical contact you do not want, being unable to escape, or worst of all being injured or killed. Some of the things that can go wrong or be beyond your control are identified below for consideration.

- You are over-confident because of your training. It is always wise to recognize that an attacker may be smarter, more trained, bigger, or crazier than you. The crazier is important because it means an attacker is either more willing to do things you will not or that they do not care.

- You have underestimated your relationship with the other individual or client.

- You have your self-defense items such as mace, pepper spray, keys, and other items but you can not access them for use at the time you need them.
- No one is available to assist or aid you.
- The environment has changed (i.e., brightness/darkness, type of individuals present, etc.)
- You freeze or become incapacitated by your own fear.
- You forget what you learned to do.
- The other individual in a confrontation or an attacker does not respond as you expected or is more prepared for what you might do.

Summary

Staying safe is a natural instinct and unless an individual freezes with panic, most individuals will react appropriately to stay, remain, or get safe without thinking. The instinct is the natural *fight or flight* which is not always focused or organized. Any activity toward further education, focus, planning, and practice of safety will increase an individuals ability to prevent a physical confrontation from occurring and escaping a confrontation should it actually occur.

Personal safety education is a positive effort toward awareness and thoughtful planning of likely scenarios and how one might respond to them. Regularly reviewing personal safety information and techniques will greatly enhance an individual's ability to avoid dangerous situations and escape serious personal injury.

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Counseling and Treatment


Diagnosis - Intervention Paradigm

Robert M. Robertson, Jr., M.S.W., L.S.W.

Increasing a counselor's ability to be successful counseling clients is highly dependent on their ability to conduct an accurate assessment of the client's situation and the development of a client specific treatment plan according to the capabilities of the client. The Diagnosis-Intervention Paradigm is a framework for conceptualizing the problem(s) clients bring to the treatment process, as well as developing an appropriate treatment plan which reflects that understanding.

One of the most elusive skills for the beginning professional is the development of an accurate assessment of a client's problem and a treatment plan which reflects continuity between information gathered, the diagnostic impressions and treatment, identification of appropriate treatment modalities, frequency and combinations of family members needing to be involved and the goals of the treatment process specific to the client. A great deal of the elusiveness has to do with a beginning professional's lack of practice experience. A counselor's vision is confined to those things they know and can observe visually, auditorially and intuitively. Experience tends to expand a counselor's awareness just as good supervision can accelerate it.

The Diagnosis - Intervention Paradigm is a framework for conceptualizing the problem(s) clients bring to the treatment process, as well as, developing an appropriate treatment plan which reflects that understanding. It additionally places the course of treatment in a realistic time frame which will aid the client in their commitment to their own process of change and growth.

The paradigm is a general framework which should be used in a flexible manner. Fluctuations in approximating the length of treatment is somewhat dependent on the model of treatment (e.g., traditional psychotherapy vs. concrete problem-solving, etc.), the counselor's ability to engage the client(s) and the style of the counselor.

PROBLEM CLASSIFICATION

Clients become involved in the treatment process for a variety of reasons. Some observe, feel, or sense that something is wrong in their lives and seek to change or initiate some

change without the help of a counselor or helping professional. Others are referred by community agencies or interested individuals who seek to connect those in need of a service with those who can best provide it. Regardless of how the client comes in contact with the counselor or agency and initial assessment is made as to the nature or the ***presenting problem***. The presenting problem is the problem or situation which the client or referring person believes is most problematic. A common error in problem assessment by the beginning professional is the acceptance of the symptomatic behavior (presenting problem) as the problem for which a treatment plan is developed.Basic guidelines for developing an initial assessment of the problem includes obtaining information related to the client's perception of the problem, onset of the problem, related events or other important life or family events that occurred around the same period of time and those persons who participate in the problem or are affected by the problem in some way. A great deal of that information will be obtained during the initial contact with the client or referral source. A preliminary hypothesis about causality or system dysfunction can be made based on this information.

Situational Problems

Those problems which are relatively current or isolated to a specific situation or event can be considered ***situational***. While the immediate client risk remains in the moderate to high range the opportunity for successful intervention is very good. The length of treatment is likely to be in the brief - intermediate range depending on the theoretical preference and style of the counselor.

Examples of situational problems include grief related to a death; breakup with a spouse, paramour, partner or boy/girlfriend; feelings of depression related to an accident or medical problems and moving or developmental problems related to different life stages. Clarity in identifying what really is the genuine problem and how long it has existed is extremely important. A typical example of faulty assessment might be interpreting that the depression is related to a divorce or separation (situational issue) when in fact the identified client or their parents (if the child is the client) have been involved in a long-term dysfunctional relationship or that they had initially left home to get away from their own dysfunctional family of origin. Children in a family such as this typically present themselves as the identified client with presenting problems such as acting out behavior in the home, school or community.

One should additionally be clear in both understanding the symptoms presented as well as their meaning. While the presenting problem behavior may be new, its meaning may be connected to another problem that has existed for a much longer period of time. This would place the "real" problem in a different classification category.

Intermediate Problems

Problem situations which have existed for several months through one - two years can be considered ***intermediate*** in nature. On the low end, intermediate problems overlap the

high end of situational problems. Unresolved situational problems become intermediate problems. Opportunities for successful resolution diminish with one's failure to address the problem. Opportunities for successful intervention increase when situations include crisis due to one's motivation to move toward greater emotional stability or resolution.

Typical intermediate type problems might include remarriage, divorce, or separation; lack of self-esteem or confidence; academic or vocational stress or failure (for an extended period of time); experimentation with drugs, alcohol or deviant behavior; various forms of abuse (depending on the history, frequency, etc.) or longer term communication problems (e.g., parent-child, marriage, etc.).

To avoid faulty assessment it is important to distinguish between the presenting problem and underlying situations or problems they may be masking. For example, an adolescent who is acting out or experimentally or moderately using drugs or alcohol may have substance abusing parents which would change both the problem classification and intervention strategies developed.

Intermediate problems differ from chronic problems in that with chronic problems the client has transformed anxiety about the problem into acceptance and comfort with it. Problematic behaviors have been accepted or normalized in chronic situations.

Chronic Problems

Chronic problems are generally those which have existed for several years. For the purpose of this paradigm, chronic problems are those problematic situations that have been in existence for more than two years but have remained within the generation of the symptom bearer. Since virtually no one lives in isolation they frequently involve other individuals as enablers or participants. Behaviors associated with chronic situations have in most cases become habitualized or ritualized. They have become a normal part of the way the individual and the system function. The situation is frequently more problematic to those other than the client or those outside the immediate family system. The length of treatment for chronic problems is generally longer term in nature.

Typical chronic problems include alcoholism or substance abuse, sexual and physical abuse, victimization, depression or serious mental health problems. Chronic problems have associated behaviors which have often become habitual or ritualistic over time. They frequently have the participation of Important Others as enabling factors which contributes to their continuation. For that reason it is difficult to be successful if treatment occurs only with the identified client. It is also generally a longer term treatment process because of the long tern existence and intensity of the problem.

Generational Problems

Problem situations and behaviors that have existed beyond the generation of origin are considered generational. They are generally the most difficult to work with because the

attitudes and behaviors have been normalized over many generations. While the symptoms may be carried by one individual, many individuals have an investment in maintaining it. Common themes of generational problems include enmeshment which does not allow for individuation or individual differentiation. With generational problems individual counseling is generally unsuccessful as a therapeutic intervention. Family therapy involving all members of the dysfunctional system should be the treatment of choice.

Generational problems are similar in many ways to chronic ones in that the long term existence of symptoms, behaviors and attitudes have been normalized by the individual and surrounding systems. They are different, however, in that they are traditional within the dysfunctional system. While an individual within the current generation may be presenting the immediate problem behavior, the behavior has been carried or transmitted from previous generation members.

Typical generational problems are teenage pregnancy, alcoholism and other substance abuse, physical and sexual abuse and academic school failure. Genograms can be a helpful tool to identify similar or identical behaviors that have existed for other members of the family system in other generations. Generational problems are seldom solitary in that they are more frequently accompanied by other problematic behavior(s).

For example, a teenage pregnancy could have occurred in the life of the adolescent, the parent and the grandparent. It might additionally be noted among sibling of the adolescent and/or parent. It may be present for both the females who actually give birth to the child as well as the male who fathers children to females outside the family system. On closer observation other generational commonalties may be evident including a similar age difference between partners, longevity of intimate relationships, academic failure which precedes pregnancy, poor parent-child communication or the unspoken expectation that females become sexually active and/or parents as adolescents. There are clearly many issues which are separate, yet connected, in this example of the adolescent client who is referred with the presenting problem of a teenage pregnancy.

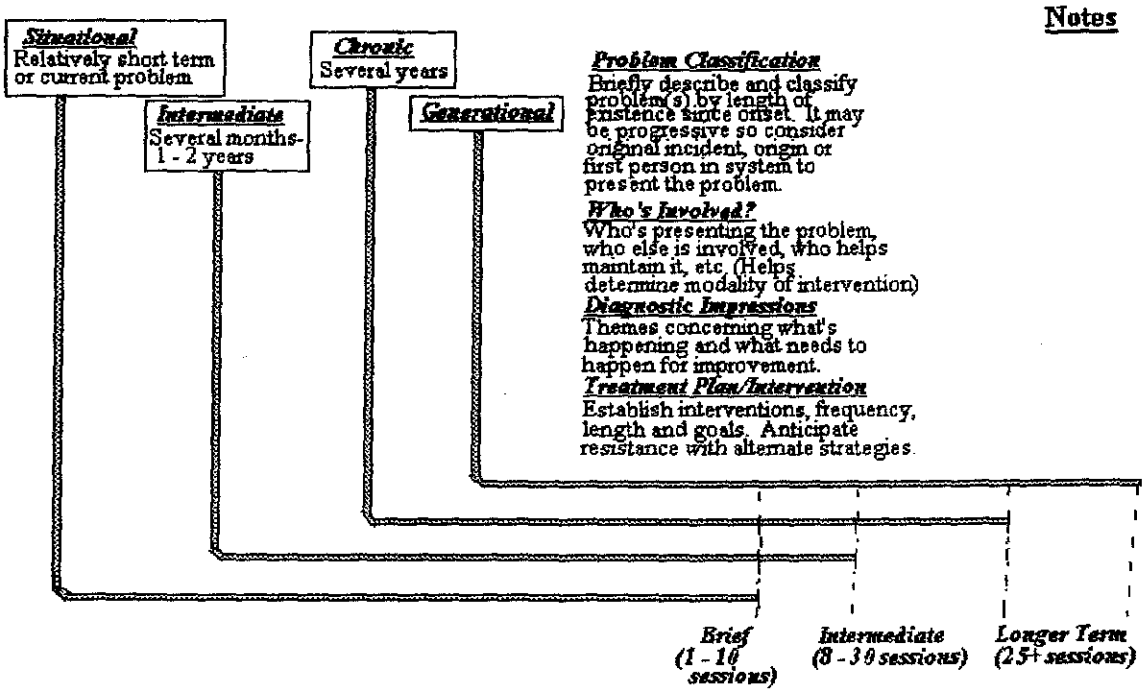
The ability to classify a problem within the paradigm is highly dependent on the counselor's ability to use both what is given as the presenting problem and what is connected to the presenting problem. In the end, the presenting problem may be a "red herring" which is a non problem or smoke screen which is less important than other problem areas. The counselor must be able and willing to look beyond the presenting problem with their eyes, ears and intuition.

How To Use The Paradigm

The Diagnostic-Intervention Paradigm is a linear process which is a means of developing an accurate assessment of what is really going on, what should be done to improve the situation and how long it could take to accomplish specific goals.

When shared agreement about the problem occurs between the counselor and the client it becomes a contract or mutual understanding of what actually is going to worked on as goals of the counseling process. All parties become clear on the problem definition, the direction of treatment, who will be involved in the treatment process and the expected amount of time it will take to address the problem and agreed upon goals. It would be unrealistic and dishonest to lead a client with a chronic problem to believe resolution could be achieved in a few sessions. The thought of sharing information such as the duration of treatment with clients never occurs to many counselors. They assume the client will intuitively know and immediately begin working on "their" (the counselor's) treatment agenda. The counselor is then surprised when the client begins missing or canceling appointments or drops out of treatment because the counseling was not what they thought it should or would be.

Diagnosis - Intervention Paradigm



Problem Classification Phase

During the problem classification phase the counselor needs to consider what the presenting problem is as described by the referral source. Utilizing some of the thoughts discussed earlier, the counselor needs to decide whether the presenting problem constitutes the real problem. Making that distinction includes gathering historical data related to both the problem and those in the client's family system. This can be done in a relatively short period of time utilizing a brief interview, a genogram or through a more extensive social history intake interview.

It is improtant to remain open to and look for new information which might change one's initial diagnostic impressions. It is far better to admit error and make appropriate corrections and apologies than to remain married to a flawed diagnosis and treatment plan. With the information obtained during this initial problem assessment phase the counselor should be able to initially classify the problem in general terms as situational, intermediate, chronic or generational.

While one is collecting information for the problem assessment they also need to pay close attention to who is involved in the problem. While the person with the problem behavior or symptoms presents an obvious problem it is important to stay alert for the Important Others who support the individual and their problem behaviors. This requires the need to observe the alliances that exist within the family system. Helpful information processing questions include: 1) who is effected in any way by the client or the problem, 2) who benefits or is served by the problem, 3) how are they served or how do they benefit form the problem?

Who is involved in the problem is an important consideration often overlooked as an initial treatment planning step. This may, in its purest form, determine the ideal modality for successful intervention. For example, an adolescent with truancy as the presenting problem may, upon closer examination, have ongoing parent-child conflicts with little parental value on education. This changes the treatment strategy from individual with the adolescent to any number of other modality possibilities such as parent, parent and individual (child) or family counseling. The child may in fact be only the symptom bearer for the system and working alone with the child in individual counseling will have little effect on the real reason for the truanting behavior if it lies within the parental realm.

Diagnostic Impressions Phase

In many ways who's involved in the problem is the filter to the diagnostic impressions. It places the problem assessment in a perspective unique to the individual client or system. Diagnostic impressions are themes concerning what the counselor believes or knows is happening. They are achieved through the "boiling down" of all the data and information to thoughts which will transcend incidental or situational events.

While an adult client's performance at the workplace or in the home may be problematic in specific situations the overall theme may be one of depression, poor sell-image or an unsatisfactory marriage. While a child involved in provoking fights in school may be situationally problematic to the school or parents, the theme of such behavior might be anger toward a parent, abuse or emotional deprivation.

Diagnostic impressions occur on two levels. The first level is that which the information suggests. The other is the counselor's instinct about what is happening beyond, or in lieu of, what the information or data suggests. It is important to pay attention to those "gut instinct" messages. Sometimes they suggest that despite all the information, the counselor

may be left with a feeling of dishonesty or withholding of information by the client. The instinctive impressions are frequently driven by unspoken client messages.

Treatment Plan Phase

Knowing what the true problem is, who is involved and what it all means drives the creation of the treatment plan. The treatment plan is what the counselor plans to do to assist the client in improving or resolving their situation. The treatment plan should include a strategy to address each theme related to the case. There may be strategy overlap in multiproblem situations.

The treat plan should include a strategy to address each diagnostic impression. These are implemented through various modality choice such as individual, family, parent or group counseling. It is important to include how often the client will be met with, the anticipated length of treatment and who shall be involved in the treatment. This is primarily driven by the kind of problem and those involved as determined through an accurate problem assessment.

For example, a situational problem such as an adult dealing with the death of their parent would likely be short term individual counseling. Conversely, a teenage pregnancy in an enmeshed family which historically has had adolescent females becoming pregnant and males dropping out of school would be a longer term treatment process involving family counseling as a course of treatment.

SUMMARY

Increasing one's ability to be successful in counseling clients is highly dependent on an accurate assessment of the problem and the development of an appropriate treatment plan. Counseling, as a process, is more than "knowing" what is seemingly wrong and then enlightening the client so they might change their behavior.

It is a process which involves thoughtful observation and planning as well as sharing with the client in a way which ensures everyone is working toward the same goals. This is particularly important for the beginning professional who needs to develop and integrate a sound practice process. For the more experienced practitioner, assessment and planning occurs rather quickly and less methodically.

A successful end is highly dependent on beginning at the beginning. A good beginning includes understanding what is and isn't the problem and what needs to be done to improve it. Successful experience builds skillful intervention. Successful intervention builds successful counselors.

Magic and Madness: Engagement Strategies for Difficult and Nonvoluntary Clients

Robert M. Robertson, Jr., M.S.W., L.S.W.

Resistant and nonvoluntary clients present unique challenges to starting the helping and change process. *Magic and Madness* presents practical concepts, strategies, and techniques including the meaning and types of resistance, an engagement and intervention continuum, a catalogue of techniques, and things that can go wrong in the engagement and start-up process.

1996

Copies are available from:

Robert M. Robertson, Jr.
Valley Youth House
524 Walnut Street
Allentown, PA 18101

(610) 432-6481

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Magic and Madness: Engagement Strategies for Difficult and Nonvoluntary Clients

Robert M. Robertson, Jr., M.S.W., L.S.W.

One of the most formidable challenges for any counselor is the successful engagement of the nonvoluntary or resistant client and their family system. Without the cooperation of the client, even the most skillful counselor is only as successful as the beginning worker struggling to engage an equally unwilling or resistant client. These clients pose the same simple question to all counselors regardless of their training, skill level, or experience - can I trust you enough to risk my present and future emotional safety? Those who successfully engage the client are given permission to deal with new and more intimate levels of resistance's to change. Those clients who do not engage with the counselor remain "stuck" waiting for the right counselor, circumstances, or opportunity to proceed with an acceptable level or anxiety, pain, and safety.

Magic and Madness focuses on a counselor friendly understanding of the nonvoluntary, resistant, and difficult client and family system; the meaning and use of resistance as a natural part of the therapeutic process; a creative mindset and skill base for working with difficult clients; and useful techniques for engaging such clients.

The term *client* is used throughout the article to refer to the identified client, patient, family system, consumer, customer and other identifying names used within the human services to describe the person receiving a service. *Counselor* refers to a counselor, therapist, intern or any other human service practitioner who is providing the service.

RESISTANCE: A Practical Understanding

The creative counselor's approach to resistance is that resistance is inherent in the helping process and that it reflects the worker's momentary inability to transcend or understand the issues that block client movement, growth or resolution. It additionally enables the counselor to avoid confronting deficiencies in their agency's practices or themselves.

A typical example of this misjudging or mislabeling is the identification of a client who is unreceptive to an agency's service or a counselor's method or style as resistant. Such an assessment relieves both the agency and the worker of less comforting explanations for the client's behavior.

Both voluntary and non voluntary clients bring fears and hurts to a therapeutic process that are perceived or expressed as resistance to anyone who attempts to touch the source of the client's pain (Hartman & Reynolds, 1987). It is therefore important for the counselor to remain sensitive to the individual or family's general need for emotional stability during an expected time of change.

It is essential to include counselor resistance as both a possible and likely source of being "stuck". This may involve a dislike of the client as well as an unconscious dislike or triggering of unpleasant or traumatic material from the counselor's past. Typical indicators of this includes the counselor's feeling delight when a particular client cancels or no shows an appointment or is not home for an outreach visit, the counselor misses or avoids obvious diagnostic material, the counselor avoids specific case presentations or discussions in supervision or the counselor manages the case differently than other cases.

Schlosberg and Kagan (1988) describe a three step framework for working with resistance. It is based on developing a hypotheses about how the process of resistance protects the client from their primary fears and tests the counselor-client relationship. Table 1 (identified below) outlines the process for identifying typical patterns of resistance. The counselor begins to use the resistance by identifying their own reactions and feeling to it. The counselor's gut feelings provide clues to pressures and unstated messages. These can be used as indicators of the clients feelings and fears. A hypotheses can then be formulated as to how the resistant behavior makes sense as the foundation for creative interventions to engage the client., to build on their strengths, and to begin the process of change.

Table 1. Working with resistance: A framework for assessment and treatment planning.

Primary Resistance Patterns (examples)
Denial ("No problem")
Blaming ("It's all _____'s fault.")
Labeling ("He's been diagnosed as _____.")
Fragility ("Don't push him hard.")
Driven parent ("If I don't do everything, no one will.")
Induction ("We like you. You're part of our family.")
Avoidance ("He couldn't be here.")
Crises ("We're in terrible trouble.")
Discounting ("It hasn't helped. You're no good.")
Helplessness ("What's the use?")
Environmental hurdles/dangers ("Cockroaches, lice ... it's the pits.")
Counselor's resistance ("I can't, I shouldn't, I must...")
Identification of Feelings
Counselor's reaction/feelings toward resistance
Client's feelings/beliefs, what they fear most
Development of Strategies to Engage the Client and Promote Growth
Hypothesis on the function of resistance in the counselor-client interaction
Specific strategies

Resistance is an often overused and misused term and label whose origin is generally attributed to Freud and the long-term psychoanalytic process. Freud referred to resistance as an expected

phenomenon within the treatment process whereby the uncovering of buried and threatening material usually leads to the client's development and use of defense mechanisms (Gitterman, 1983). The use of the term has become muddled over time and (mis)used by many practitioners to identify any client or family system that the counselor has been unsuccessful in engaging, treating, or maintaining in a therapeutic process. This (mis)understanding of the client and their behaviors somehow relieves the worker from less comforting explanations of the client or family system's behavior (Gitterman).

For practical purposes within this article, ***resistance refers to any behavior or action by a client or worker which serves to protect the client, system, or worker from other persons, actions, feelings, or events they believe to be emotionally uncomfortable or painful to them.*** The belief may exist on a conscious or unconscious level. Emotional pain exists both on an emotional continuum and is relative to the respective individual or system. In other words, what is uncomfortable or painful to one person may not be so to another.

Therapeutic Myths of Resistance - It is important to clarify four important myths about the treatment process which have a direct relationship to engaging clients. The first is that clients come to counseling for change. This is especially not true for semi and non voluntary clients who do not initiate the process and those in which the entire family system does not cooperate in the therapeutic process such as a spouse or partner that refuses to participate initially or on an ongoing basis. Most often clients begin the therapeutic process with an agenda of staying comfortably where they are at in an emotional place that may seem painful to others but is safely familiar to them. Joel Bergman identifies the common process of clients who often expend a great deal of energy searching out a *Dr. Homeostasis* who will unwittingly assist them in fulfilling their mission of keeping things the same.

The second is that most people come to therapy believing in it. Most clients have some history of prior counseling and/or interaction with child welfare or a criminal justice type system which has not been helpful to them. They also have some preconceived notions of who counselors are and what they are up to in their work. Prior experience and current hopelessness make strong partners for disbelief of any positive outcome or value of the therapeutic process.

Consistent with the first two myths are that people come to counseling eager for solutions and that each family member is equally motivated. Family systems simply do not operate in this manner when the outcome is change and that power and control shifts in the system. Practical reasoning suggests that in order for someone to get stronger and more of something that someone must lose or give up power. Under such circumstances, at least one person in the system will perceive an impending loss of power or control.

TYPES OF RESISTANCE

Client Resistance - In the area of client or family resistance it is important to understand that the persistence of behaviors or resistance serves the important function of stability to the client. Old problematic behaviors support the belief "better a known devil that an unknown saint". Problems and behaviors may be uncomfortable, but they are certainly more familiar and manageable than the

unknown feelings of some desired change that may actually feel worse, especially in the process of getting there. The growth capabilities of a person or family are often impeded by intimacy related issues. For the client identified as resistant this can take the form of either lost or a loss of intimacy or a fear of too much intimacy. The intimacy theme often reflects the growth capabilities of a person, marriage or system. It should be recognized that in some relationships there is only the experience of pain or no intimacy.

Counselor Resistance - Resistance is often an accurate term to describe barriers to growth or change. It is most often misused by counselors or therapists to label clients rather than themselves. A clear second type of resistance therefore belongs to the counselor. A common theme for the counselor often has to do with their own family of origin issues which may have events or issues that were or are painful to them. This can be dormant or feel resolved until it is triggered by either the client or material about the client. It is often a double edged sword. For example, the counselor may be a middle child in their own family which included the role of the peacemaker. While this is a generally good characteristic for a counselor to have it may also prevent conflict from occurring in families with whom they work. One must be aware that our own issues may be long term and that client issues may actually be the same or similar to our own.

A second common area of resistance for new or inexperienced counselors is a fear or anxiety of clients and working with them which inhibits the counselor's ability to do what they need to do. Counselors may also feel some discomfort with the power of their role and may be reluctant to use it in a productive way to unstick family systems.

A related area of resistance is the counselor's theory or knowledge base which may dictate what and how they hear information. It is crucial that counselors have an awareness of how they hear because of a tendency to hear certain things because they believe certain things. It is therefore important to read a diversity of material and be familiar with several approaches for balance.

Counselor fatigue can be a cause of both worker resistance to particularly difficult topics and specific clients. You know you are experiencing fatigue when you are glad your client(s) cancel their appointment. It is important that counselors know both their limits as well as how to energize themselves.

Certain types of cases may cause counselor resistance to both the client and their material. It is important for counselors to understand what type of clients push their buttons. Consideration in the areas of moral issues and values is important in self and therapeutic awareness. Counselors should have a clear understanding of who they are as individuals and what is important to them.

The counselor's sense or perception of appreciation from clients can be a relevant factor of worker resistance. Clients often push or keep counselors away as a means of emotional safety and protection. The personalization of transference may cause the counselor to experience it as rejection. Additionally, the humanistic approach sometimes sets the counselor up for offering personal intimacy when they will get back very little.

Closure issues for the counselor are an additional form of resistance. Sometimes the worker has trouble closing, separating, or losing those they work with.

System Resistance - It is important to be aware of organizational blinders. The counselor may work with a client group so long they only use or see their own approach. Another way of describing this prescription of choice is "we have met the enemy and they are us". Other forms of system resistance are the unavailability of adequate or appropriate space to conduct effective counseling. Excessive time and paperwork demands may also provide impediments to working successfully with clients.

The creative counselor demonstrates an interest in identifying the issues which are presenting the resistance. This often involves seeking the meaning of behaviors and self-examination to determine who is actually presenting the primary resistance - the client or the counselor. The creative counselor demonstrates an ability to vary their style and feels greater freedom to take calculated therapeutic risks in pushing their own style and technique repertoire. The issue is often not one of penetrating the client's resistance, but of engagement wherein both the client and the counselor examine the resistance for it's utility.

Resistance Strategies - The most important strategy in working with resistance is the counselor's need to plan for and expect resistance. The amount of resistance from a client can be greatly reduced if the counselor connects with the client on the client's issues and terms and utilizes a style and language similar to that of the client's comfort level and familiarity.

The use of treatment contracts assures agreement on issues to be worked on and how counseling time will be spent. Like a car, if something needs to be fixed, you fix it but do not tell the owner where to drive it. If they come in for an oil change, you do not tell them they an inspection.

Counselors need to understand they will make mistakes. The better the counselor gets in their practice experience and style the quicker they will catch their mistakes. It is also helpful for counselors to understand the Leviton Rule of Power Struggles - *Avoid them or win them.* If you know you are going to lose, do not invest in an emotionally draining power struggle. Avoid it and address it in a different way.

A metaphoric example to better understand the process of resistance in the therapeutic process is somewhat like an automobile journey in which both the client and counselor each have their own steering wheel and set of brakes. In a best case scenario they have both agreed on the general (and sometimes specific) destination. *(One common counselor strategy guaranteed to ensure client resistance is to take the client on a trip to some unknown destination. The importance of trust and control in engagement is crucial.)* The counselor and client may not always agree on the specific route or speed of getting there, but should be clear on the final destination. *(This is generally managed through clear goals on which the client and counselor agree.)*

While the counselor usually prefers to both drive and take the most direct route as expeditiously as possible, the client continues to ride the brakes, want to stop at rest areas, and enjoy the scenic back roads which often get the counselor lost. The journey can get quite interesting depending on

who the client and worker invite along for the trip. It is not uncommon to become so lost that in the journey back to the main road, the client and/or counselor abandon or discontinue the trip. With engagement resistance the client simply refuses to get in the car.

THE DIFFICULT and NONVOLUNTARY CLIENT

Counselors present an interesting paradox regarding the nonvoluntary client. While most acknowledge their existence, few actually work with them. Services under traditional mental health and counseling education and practice standards dictates that service only commences upon the arrival of the client at the provider's office or facility. Stated otherwise, the client needs to be motivated enough to come to the practitioner's office to receive any service. Those who do not come do not receive any service. The paradox is that those who are often most in greatest need are also those who present the least willingness or capacity to come for service.

Nonvoluntary clients are those who have not personally initiated contact, do not see a need for any service, and who are referred and often pressured to make (significant) changes by another person, agency, or authority (Burstein, 1988). They are clients who are unable or unwilling to participate in services. Their unwillingness to participate in services or engage with the counselor represents the first major resistance which must be surmounted - *engagement resistance.* This resistance may not necessarily apply to all clients unable to participate due to physical or environmental handicaps such as lack of transportation, mental disability or other factors.

Client Characteristics - There are several thematic and specific characteristics common to the difficult to engage and nonvoluntary client. They have frequently been a prior human service recipient in which they found the service(s) or the counselor(s) to be unhelpful or punitive. They, in their own experience, feel victimized by interventions from educators, social service or agency staff, and family courts. They often resist present and future interventions as intrusions into their family or personal lives (Kaplan, 1986). They often view human service professionals as intimidating parental figures who are insensitive to their personal or family's primary needs (Bell, 1963).

Thematically this often represents shame around parent or child behavior. It often serves a protection function for the individual or family which prevents discovery of a secret they are unable or unwilling to talk about.

Mistrust is an important thematic characteristic of the difficult or nonvoluntary client. Mistrust is basic to engagement resistance (Hartman and Reynolds, 1987). The client is trapped between his/her need for change and their need to protect their current patterns, role(s), and organizations (Bell). The resistant client brings fears and hurts to the therapeutic process that are expressed as a resistance to anyone who attempts to touch the source of their pain (Hartman and Reynolds).

Additional characteristics common to difficult and nonvoluntary clients includes a poor or low self concept which may present as aggressive behavior, depression, denial or avoidance, and the successful employment of other defense mechanisms.

While there are multiple characteristics of the difficult and nonvoluntary client, the most important feature is that they (initially) do not want the service nor do they want to engage in any therapeutic process. This may create some degree of confusion and/or conflict for the human service purists who strictly believe in client self determination.

Examples of such clients are those referred for services they did not request or desire. This includes many youth and families referred to counseling agencies or programs by public child welfare and juvenile justice agencies, schools, and hospitals (following an involuntary commitment). It includes youth referred by their parents with refusal by the child to participate in the service and parents brought involuntarily into the system because of their or their child's behavior(s) Often, one parent figure will participate while the other refuses involvement while claiming the (family system) problem has nothing to do with them.

Special Populations - While ***Magic and Madness*** deals with engaging difficult and nonvoluntary clients in general it is important to note several specific populations that present real challenges to engagement. Those populations include substance abusing, physical and sexual abuse perpetrators and family systems with a significant parent-child conflict in which the direction is reunification.

In the case of substance abuse and physical and sexual abuse perpetration the general theme the counselor needs to be prepared for is denial. There are several models of intervention in working with these populations. The traditional model is that of confrontation. This begins the process by expecting the client to accept or admit responsibility for some act or behavior. This approach generally only works well when there is a firm authority mandating participation by the client. While this might get the client into the process it does not mean that the client will be cooperative in the process or use the process in a productive way. For example, attendance at or completing a parenting course does not mean any of the material will be used or integrated.

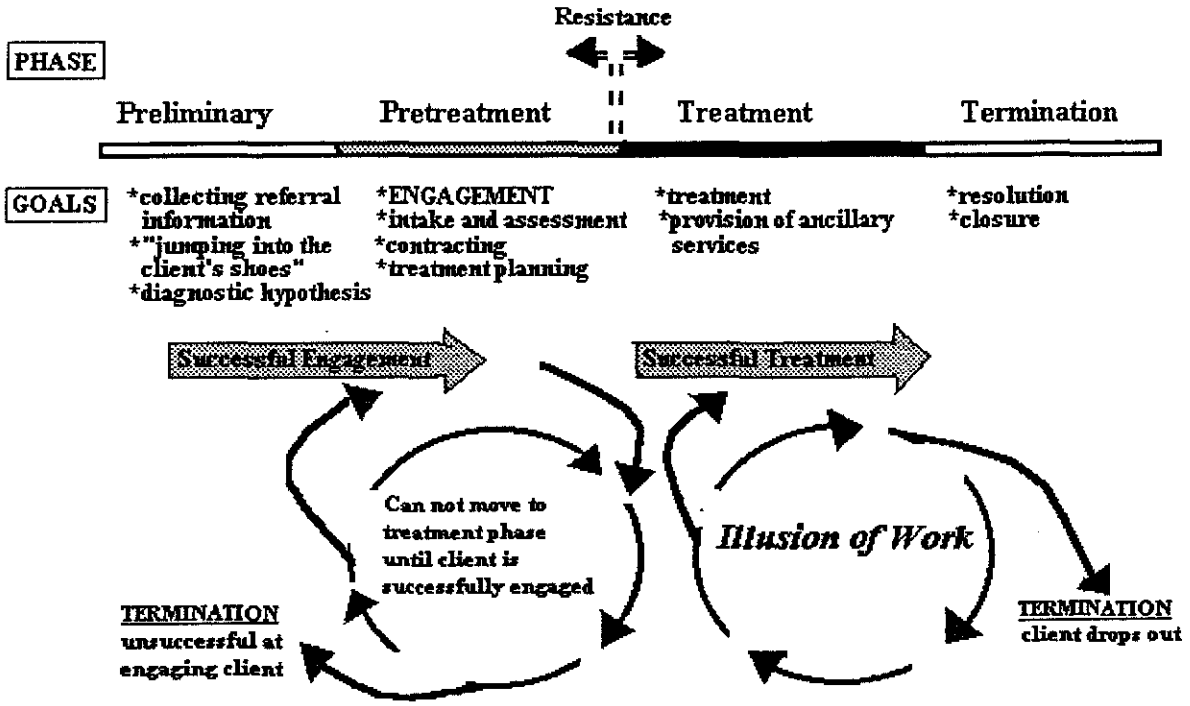
It is important to understand that clients connect to the counselor first in engagement and not the process. The counselor is the tool that guides the client to growth and resolution. If the client connects to the counselor it is more likely they will risk dealing with the difficult material.

Family systems in crisis with a goal of reuniting an unwilling adolescent or parent can be a real challenge because it is less about the counselor and often more about not giving in. It is therefore imperative that the counselor remain and be perceived by the client as being neutral. Like the client who is abusive there is great defense and protection around maintaining one's position. Engagement must therefore convey a feeling that one can enter and participate in the therapeutic process without feeling they will lose something.

ENGAGEMENT and INTERVENTION CONTINUUM

The Engagement and Intervention Continuum (Figure 2) consists of four phases: preliminary, pretreatment, treatment, and termination. The primary focus of engaging the client occurs within the preliminary and pretreatment phases.

Engagement and Intervention Continuum



During the ***preliminary phase*** the worker has no direct contact with the client. Referral information is obtained with particular attention paid to the presenting problem, individuals involved, onset of the problem(s), previous human service involvement and interventions, previous attempts to improve or resolve the situation, and demographic and environmental issues.

The purpose of this has important implications for the engagement process. It is extremely helpful in creating an initial hypothesis based on the counselor's best diagnostic sense of the situation. The information allows, as Shulman (1984) describes, the counselor the opportunity to "jump into the client's shoes" and empathically experience and question what the client might be thinking and feeling before the counselor actually meets them. This advance opportunity is particularly helpful in anticipating what the client might be thinking about and anticipating their particularly unique point of view. From the client's point of view and with knowledge of prior human service involvement and experience with counselors one can anticipate the client's concern and feeling about starting with a new counselor. The process of "jumping into the client's shoes" is an affective rather than intellectual process.

Having an initial understanding of the client and likely issues also requires the counselor to think about how they feel about the client and their situation. This involves an awareness of the counselor's own issues, biases, willingness to take risks and personal comfort of working with the client in settings other than the office (client homes, schools, unfamiliar neighborhoods, etc.) if outreach is to be utilized as part of the engagement strategy. It additionally involves the counselor thinking about their own feeling about manipulation, their rescue fantasies of not letting clients fail, and what they believe will happen if they push a client toward goals and expectations

for growth. It also involves being clear on their own ideas of professionalism which often may put a client off or create a "one down" feeling by the client.

Considering all of the dimensions of the preliminary phase the counselor should be able to generate likely scenarios about what might happen during the first contact, either on the phone or in person. This will help prepare the counselor for maintaining a positive, proactive, and productive style which reduces the likelihood for any unanticipated surprises or situations which could cause the counselor to become defensive or reactive. Preparation reduces, but never eliminates surprise. It is often an important client test of the counselor.

For the counselor it should be more important to "do right" than "be right". It is easy to blur thoughtful advance consideration of possible scenarios and what they might mean with the creation of the counselor's agenda. It is not uncommon for a counselor to (unconsciously) seek information or ask questions which only relate to supporting the counselor's initial impressions or expected situations. The counselor should never be so focused on what he/she thinks that they miss important new information which might change an initial diagnostic impression.

The ***pretreatment*** (second) ***phase*** is focused around engagement of the client. It involves direct contact with the client. If the counselor is unsuccessful in engaging the client, he/she can never be successful in the treatment phase and, at best, will remain stuck in the *illusion of work* (Shulman). Additional tasks of the pretreatment phase are intake information collection and contracting with the client around goals, expectations, and responsibilities.

During the third or ***treatment phase*** the primary services and interventions are implemented according to the contract or treatment plan. If the counselor has been successful in engaging the client and overcoming the issues of engagement resistance, he/she will encounter a whole new set of resistance's during this phase.

The final ***termination phase*** concludes the process either with successful resolution of the issues that brought the client to treatment or being unsuccessful with the client dropping out of treatment or being closed for other reasons by the counselor. Termination actually begins with the first session whether the counselor actually discusses it or not. Termination, in a process sense, more formally begins in the treatment phase when the counselor and client begin discussing goals and the projected length of service. This does not necessarily imply either success or failure.

ENGAGEMENT RESISTANCE

Engagement resistance is focused around the helping person's effort to involve the difficult or nonvoluntary client in a process or activity that the client knows or believes will lead to emotional pain. Engagement is equivalent to acknowledgment of the emotional pain and a voluntary commitment to (eventually) visit it.

The primary goal in working with difficult or nonvoluntary clients during the pretreatment phase is overcoming their engagement resistance. Once the counselor has thought about what it would

be like to be in the client's situation or place, the counselor's own feelings about working with the client and what they believe all the available information means diagnostically, it is time for personal contact with the client.

One might question why so much thought and effort should be expended before one actually has direct contact with the client. The old saying *you only get one first impression* underscores the importance of this first contact. In many ways, it establishes the framework or foundation for all future interactions.

To every client, the counselor is an authority figure. It does not matter whether the counselor believes it or views themselves in that way, it is the reality of the client experience. The counselor automatically begins one up on the client. The client will react to that in many ways, most of which will be indirect. There is often a paradox of power where the client may feel, state, or act as though they are powerless, but act in a powerful way by controlling the engagement process through their resistance to engagement.

One of the first decisions clients make is whether to engage with the counselor (Shulman). For the counselor the question is how do they help the client lower their defenses when they have such a stake in maintaining them? Clients need to take steps in their own self interest, not the counselors. The counselor's role is to help them feel safe enough to take those steps.

Five basic assumptions (Schlosberg and Kagan, 1988) are important starting points for understanding and working with difficult, nonvoluntary, and chronic and multiproblem clients. The first is that ***you always begin where the client is.*** This old social work axiom refers to counselors and agencies who often feel a greater urgency or need for change than the client and begin with their own agenda regardless whether the client understands or accepts it. This impatience often creates barriers to both engaging and maintaining the client through the treatment process.

Secondly, (engagement) ***resistance often reflects unresolved issues within the family system that is acted out within the community and with agencies, therapists, and others***. Thirdly, ***the level of resistance to engagement and counseling corresponds to both the pressure experienced for change and the pain inherent in confronting the dilemma.***

Fourth, ***the type of resistance fits the emotional stage of the individuals within the family system and serves to maintain the family system at its current stage of development.*** Lastly, ***resistance tests the usefulness of the counselor - client relationship.*** It provides the client with a valuable screening technique to determine whether it is safe for them to establish a relationship with the counselor and whether they are able to make potentially costly and painful changes.

The counselor and client can not successfully move to the treatment phase until the client is successfully engaged. Within a family system treatment mode this means minimally engagement of at least one of the key members - either the identified client who is presenting the symptoms or problem behaviors or the parent figure who actually has the most power in the parental dyad.

JOINING: The Therapeutic Mindset of Engagement

Joining is more an attitude than a technique. It is the umbrella under which all therapeutic interactions occur. Joining is letting the client know the counselor understands them and is working with and for them. Minuchen states that "only under their (the counselor's) protection can the client have the security to explore alternatives, try the unusual, and change. Joining is the glue that holds the therapeutic system together." (Minuchen and Fishman, 1981) Jurick (1990) in his five step strategic therapy model, notes the worker must join with the client and learn to see the world through the client's eyes in order to avoid being drawn into an unproductive coalition and becoming part of an existing problem.

In the simplest form, joining with a difficult or nonvoluntary client is about connecting with the client in a manner that dissipates initial engagement resistance and establishes a trust level between the client and counselor which allows the process to continue.

Because nonvoluntary clients have been difficult for other counselors to engage does not mean that every new counselor will have a similar experience. A counselor about to engage a difficult or acting out client, particularly adolescents, or adults emotionally arrested in adolescence due to substance abuse issues, must first of all appreciate or unconditionally love them or refer them to someone else. These clients can be so obnoxious, so infuriating, so difficult that if the counselor can not love them in spite of this, their therapeutic interventions will never work (Jelsma, 1990).

Those who work with difficult and nonvoluntary clients additionally benefit from an "unstoppable sense of humor and a keen appreciation for bizarre wit to keep at bay the ever-present specter of potential tragedy and to prevent work from degenerating into mutual hostility." Because the process of joining, engagement, and intervention spans a varying period of time, the counselor additionally has to be willing to live in suspense until the client or family system rights itself (Jelsma),

ENGAGEMENT: Capturing the Client

Engagement is similar to joining. Joining is the attitude necessary for engagement. Engagement is the active process of connecting with the client. Engaging the client in a trusting therapeutic relationship is a first order activity. Successful service can not proceed without a base level of client engagement and cooperation (Matthews & Robertson, 1994). Waters and Lawrence (1993) discuss "courageous engagement" for both counselors and clients which requires taking calculated therapeutic risks and stepping out of familiar treatment ruts and routines. It requires courage to go after more than a safe and adequate outcome. Too often counselors are willing to settle for what the client is willing to settle for. The goal of creative engagement is to expand the client's vision of what is possible.

As stated before, clients with a previous history of child welfare, juvenile justice or counseling often have an experiential notion of both the counseling process and who counselors are as "helpers". There is often little distinction between a child welfare caseworker, a probation officer, a guidance counselor or a therapist. Long histories with any or all of these is generally an

indication that successful engagement leading to real change will be a challenge. The fact that the present counselor has the client often indicates that all previous ones were unsuccessful and that the client is quite naturally ambivalent about repeating another unsuccessful therapeutic experience.

A common strategic error of counselors is to get too far ahead of the process by beginning or moving to deeper levels of counseling before engagement or a therapeutic relationship has been established. The counselor identifies the client as "resistant" because they will not address, cooperate or stay focused on the (counselor's) goal or agenda. A supervisor should reasonably question two general areas - whether the counselor has significantly engaged the client or system before beginning work on the issues the client appears to be resisting and whether the client is even aware of and in agreement with the goals the counselor is addressing. Too often treatment plans are made unilaterally by the counselor on what they believe the client should be working on as opposed to what the client feels prepared to and comfortable enough with working on. These contracts are by nature corrupt because they impose expectations and goals on clients without their consent or knowledge.

Engaging the more difficult and non voluntary clients who are unable or unwilling to come to the office for service is a double challenge. Outreach to the client's home, school or place of work is often necessary in order to initially access the client. The second challenge is a very personal experience which will determine whether the worker even gets a second chance to continue working with the client.

Practical engagement advice is to follow a preemptive version of what Shulman (1984) and Schwartz (1976) refer to as "tuning in" or "jumping into the client's shoes". This preparatory empathy with the client is a way of putting oneself in the client's shoes and trying to view the world through the client's eyes. Based on known information about the client's life, their stage of development; the nature of their previous experiences with human service agencies, and past and current (presenting) problems the counselor can imagine what it is like to have lived the client's life, feel what they might be feeling, and anticipate what their unspoken questions and issues would be for a first therapeutic encounter. Additionally, the counselor needs to be genuine, real and believable as a human being. While this may be offensive to many counselor's self perceptions, clients have great intuition about bored, disinterested, cynical and uninspired counselors. Counselors need to recognize the difference between meeting or being with a client and actually being helpful and valued by them. Nothing meaningful in counseling ever happens without a successful client engagement.

GROUND ZERO: The Place Where Change Occurs

Ground zero is the place where growth, change, and movement occur. It is the result of a therapeutic climate created and managed by the counselor. Ground zero is the impact point where counselor's skill, style, and creative forces intersect with all the challenges the client brings to the therapeutic process. It is the dissolution of therapeutic impasse. It is the hot point where change and movement have the highest likelihood to occur. It is, hopefully, the therapist who controls ground zero. In the best scenarios the counselor is the fail-safe that prevents the client

from their own "crash and burn." The counselor's role is to insure client survival in those "crash and burn" situations.

Without engagement there is no ground zero. The exception to this is a crisis situation or workable moment which are ground zero opportunities. These situations are the engagement opportunities. Success in and feeling helped by the counselor creates successful engagement.

THE CREATIVE SELF: Counselor As Tool of Engagement

"It is important not to mistake the edge of the rut for the horizon"
Anonymous

When all is said and done the counselor is the primary therapeutic tool in the counseling process. Considering that all counselors, regardless of discipline, essentially receive the same educational knowledge base through which they understand development, feelings and behavior it is not surprising that counselors generally all do fairly well with voluntary and motivated clients. The big difference shows up when counselors encounter clients who are unmotivated, lack insight, present significant initial resistance to engagement, and have a noteworthy history of defeating past counselors. It is the latter group of clients that separates the counselors with active creative selves from those with inactive creative selves.

The creative self is a mixture of innate talent, natural curiosity, divergent thinking, innovativeness, playfulness and mischievousness. The creative self has a strong connection between their "head" and their "heart". Their unusual instinct is well described by Joel Arthur Barker (1993) in his discussion of "paradigm pioneers". Those who choose to change their paradigm, method, intervention or style do it not as an act of head, but as an act of heart. They are captivated by a set of rules or observations that suggests they may be able to succeed where before they or others have failed.

Driven by the frustration of the old and the appeal of the new, the creative self is willing to cross the brink of doing it differently. The creative self also demonstrates the courage to act on its intuition.

The creative self is different in every counselor. A life history of different family systems, life experiences, education and training, dreams, and visions make the counselor rich with the skills and insights to guide others through their difficult times.

ENGAGEMENT STRATEGIES and TECHNIQUES

Thus far, *Magic and Madness* has been more of a knowledge base, understanding , and mindset about resistance as a concept and formidable issue, the difficult and nonvoluntary client, and the process of engagement. It is as important as any technique for actually engaging the client. It is not easy. It provides no assurance for success. It does, however, improve the opportunity for successful engagement of the difficult and nonvoluntary client.

Crucial engagement skills are consistent with good treatment skills. They require an attentiveness to the counselor's style and the effective use of the range of skills the counselor possesses. This is especially important during the engagement process when the counselor - client relationship is so tenuous. While in an office setting, the goal for the worker would be to have the reluctant client return for a second appointment, the goal for the counselor of a nonvoluntary client receiving outreach service is to be invited back for a second visit.

Counselors should act the way they expect clients to behave. They must convey that the clients are the experts in their own lives. This serves an important empowerment function. They must be able to articulate what the client is experiencing but having trouble talking about. These powerful issues for the client are often projected onto the worker. Shulman refers to this process as *projective identification.*

Being clear is an important factor in building trust. It requires an ability to raise and discuss uncomfortable material with the client. Important engagement material or issues not addressed will continue beneath the surface and likely undermine the therapeutic process. This is an especially difficult process to negotiate for counselors who may fear saying the wrong thing or losing their client.

An additional important skill during engagement is *containment* (Shulman). Very simply, it refers to not arguing with clients about issues and the counselor's general ability to know when to keep their mouth shut.

The counselor operates with multiple goals and utilizes many skills all at the same time. The overlapping goals contribute to the counselor's mindset. At the forefront of those engagement goals is always reaching for the client's strengths. This suggests a belief in the potential of the work and a refusal to accept even the client's own self-description of weakness (Shulman). This is more difficult than it sounds considering most counselor's formal training is in the area of identifying deficits and problematic behavior(s) rather than identifying strengths. This is a central part of what helps clients act in a positive way in their own behalf.

Strategy and technique is a very individualized skill set. Their individualized use is a function of the style and the personality of the counselor. While the same strategies and techniques can be explained and taught to many counselors, each one will adapt and use them differently depending on their own comfort level, creativeness, use of self, previous training and experience, comfort with personal risk-taking, and other factors too numerous to mention. That is the way it is supposed to be. Counselors are different. Clients are different. Each strategy and technique has its own continuum with variations and alternatives to suit and meet the needs of clients and counselors alike. The responsibility of the counselor is to select both the most appropriate strategy and technique and the correct variation that presents the greatest opportunity for success.

For most counselors, this process occurs rather automatically with little or no conscious thought. This infers a process which has become both routine and lacks a conscious effort toward individualizing the intervention to the client. Consciously thinking about the client and what it

will take to successfully engage them will motivate the counselor and enhance the range and quality of engagement strategies the counselor possesses.

A variety of engagement strategies are identified below with short comment to provide further clarification. For purposes of identification and future reference they are listed in alphabetical order.

ART - Art is an expressive engagement strategy that allows clients to speak with a projective voice. This can be as formal as House-Tree-Person type of drawings, creative drawing versions of family sculpture, working with clay, books of pictures, a camera, and paper and pencil (or crayons, markers or paint). It can include a trip to an art museum or gallery. It can include the creation of individual or family collages. Art, like any other creative engagement strategy, must be a good fit and appropriate to the specific client or family.

BEING A GUEST - Being a guest is both a technique and an art. It involves being respectful in a sometimes disrespectful or hostile environment. It involves being gracious and tactful while being therapeutically manipulative. Typical examples include the acceptance of offered ice tea, use of the bathroom which offers new observational opportunities, or requests to use the phone when necessary. It additionally involve a mindset which simultaneously includes converting the client home to your office. With such a mindset the counselor feels greater permission to turn off the client's television during scheduled meetings (remembering to request the client to do it first) or asking the client to deal with a disruptive child or pet. This also establishes and reinforces a therapeutic contract of expectation as well as providing less threatening intervention opportunities.

CONCRETE SERVICES - Beginning where the client is often means the counselor has to attend to the immediate needs of the client such as food, services or other crisis type issues. It is very difficult to get clients to talk about feelings and issues when they are hungry, homeless, or in the middle of a crisis. Frequently, nonvoluntary clients have unmet environmental or resource needs that can be tended to rather quickly. The ability to help the client meet one or several of those needs establishes in the client's mind both a sensitivity by the counselor to their situation as well as their willingness to take care of business. Providing immediate and helpful service provides the client with an experience the counselor is helpful and trustworthy.

CREATIVITY and RESOURCEFULNESS - This is almost magical in the way it can transform material and mood to a level of comfort for the anxious client. It requires a willingness to take calculated risks, being a bit playful depending on the situation, and a desire to be helpful rather quickly moving to a specific agenda. It additionally helps reduce start-up tension by demonstrating that counseling does not always have to be serious.

GAMES - Games, like other techniques, allow the client to divert their immediate attention from the focused process of discussing and disclosing. This often works well with children but also works with family systems, particularly when the counselor wants to observe the natural interaction of the family system. It quickly highlights issues of natural hierarchy, power, control, competitiveness, fairness, tolerance and other types of family functioning.

FOOD - The counseling process is a very oral process. Food is often a simple way of stimulating the process. The use of a snack or treat allows the client to experience the counseling process in a nontraditional way. It allows the counselor to give the client something which is both enjoyable and distracts them from the traditional format of talk therapy which is the counselor and client sitting in an office and talking about something the client wants to resist. This would include sharing a piece of candy or taking the adolescent client to McDonald's.

HANDSHAKES - One of the easiest ways to connect with a client is to simply shake their hand in the greeting process. It both literally and metaphorically *connects* the counselor to the client. The counselor can further reinforce the connection with the duration and firmness of the handshake as well as deciding whether to conclude the session in the same manner.

HUMOR - In an atmosphere of initial tension and anxiety humor can ease the transition to more serious material. This can be anywhere from light-hearted banter to a simple appropriate story or joke. The key here is keeping natural and appropriate. If the client does not perceive it as natural or appropriate it will become a barrier to engagement.

LANGUAGE - Clients often feel comfortable in the engagement process simply because the counselor's choice of words and style of speaking conveys greater equality. Simple techniques include using the language (as appropriate) of the client and using metaphors related to areas of interest to the client. The goal is to help the client feel comfortable, connected and that they share something in common. Maintaining a "professional" attitude of keeping the client *one down* is a real barrier to engagement.

MAGIC - Magic has a way of capturing the imagination of clients, especially that of difficult and nonvoluntary ones. It has a very high entertainment value and appeals to every person's innate sense to know how something works. It works well with nonverbal and disorganized clients and family systems. For example, simple card tricks can change an anxious and withdrawn adolescent into one with attentive anticipation whose first response is usually either "how did you do that?" or "show me how you did that". Once you teach them you have given them an important gift of being able to do something successfully every time they do it. The counselor may choose to trade the teaching of the trick for some specific expectation. It is a small price to pay for something that guarantees success to the client and initiates a bond because you gave them the gift.

With small children balloons and other playful activities work well. A frequent outcome is that the child or adolescent conveys to the parent and system persons that the counselor is "OK". This is especially helpful if many referrals are made in a word of mouth manner.

A short case example highlights the power of a simple card trick as both an engagement strategy and diagnostic assessment tool.

The Wilson's: Too Chaotic To Change

The Wilson family was self-referred after receiving a notice to appear before the magistrate for the truancy of their 15 year old son. The family included the 36 year old blue collar father, a 33 year old factory worker mother, a 13 year old daughter who was not truant (yet) but experiencing poor grades and a general dislike of school.

When the family arrived for their first appointment they were somewhat loud and obnoxious to each other in the waiting room. They helped themselves repeatedly to the coffee and hot chocolate while leaving a mess behind. When greeted by the counselor in the waiting room they continued to act in a crude and disorganized manner.

Once in the counselor's office the family continued to interrupt each other, become excessively loud, and became overfocused on how no one had ever been able to help them because there was, after all, no problem other than the impending truancy fine.

In a session with an uncooperative family who was unresponsive to basic interpersonal courtesy and direction they presented the incredible challenge of organizing them enough to actually get through the session. It was clear to the counselor anything he had been taught would be of little use with the Wilson's.

The counselor got up after about ten minutes and walked across the room to his briefcase. This attracted the Wilson's attention since he was no longer paying attention to them. In the briefcase he retrieved a deck of playing cards and returned to his seat. He held the deck up so they could clearly see it and sat quietly. The family chaos subsided on its own.

Once the family had become quiet he simply asked whether they would be interested in seeing a really good bar room card trick; one which, if they became good at it, might even make them some money. Not surprisingly, the family agreed.

As the counselor began the Wilson's again began interrupting and asking questions and trying to make comments. The counselor informed them he was going to give each family member a part of the trick to complete. In order to successfully learn the whole trick they would have to allow each family member to follow the directions he would give them. The Wilson's successfully made it to the final step where the counselor would predict the card the family had selected. Since the Wilson's had seen the counselor go past their card they had previously selected they felt assured the counselor could not win the wager he proposed - no interruptions for the remainder of the session. Of course the counselor won and agreed to share the secret of the trick at the end of the session. The counselor only briefly noted that it seemed clear the family possessed the ability to cooperate and manage their own behavior when they felt there was something in it for them.

The Wilson's were cooperative for the remainder of the session. The counselor showed them the trick and the family was fairly cooperative throughout the remainder of the treatment process.

The counselor had not only successfully captured the family, but had metaphorically indicated that he could be as successfully controlling as them, something which the family came to respect even though he never had to use it with them.

MUSIC - It's been said that music is the international language and often is a great ice breaker with clients. This can include the use of actual instruments, music while transporting clients, having clients bring their favorite music (which becomes a projection of things they are feeling or would like to say), the use of or writing of lyrics, and direct contact with musical people.

OUTREACH - Outreach is the umbrella under which almost all work with nonvoluntary clients occurs. It is the extension of the client services by the agency or counselor to non-office settings. If the counselor has been unsuccessful in persuading the nonvoluntary client to come to the office through written or phone contacts there are only two alternatives; you close the case or you engage the client in a setting other than the counselor's office.

Outreach as a client service or goal will usually be defined in advance by the counselor's respective program or agency. Many agencies have predetermined they will not utilize nor provide outreach and as a result will not work with any client that does not come to the program or agency office.

There are various settings for outreach which includes client homes, schools, foster homes, residential treatment settings, street corners, and job sites. While not inclusive of all possible outreach settings the most frequently used are client homes and schools.

Outreach by nature is a turf issue. The counselor is displaced to a setting other than his/her own. It is important to remember, particularly for counseling agencies, that counseling is a process, not a setting. Counseling can occur anywhere. The counselor may feel some loss of control by being out of his/her element, particularly if it is a home or neighborhood where safety may be a counselor issue.

It is, however, a powerful strategy in that the client feels a high degree of emotional safety, is less likely to leave during the interaction since they are already on their home turf, and is more likely to agree to future appointments. The client may choose to be away from home for those scheduled future interactions and the counselor may change strategy to include unscheduled appointments as a result. It is also important to remember an eventual goal is to have the client come to the counselor's office. This helps prepare the client to more proactively seek and obtain services in the future on their own.

Home visits provide the counselor with important observational opportunities unparalleled in the office. The home becomes a projective instrument through it's contents, arrangement of rooms and furniture, and the natural family system interaction that occurs.

Outreach will accomplish the goal of getting the client and the counselor face to face. The content of the interaction will determine future client receptivity to and availability for future interactions.

The school as an outreach setting is more controlled for the counselor in that it is neither the counselor nor client's turf. To the counselor's advantage, many adolescent clients will be more available simply because they view it as an opportunity to get out of class. Others may resist meeting in school because they feel personally embarrassed when their peers know they are seeing a counselor. Those clients who do not attend school for their scheduled school appointments may require outreach to the client's home.

Outreach is the strategy that will set up the face to face interaction with nonvoluntary clients. The skill and technique within the interaction will define and determine the level of engagement that occurs.

PETS - Often clients relate to animals easier than counselors because of the unconditional nature of their response. The use of pets is also multi-sensory in that clients feel great permission and pleasure in petting animals. It is safe for the client and often triggers positive feelings the client has for their own present or past pets. It would not be uncommon for the client to begin by petting and actually talking to the animal before the counselor, than to the counselor about the animal and than to the counselor about more relevant material. It also helps show the counselor a softer and more caring side of the client.

PICTURES - The type of pictures the family has on their walls, in frames, on refrigerators and in family albums will tell you about who is important to the system as well as stories about them. The family album is also a safe way to talk about family members since the discussion begins with safe events and material they have already showed the counselor.

PSYCHODRAMA - Psychodramatic techniques offer the client the safety of warming up, action, and interaction at a speed and level comfortable to them. It allows the client the opportunity to speak and respond to a double, mirror, or other. While psychodramatic techniques can be advanced, they can also be those most counselors have learned without realizing they were psychodramatic techniques such as the empty chair and role playing.

REMINDERS - These are especially helpful in mobilizing a family system where some members are more voluntary than others. This often works well with drug and alcohol family systems or other addictions where therapeutic engagement and investment levels vary. Reminders can be postcards or phone calls reminding the client of the appointment or the use of appointment cards given at the end of the previous appointment. It is also a helpful strategy to keep the appointment time relatively consistent every week and to schedule as many in advance as possible.

SETTING - As stated before, counseling is a process, not a setting. Therefore, one of the easiest ways to make a client feel comfortable is to create or use a comfortable setting. For some clients this might be a walk which allows the client to talk without looking at the counselor and also stimulates the body metabolically making it easier to talk (particularly with depressed clients).

The setting of a session might be a spontaneous choice based on where one is at. For example, clients are often very talkative during a transport to and from an appointment. Continuation of the session may occur at the destination without getting out of the car which often breaks the flow. This, like other strategies, is a function of outreach and a counselor's willingness to step outside the traditional boundaries of counseling.

(COUNSELOR) STYLE - Style has an important power of engagement. It can calm or escalate the first interaction. For that reason it is important that counselors understand their own style, whom it works well with, whom it does not work well with, why those interactions work or do not work, and how the variety of clients they work with perceive them.

A counselor can be whoever they want to be and use whatever style they want as long as they know how to make it work for them in their interactions with clients. While one can aspire to be like the masters of therapy, supervisors, or other counselors they want to emulate, it is more important that they aspire to be themselves in the best way they can. Style without a good skill or technique fit is courting disaster with difficult and nonvoluntary clients.

A good ***introduction and opening line(s)*** often set the mood for everything that will follow. Remembering that you only get one first impression highlights this importance. This is especially important for new counselors and clinical interns. Many clients are often unclear as to who the counselor is, why they are there, and most importantly what it is they want from the client.

Simple ***contracting*** such as agreeing to meet a specific number of times, agreement on the issues and problems to be worked on, and mutual expectations or ground rules for the work lets the client know where the counselor and client are going on this mutual therapeutic journey. Counselor and client need to be in agreement on the purpose and general direction of the work. General goals are identified in the beginning as themes since further intake information will be necessary to aid the counselor and client in more specifically identifying more exact and measurable goals. This gives the client an important sense of control within the counseling process. Prolonged lack of clarity creates an unnecessary tension or anxiety in clients that only serves to maintain client mistrust of the counselor and inhibits the engagement process.

It is important that counselors know why they are there and that they can convey that to the client in a manner which relieves anxiety and promotes trust. This can simply be achieved through advance counselor thought about their opening sentences or statements to the client. While a good *rap* may sound redundant to the worker, the client is only hearing it for the first time.

UNANNOUNCED VISITS - Unannounced visits for elusive clients gives them less opportunity to avoid the counselor or prepare a defensive plan. They are, in a sense, forced to respond to the counselor in person. The counselor's job is to be irresistible. As a strategy this only provides the opportunity to personally engage the client. The fact that the client has remained elusive speaks to the level of their resistance the counselor is likely to encounter.

VIDEO and FILM - Most clients have great exposure to television and movies. Most clients have their own opinions about what is good, bad, what worked, and what did not. The use of

selected videos can be excellent transitions to client related material. Like other projective devices, the client is often unaware of the material they are sharing in their discussion of other's situations, the values inherent in the selected situation of the video and their own choice of favorite television shows and movies.

WHATEVER WORKS - This catch all category fits all other skills and strategies not mentioned. Each counselor has a life history filled with successful experiences both within their respective discipline and outside of it. While counselors have chosen a field which helps others they also have had a rich life experience of helping themselves in their own self interest. In that experience they have had to convince others, sell issues others had little or no interest in, touch the hearts of individuals they have never met before, and pursue others (usually the opposite gender) they really wanted to meet and know. In those quests, they learned much of what they need to know to be successful in engaging difficult and nonvoluntary clients.

Whatever it takes is reminiscent of what Minuchen (1981) described as *therapeutic spontaneity.* This requires a use of self in a way which the counselor must be an effective part of the client system able to respond to circumstances according to the client or system's rules while still maintaining their widest use of self. The counselor's actions, though regulated by the goals of the therapeutic intervention are products of his/her relationship with the client.

Crash and Burn: Less Than Perfect Work

It would be a therapeutic marvel if everything we said and did as counselors worked with clients. It doesn't. Risk-taking and creativity is by nature imperfect and fraught with the potential for failure which occurs in many ways and for many different reasons. It is therefore helpful to consider the reality and implications of therapeutic creativity which misses the mark during the engagement and start-up process.

Risk-taking can have important implications for both the client and counselor. Unsuccessful risk-taking or less than perfect interventions can produce problematic effects for a client which may include creating an unmanageable crisis or relapse, triggering old known or unknown issues, placing the client at greater risk for an unwanted relapse or crisis, loss of trust, perceived or actual betrayal, and premature termination. This is more likely to occur with young or inexperienced counselors who, for example, go into "healing" without the life experience or training necessary to understand the problems with which they are intervening. It is also possible the counselor may be in over their head or they do not understand the meaning of the material the client has given them. In these cases Minuchen and Fishman (1982) suggest the counselor either consider excluding themselves from the case (which is not usually possible in most human service agencies) or acknowledge their ignorance and ask the client to educate them in such matters.

Crisis can be very much like a double edged sword. Just as a crisis can produce a workable moment than can lead to change, change can also lead to a crisis. It is therefore essential that the counselor understand which direction the are moving - toward a crisis or change.

A trusting relationship must almost always precede a client's willingness to accept risk. Risks need to be honest and fair in the client's perception. Timing is also an important element of therapeutic creativity. A perfect intervention can easily fail if it is ill timed.

Risk-taking can have equally important implications for the counselor. For the beginning counselor it is not unlikely they will already be knowingly or unknowingly dealing with their own client rescue fantasies. This includes a menu of feelings about losing the client, the client not liking them, not asking certain questions because they feel it would make the client uncomfortable and choosing easy or weak interventions that maintain their own personal emotional safety.

For the counselor the material may also consciously or unconsciously trigger their own past issues. They may have anxiety about or fear their own material and not be willing to take risks with their own self. That avoidance prevents them from helping clients with the same or similar issues or themes. Just as the client must have a trusting relationship with the counselor in order to accept risk, the counselor must trust themselves in order to take or initiate a risk-taking intervention.

Successful risk-taking is empowering. The lower the risk the more acceptable it will likely be for the client and the counselor. The higher the risk, the greater the stakes and the expectation for resistance.

SUMMARY

The difficult and nonvoluntary client is the most challenging client to work with due to their reluctance or unwillingness to risk entering the therapeutic process. The issue of engagement resistance is the primary obstacle to moving forward with any meaningful intervention. Resistance is a barrier to be overcome by the counselor, not an excuse to prevent successful service from occuring. The primary issue of overcoming resistance is understanding what purpose it serves and what it means to the client.

The counselor is the primary tool of engagement. The counselor's prior training, life experience, and creativeness join forces in an irresistible therapeutic alliance which allows the client to feel less anxious and defensive about the counselor and what he or she has to offer. In the end, each counselor knows there will be some difficult and nonvoluntary clients they will never engage.

Critical counselor skills necessary to be successful in engaging difficult and nonvoluntary client include an understanding of the engagement process, a personal feeling of safety and willingness to be creative, different, and irresistible, and a genuine interest in wanting to know and engage the client. One has to genuinely want to do the work and have an appreciation for the absurd, unacceptable and sometimes disgusting. Anything less will get in the way of the client experiencing the counselor as one who can be helpful.

To modify one of Minuchen's thoughts, "Beyond technique there is the wisdom which is knowledge of the interconnectedness of things...when techniques are guided by such wisdom's, then (therapy) interventions become healing".

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The Creative Self As Counselor

Robert M. Robertson, Jr., M.S.W., L.S.W.

The Creative Self As Counselor examines the practical art of capturing the client and providing useful counseling to an often resistant population. It additionally discusses core concepts including client engagement, Ground Zero, symptoms vs. themes, pathology vs. competence, and healing vs. fixing. An overview of the artist - technician continuum is discussed as well as things that can and do go wrong in the creative use of self as the primary tool of providing counseling services.

1995

Copies are available from:

Robert M. Robertson, Jr.
Valley Youth House
524 Walnut Street
Allentown, PA 18101

(610) 432-6481

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Almost anyone can work with the easy cases, the insightful and motivated clients and the situational crisis that would probably resolve itself without intervention. Even the rule of thirds indicates one third of the clients on a waiting list will get better before any services are offered.

Engaging and providing meaningful services to highly resistant, non voluntary, or very disturbed and dysfunctional youth and their families requires stepping outside the traditional boundaries of counseling techniques. The creative self often lies dormant, dulled or near extinction by almost two decades of formal education which has trained students well to be passive, non-directive and predictable. It is also not uncommon for human service workers to be drawn to the field with honorable intentions, but a life history seeking resolution provides a distracting distortion to understanding, risk-taking and successfully assisting clients in meaningful growth.

The most difficult clients demand great flexibility and creativity in order to transcend the many obstacles, barriers and resistances that often forms the core of the work that takes place between the counselor and the client. In that practice rarely replicates the logic and clarity of theory (Gitterman, 1983) the *Creative Self As Counselor* will examine the practical art of "capturing the client" and creatively engaging and working with an often resistant client population. It will additionally examine core concepts, elements of the creative self and things that can and will go wrong in the process.

OPERATIONAL CONCEPTS: A Practical Overview

RESISTANCE: A Formidable Challenge

The creative counselor's approach to resistance is that resistance is inherent in the helping process and that it reflects the worker's momentary inability to transcend or understand the issues that block client movement, growth or resolution. The traditional view of resistance was described by Freud as an expected phenomenon in treatment which occurs through an uncovering of buried and threatening material which inevitably leads a client to mechanisms of defense and protection. The labeling of a client's behavior as *resistant* often enables the worker to avoid confronting deficiencies in their agency's practices or themselves.

A typical example of this misjudging or mislabeling is the identification of a client who is unreceptive to an agency's service or a counselor's method or style as resistant. Such an assessment relieves both the agency and the worker of less comforting explanations for the client's behavior.

Both voluntary and non voluntary clients bring fears and hurts to a therapeutic process that are perceived or expressed as resistance to anyone who attempts to touch the source of the client's pain (Hartman & Reynolds, 1987). It is therefore important for the counselor to remain sensitive

to the individual or family's general need for emotional stability during an expected time of change.

It is essential to include counselor resistance as both a possible and likely source of being "stuck". This may involve a dislike of the client as well as an unconscious dislike or triggering of unpleasant or traumatic material from the counselor's past. Typical indicators of this includes the counselor's feeling delight when a particular client cancels or no shows an appointment or is not home for an outreach visit, the counselor misses or avoids obvious diagnostic material, the counselor avoids specific case presentations or discussions in supervision or the counselor manages the case differently than other cases.

Schlosberg and Kagan (1988) describe a three step framework for working with resistance. It is based on developing a hypotheses about how the process of resistance protects the client from their primary fears and tests the counselor-client relationship. Table 1 (identified below) outlines the process for identifying typical patterns of resistance. The counselor begins to use the resistance by identifying their own reactions and feeling to it. The counselor's gut feelings provide clues to pressures and unstated messages. These can be used as indicators of the clients feelings and fears. A hypotheses can then be formulated as to how the resistant behavior makes sense as the foundation for creative interventions to engage the client., to build on their strengths, and to begin the process of change.

Table 1. Working with resistance: A framework for assessment and treatment planning.

Primary Resistance Patterns (examples)
Denial ("No problem")
Blaming ("It's all _____'s fault.")
Labeling ("He's been diagnosed as _____.")
Fragility ("Don't push him hard.")
Driven parent ("If I don't do everything, no one will.")
Induction ("We like you. You're part of our family.")
Avoidance ("He couldn't be here.")
Crises ("We're in terrible trouble.")
Discounting ("It hasn't helped. You're no good.")
Helplessness ("What's the use?")
Environmental hurdles/dangers ("Cockroaches, lice ... it's the pits.")
Counselor's resistance ("I can't, I shouldn't, I must...")
Identification of Feelings
Counselor's reaction/feelings toward resistance
Client's feelings/beliefs, what they fear most
Development of Strategies to Engage the Client and Promote Growth
Hypothesis on the function of resistance in the counselor-client interaction
Specific strategies

The creative counselor demonstrates an interest in identifying the issues which are presenting the resistance. This often involves seeking the meaning of behaviors and self-examination to determine who is actually presenting the primary resistance - the client or the counselor. The creative counselor demonstrates an ability to vary their style and feels greater freedom to take calculated therapeutic risks in pushing their own style and technique repertoire. The issue is often not one of penetrating the client's resistance, but of engagement wherein both the client and the counselor examine the resistance for it's utility.

ENGAGEMENT: Capturing the Client

Engaging the client in a trusting therapeutic relationship is a first order activity. Successful service can not proceed without a base level of client engagement and cooperation (Matthews & Robertson, 1994). Waters and Lawrence (1993) discuss "courageous engagement" for both counselors and clients which requires taking calculated therapeutic risks and stepping out of familiar treatment ruts and routines. It requires courage to go after more than a safe and adequate outcome. Too often counselors are willing to settle for what the client is willing to settle for. The goal of creative engagement is to expand the client's vision of what is possible.

Clients with a previous history of child welfare, juvenile justice or counseling often have an experiential notion of both the counseling process and who counselors are as "helpers". There is often little distinction between a child welfare caseworker, a probation officer, a guidance counselor or a therapist. Long histories with any or all of these is generally an indication that successful engagement leading to real change will be a challenge. The fact that the present counselor has the client often indicates that all previous ones were unsuccessful and that the client is quite naturally ambivalent about repeating another unsuccessful therapeutic experience.

A common strategic error of counselors is to get too far ahead of the process by beginning or moving to deeper levels of counseling before engagement or a therapeutic relationship has been established. The counselor identifies the client as "resistant" because they will not address, cooperate or stay focused on the (counselor's) goal or agenda. A supervisor should reasonably question two general areas - whether the counselor has significantly engaged the client or system before beginning work on the issues the client appears to be resisting and whether the client is even aware of and in agreement with the goals the counselor is addressing. Too often treatment plans are made unilaterally by the counselor on what they believe the client should be working on as opposed to what the client feels prepared to and comfortable enough with working on. These contracts are by nature corrupt because they impose expectations and goals on clients without their consent or knowledge.

Engaging the more difficult non voluntary clients who are unable or unwilling to come to the office for service is a double challenge. Outreach to the client's home, school or place of work is often necessary in order to initially access the client. The second challenge is a very personal experience which will determine whether the worker even gets a second chance to continue working with the client.

Practical engagement advice is to follow a preemptive version of what Shulman (1984) and Schwartz (1976) refer to as "tuning in" or "jumping into the client's shoes". This preparatory empathy with the client is a way of putting oneself in the client's shoes and trying to view the world through the client's eyes. Based on known information about the client's life, their stage of development; the nature of their previous experiences with human service agencies, and past and current (presenting) problems the counselor can imagine what it is like to have lived the client's life, feel what they might be feeling, and anticipate what their unspoken questions and issues would be for a first therapeutic encounter. Additionally, the counselor needs to be genuine, real and believable as a human being. While this may be offensive to many counselor's self perceptions, clients have great intuition about bored, disinterested, cynical and uninspired counselors. Counselors need to recognize the difference between meeting or being with a client and actually being helpful and valued by them. Nothing meaningful in counseling ever happens without a successful client engagement.

GROUND ZERO: The Place Where Change Occurs

Ground zero is the place where growth, change, and movement occur. It is the result of a therapeutic climate created and managed by the counselor. Ground zero is the impact point where counselor's skill, style, and creative forces intersect with all the challenges the client brings to the therapeutic process (See diagram 1). It is the dissolution of therapeutic impasse. It is the hot point where change and movement have the highest likelihood to occur. It is, hopefully, the therapist who controls ground zero. In the best scenarios the counselor is the fail-safe that prevents the client from their own "crash and burn." The counselor's role is to insure client survival in those "crash and burn" situations.

SYMPTOMS and THEMES: A Big Deal

The creative self is more attentive to the big picture (themes) than the individual scenes (symptoms). Symptoms are describable physical and emotional indicators or characteristics of a condition or event. They have individual and collective implications to the diagnostic assessment process. A counselor should be clear in both understanding the symptoms presented as well as their meaning. While presenting symptoms or behaviors may be new, their meaning may be connected to another problem that has existed for a much longer period of time. This would place the real problem in a very different context.

The function of a meaningful assessment is to distinguish whether symptoms are stand alone issues or representations of larger, more significant themes. Diagnostic themes are discerned through the process of "boiling down" data and information into thoughts which transcend incidental or situational events and behaviors. The goal of the assessment is, therefore, to understand the real issues in order to develop (treatment) plans and interventions that will effectively improve or resolve the issues that are most problematic to the client.

A thematic understanding of the client and an effective plan of intervention is more likely to address the relevant issues and reduce or eliminate new symptoms from arising to replace old ones

than will a plan which treats only symptoms and never addresses the core issues(s) or meaning of the symptoms.

The generation of diagnostic impressions occurs on two levels. The first level is that which the information suggests. The other is the counselor's instinct about what is happening beyond, or in lieu of, what the information or data suggests. It is important to pay attention to those "gut instinct" messages. Sometimes they suggest that despite all the information, the counselor may be left with a feeling of client dishonesty or withholding of information. These instinctive impressions or themes are frequently driven by unspoken client messages (Robertson, 1989).

There is no substitute for good training and supervision in intake interviewing, data collection, diagnosis or diagnostic impressions, and treatment planning. Like engagement, it forms the foundation for successful intervention.

PATHOLOGY and COMPETENCE: A Difference of Approach

Competence is the capacity to use everything you have, including the energy that drives symptoms and problems and to realize one's deepest and best strivings. (Waters & Lawrence, 1993) It is less a matter of possessing skills than a developing sense of one's own inherent capacity to move forward in a healthy manner, whatever the challenge. Competence is everywhere. It is in all of us and is rewarding and self-reinforcing, not just for what it produces but for the inner experience of feeling competent.

Competence is an awareness that an individual can have an impact on their environment and make happen what they want or need to happen. It is a sense of trust in the manageability of the world and the hope for one's own ability to have an effect. The various contributions of helpers -- caregivers, parents, teachers, friends, or counselors make an important difference at all ages. This interpersonal aspect of competence development is an important one throughout the entire life cycle. It is a mindset that involves both motivation and action designed to deal effectively with the problems life puts in one's way. (Waters & Lawrence)

Like competence, pathology is an elusive concept. In the psychological realm it varies dramatically depending upon the theoretical base one uses or was trained in. It focuses on and investigates what is wrong with the person rather than what is functional or effective. When we look for pathology we usually find it and we tend to exaggerate its significance, often to the exclusion of other observations.

We are trained to see deficits. What begins as a description of characteristics associated with a problem often becomes the description of the whole person. A pathological approach directs the counselor to the type and magnitude of the deficits, but offers few clues to helping the client with a resolution to their situation. Focusing on dysfunction does not provide a map for moving toward new behaviors.

The creative self, by its very nature is more interested in forward movement and solution. As such it looks for and builds on strengths as a foundation for change. Strengths, regardless of how

small, are the anchor of competence. As a creative counselor one recognizes it is far easier to have even the most dysfunctional client build on things they do well than to have them give up behaviors and thoughts that do not work.

HEALING vs. FIXING: A Subtle Therapeutic Difference

Therapeutic approaches can be divided into oversimplified orientations of healing or fixing. They differ in focus, depth, expected length of treatment and criteria of success. Waters and Lawrence (1993) discuss one of the core orientations as a fixing mentality which focuses more attention on patterns than on people and also to the changing of those patterns. "Fixers" tend to see problems as almost entirely systemic and self-maintaining and as being responsive to very small changes in the system's changing. There is limited focus on individual issues, such as internal distress, except for the effect it has on the system.

Healing, by contrast, looks past the patterns to the person. While it recognizes the patterns as real it sees it as the result of individual distress. It attempts to change the patterns by changing the person who holds the distress. Growth, selfhood and transformation are at the heart of a healing approach. Healers worry less about the length of treatment and more about its depth. Healing involves going toward what hurts and accepting it with courage so that it may let go.

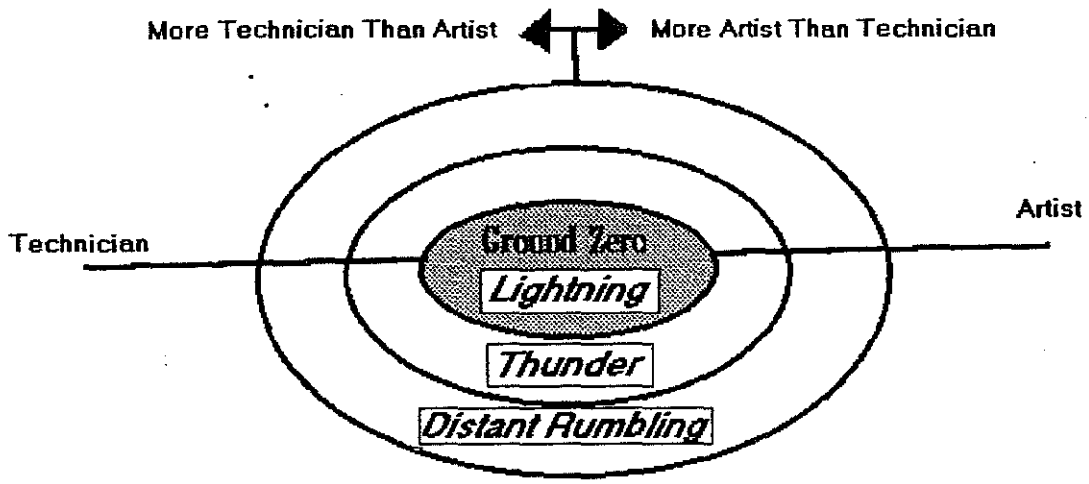
Because agency's often dictate the length of service, counselors do not always have control over the entire process. The creative self is rooted in healing. The nature of the practice setting may provide a hybrid orientation which is attentive to the individual and the patterns together in order to accelerate the process and provide practical services to both "fix" the immediate problem and initiate the healing process.

THE ARTIST - TECHNICIAN CONTINUUM

All counselors function on a continuum of technician -- artist. (diagram 1) No counselor is purely one or the other. They are, however, predominantly one or the other; that is to say, more of a technician than an artist or more of an artist than a technician. Visually, the technician and the artist are the opposite of each other on the counselor continuum. The least experienced of both are on the extreme ends with mastery occurring toward the center. The closer one moves toward the center or mastery the more aptitude they have for using both technique and creativity. While both can be very successful in their work with clients it is the artist who possesses a great deal of technical skill who has the greatest ability to be successful with the most difficult and resistant clients.

Diagram 1

Technician - Artist Continuum



Anything Out Here Happens By Luck or Accident

Human service professionals, regardless of discipline, have each received essentially the same educational foundation for understanding human behavior and development, diagnostic assessment, interviewing, basic treatment modalities, and process. Each uses "talk" as the primary method for communicating with clients. It is reasonable to assume that all human service professionals operate with the same basic toolbox of knowledge and process. The difference in outcome then has an important relationship to the primary tool -- the worker. Most often it is the intangible, difficult to define, difficult to reproduce, innate abilities and creativity of the worker that most often define successful intervention.

In general, a technician is one whose interactions and interventions are primarily rooted in technique. Their process is most often linear , that is to say, it has a cause and effect relationship. Technicians tend to rely on and encourage client insight as a strategy of change.

Minuchin and Fishman (1982) describe technique as implying craftsmanship, an attention to detail, a concern with function, and an investment in results. As a counselor remains a craftsman wedded to his/her technique their interactions with clients will be objective, detached, and clean; but also superficial, manipulative for the sake of personal power, and ultimately not highly effective. Technical expertise does not admit uncertainty; much as a skilled craftsman is certain of his craft., the therapist who is highly invested in mastering technique must guard against becoming too much the craftsman. Such a counselor, like a craftsman, could become so taken by their ability to join two pieces of beautiful wood that they have failed to realize the wood was never meant to be joined.

Artists, while as proficient as technicians in their understanding of process and technique are more spontaneous and creative in their use of self. They possess a high degree of innate intuition and are usually very engaging or charismatic toward the client. Artists' interventions often seem to

come from "nowhere" and have an irresistible quality to them. Artists are individuals who feel greater comfort in taking therapeutic risks.

The use of self is central to the counselor as artist. The essence of therapeutic creativity is the counselor's use of self. It implies risk-taking and feeling some comfort in responding as themselves. Counselors as artists must be able to call upon their deepest selves in order to understand their clients and realize that theories and technique are not necessarily better than reacting to life as it happens. (Riebel, 1992) In the long run therapists have only themselves to count on; the people they were before they learned the theories and models; before they were influenced by teachers and supervisors, and before they had any idea what the perfect therapist looked like. (Wylie & Markowitz)

Training, therefore, according to Minuchin (1982), should be a way of teaching technique whose essence is to be mastered, then forgotten. The goal of the counselor as artist is to transcend technique.

Wylie's(1992) characterization of master therapist Olga Silverstein is appropriately descriptive of the therapist as artist. It is one who has a sense of the absurd, imagination, and intellectual quickness. They have the uncanny ability to hurl lightning bolts and while there is often nothing unusual about what they do, there is something quite phenomenal about how they do it.

THE CREATIVE SELF: Counselor As Tool

"It is important not to mistake the edge of the rut for the horizon□"
Anonymous

When all is said and done the counselor is the primary therapeutic tool in the counseling process. Considering that all counselors, regardless of discipline, essentially receive the same educational knowledge base through which they understand development, feelings and behavior it is not surprising that counselors generally all do fairly well with voluntary and motivated clients. The big difference shows up when counselors encounter clients who are unmotivated, lack insight, present significant initial resistance to engagement, and have a noteworthy history of defeating past counselors. It is the latter group of clients that separates the counselors with active creative selves from those with inactive creative selves.

The creative self is a mixture of innate talent, natural curiosity, divergent thinking, innovativeness, playfulness and mischievousness. The creative self has a strong connection between their "head" and their "heart". Their unusual instinct is well described by Joel Arthur Barker (1993) in his discussion of "paradigm pioneers". Those who choose to change their paradigm, method, intervention or style do it not as an act of head, but as an act of heart. They are captivated by a set of rules or observations that suggests they may be able to succeed where before they or others have failed.

Driven by the frustration of the old and the appeal of the new, the creative self is willing to cross the brink of doing it differently. The creative self also demonstrates the courage to act on its intuition.

The creative self is different in every counselor. A life history of different family systems, life experiences, education and training, dreams, and visions make the counselor rich with the skills and insights to guide others through their difficult times.

Self Understanding: The Person Behind the Training

During the 1950's and 1960's it was common practice that therapists participated in their own therapy as a way of identifying and understanding their own life issues. The purpose was to prevent the almost natural process of counter transference evoked by the client and to understand what the experience of "patient" or client felt like. With the proliferation of many human service counseling disciplines the practice of the counselor in therapy has virtually disappeared. Many counselors have undertaken this practice voluntarily for personal reasons. Still others continue to come to the field with personal issues that interfere with their ability to engage clients, to separate client issues from their own, and to be a genuine helper in the process.

One of the most important issues of self understanding is why one chose to become a counselor. Whether life experience propelled one to help those who are experiencing similar issues (i.e., abuse, violence, drug use, homelessness, etc.) or they seemed to be the one everyone else sought out for answers is relevant to understanding one's primary motive for making their career choice. Others default to the field because their first choice didn't work. Such examples include teachers who could not find acceptable jobs, nurses from psychiatric units, students who could not get into their preferred medical or legal program, and clergy.

A second area to understand is the quality and experience of childhood and adolescence. This includes the family system, the level of how it supported or victimized the person and the nature of one's interpersonal relationships as they developed into young adulthood. Reflection on the family system, how it encouraged and supported independence, how it tolerated differences, and how it solved problems are very relevant. One's relationship with the world around them is often a defining factor in one's life. This includes the neighborhood, the community in general, and the culture of the times and one's ethnic origin..

A defining area of personhood is how the individual expressed themselves. This is relevant because it is often predictive of the range of interventions a counselor may utilize. For example, it is reasonable to believe a counselor with dance experience would utilize movement; a counselor interested in crafts or art would utilize drawing, sculpture or painting; a counselor who kept a diary or wrote poetry might encourage journaling or expressive writing.

The creative self is all about how one accesses and uses themselves in ways other than traditional "talk". The creative self is willing to take and use opportunity. This often occurs as a result of instinctual feelings that they feel compelled to trust and follow. Like the client who finds that success breeds success, the creative process is self-rewarding when it is encouraged.

Knowing what you like and enjoy helps make you more interesting, It is less important what the interests are than the range and satisfaction with them. This is essentially what makes a person

interesting; their passion for life and things that motivate them to be constructive and contributing to the world around them. A reciprocal appreciation for others interest in different things is a particularly valuable attribute for any counselor.

STYLE: Any Way Is O.K. As Long As It Works

"Tell me what you pay attention to and I will tell you who you are."
Ortega y Gassett

One of the greatest challenges for a new counselor is defining their practice style. The educational process pours information, biases, and generic techniques into the beginning practitioner. Practice experience quickly allows the counselor to reality test the useful and practical from the "it sounded and looked great when someone else did it".

Anyone who has attended conferences or training's with the therapist showing videotaped sessions of a grand intervention that changed the course of treatment and the client's life leaves feeling understandably inspired to use the same techniques. The reality that it failed miserably when they attempted it highlights the reality there is something else going on with the miracle interventions. The something else has everything to do with the style of the counselor. Reflecting on those trainings one realizes the master therapists were very charismatic, incredibly engaging and had an air about them that would have worked whether they were selling mental health or used cars. Yes, it was also what they did. But more importantly, it was who they were and the way that they did it.

And that is style - knowing the way you do what you do. That is why it is so important to pay attention to not only outcomes, but also the process. Style is the individual process of counseling.

Who a counselor is as a person defines much of their style. Whether they are quiet or animated, flexible or rigid, humorous or serious, organized and efficient or content to take the long and winding road are all characteristics of one's style. It is not a question of them being right or wrong, but only whether the counselor can make them work in a therapeutic setting. Most counselor styles reflect a range that allows them to work with a diverse group of clients in a variety of settings and ways with many practiced interventions.

A counselor's style also reflects the way one uses and impacts the senses. While one presumes "talk" therapy is only auditory it is important to consider counseling is a multi-sensory process. Consider the client's visual experience of the watching the counselor and observing the setting of the work, whether the counselor shakes hands or touches the client or moves the client or family members around in a room, and what the counselor and setting smells like.

Even a well practiced style needs to remain flexible in order to prevent the formation of practice ruts and routines which lose their freshness and ultimately their effectiveness with clients. As the opening quotation implies, a counselor's style is less what they do and more the way they do it.

ANCILLARY THERAPIES: Home On the Range

Talk is easy. Productive talk, as in counseling is better. But sometimes talk just does not work for all clients. The client may not be able to bring themselves to verbally explain or express how they feel or what they are thinking. Sometimes it is because it is too painful, too embarrassing, too distant, too buried, or too boring. Sometimes for those clients who have experienced previous counseling it may feel too practiced or rehearsed which renders the dialogue less than useful. For counselors who find insight nice but not significant to the change process, all talk may be a waste of time.

Ancillary therapies offer a variety of options to provide clients greater opportunity for expression. They allow clients the opportunity to project their unspoken feelings and work out their mixed emotions. They provide a multi-sensory experience that often feels more in tune with who the client perceives themselves to be. It offers a different experience and the chance for the client to access their own innate creative gifts.

Typical examples of ancillary therapies include art, music, writing, dance, recreation, and psychodrama. Adventure based counseling provides an immersion in a challenging experience that gives clients a foundation for current accomplishment. The variations on a theme are endless but require an understanding of what interests the client. It is also a functional part of the counselor's style since the counselor generally chooses methods that they also have an interest and aptitude for.

While ancillary therapies have theoretical foundations and practice skill sets, counselors must feel permission to borrow and use that which will motivate and interest the client and themselves even if they do not have formal training in the specific ancillary therapy.

The use of ancillary therapies, like style, requires a range of experience. If it works, the counselor will continue to use and refine it as a part of their style.

Crash and Burn: Less Than Perfect Work

It would be a therapeutic marvel if everything we said and did as counselors worked with clients. It doesn't. Risk-taking and creativity is by nature imperfect and fraught with the potential for failure which occurs in many ways and for many different reasons. It is therefore helpful to consider the reality and implications of therapeutic creativity which misses the mark at Ground Zero.

Risk-taking can have important implications for both the client and counselor. Unsuccessful risk-taking or less than perfect interventions can produce problematic effects for a client which may include creating an unmanageable crisis or relapse, triggering old known or unknown issues, placing the client at greater risk for an unwanted relapse or crisis, loss of trust, perceived or actual betrayal, and premature termination. This is more likely to occur with young or inexperienced counselors who, for example, go into "healing" without the life experience or training necessary to understand the problems with which they are intervening. It is also possible the counselor may be

in over their head or they do not understand the meaning of the material the client has given them. In these cases Minuchen and Fishman (1982) suggest the counselor either consider excluding themselves from the case (which is not usually possible in most human service agencies) or acknowledge their ignorance and ask the client to educate them in such matters.

Crisis can be very much like a double edged sword. Just as a crisis can produce a workable moment than can lead to change, change can also lead to a crisis. It is therefore essential that the counselor understand which direction the are moving - toward a crisis or change.

A trusting relationship must almost always precede a client's willingness to accept risk. Risks need to be honest and fair in the client's perception. Timing is also an important element of therapeutic creativity. A perfect intervention can easily fail if it is ill timed.

Risk-taking can have equally important implications for the counselor. For the beginning counselor it is not unlikely they will already be knowingly or unknowingly dealing with their own client rescue fantasies. This includes a menu of feelings about losing the client, the client not liking them, not asking certain questions because they feel it would make the client uncomfortable and choosing easy or weak interventions that maintain their own personal emotional safety.

For the counselor the material may also consciously or unconsciously trigger their own past issues. They may have anxiety about or fear their own material and not be willing to take risks with their own self. That avoidance prevents them from helping clients with the same or similar issues or themes. Just as the client must have a trusting relationship with the counselor in order to accept risk, the counselor must trust themselves in order to take or initiate a risk-taking intervention.

Successful risk-taking is empowering. The lower the risk the more acceptable it will likely be for the client and the counselor. The higher the risk, the greater the stakes and the expectation for resistance.

SUMMARY

The creative self as counselor is both an energizing and endangering opportunity for counselors. It presents the unique opportunity to step outside the boundaries of traditional human service interventions. The creative self is the foundation for the development of personal style which is essential for the successful engagement of clients and the management of the elusive issue of resistance. The creative self recognizes that resistance is inherent to the process of counseling regardless of whether the client is voluntary or non voluntary and that much of the resistance belongs to the counselor.

Basic creative self concepts include an understanding that one can not provide any meaningful service to a client they can not engage, all meaningful change happens at Ground Zero, successful work has a higher likelihood of occurring with a competence based approach, and that it is very difficult to access and utilize the creative self if the counselor is too much of a technician.

The magic of successful counseling lies in a wide range of styles and techniques. A willingness and openness to the creative self should provide an endless stream of new and varied interventions that will continue to be interesting and helpful to both the client and the counselor.

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Unfinished Business: The Paradox of Independent Living and Youth Who Return Home

William Motsavage, M.Ed.
Robert M. Robertson, Jr., M.S.W., L.S.W.

Federal and state independent living (IL) initiatives were designed to better prepare homeless youth and those aging out of foster care for living on their own. While IL programs achieve goals of teaching core life and social skills the fact remains that a large number of youth choose to return to home environments that led to their removal, ejection, placement or homelessness. In Pennsylvania, nearly one half of them returned home after aging out of care despite independent living involvement and training (Johnson & *Austin*, I 995).

The often baffling explanation for this phenomenon is rooted in adolescent development and family system dynamics. Youth can not successfully move on to independence until they have finished the important business of separation from their primary parent figure(s).

The Clinical Perspective

Youth typically begin the process of distancing themselves physically and emotionally from their parents during mid to late adolescence. In stable biological or reconstituted families this mutual process is shared by adolescents and their parent figures. In order for the youth to successfully leave, the parent needs to be prepared to let go. Even in the most functional families, this period can be filled with testing and rebellious youth behavior as well as supportive opportunities for success. In unhealthy families or systems where a parent is preoccupied with their own needs or overwhelmed by parenting, they are often unwilling or unprepared to let go. The parental efforts are (unconsciously) organized around maintaining the child in their unhealthy system role through both subtle and overt sabotaging behaviors.

> ...nearly one half of [the youth] returned home after aging out of care...

Within the family system, members have important roles that support and maintain the stability of the system. For practical purposes, both functional and dysfunctional families require homeostasis and balance. The difference is that in dysfunctional families the behaviors of the youth and parent are unproductive to the point of youth removal or expulsion from the family. This often begins a static cycle of conditional acceptance followed by eventual rejection by either the parent or the child. Without the opportunity to examine and resolve this family system issue they are doomed to repeat the cycle.

A Practical Example

Susan was an 18 year old who had been in foster care since age 13 at which point she aged out of the child welfare system Without resource she was accepted into the Valley Youth house Transitional Living Program (TLP). She presented as an intelligent, street smart, and emotionally well-defended young person who excelled in her acquisition and practice of IL skills She obtained employment quickly and worked diligently on completing her GED.

As Susan approached her transition from low supervision living to her own apartment the TLP staff began observing initial acting out and self-destructive behavior After several interventions by the TLP therapist Susan tearfully shared, "I want to live with my Mommy."

The diagnostic clues that led to the therapist's interventions were the breakdown of Susan's street affect and return to the pre-adolescent speech and body language of the 13 year old who was removed to foster care. Susan was removed from her mother's custody with little explanation, placed in a new environment, and expected to fit in and abide by new rules and expectations.

While she received counseling in care she was emotionally unprepared to accept or participate in any closure with her mother. Likewise, her mother was equally unprepared because the counseling neglected to support and allow a natural process of closure to occur with her daughter.

IL Insights

Providing an integrated treatment component within IL greatly assists in understanding, managing, and resolving many of the issues that prevent successful independence. While youth are generally very successful at acquiring hard IL skills, it is the unfinished business of unresolved personal issues that prevent the successful use and integration of the skills.

Many IL youth receive counseling for family related issues without the family's direct involvement. It is important to define the importance of the parent - child relationship as a reality of IL service and to include the parent whenever possible. This will either allow them to finish old business or come to an understanding and acceptance of closure. The simple choice for IL staff is to engage and work with parents in an IL directed manner or manage the sabotage by parent and/or youth when they work against you.

Normalizing and pro-actively planning for the issue of unfinished parent - child business describes expected and predictable behaviors. It allows staff and clients to return to the issue safely as a normal and expected behavior if and when it occurs. This increases objectivity and reduces reactivity and frustration for clients and staff when it occurs.

Normalizing and inviting parent - child contact allows for the early observation of "coming attractions" which are the potential supportive or sabotaging behaviors of the parent and the response of the youth This affords staff the time and opportunity to be proactive in strategizing and addressing problematic relationships.

The provision of aftercare and relapse services are especially important for those youth who leave the program prematurely to return home. While it would be ideal for a successful reunification to continue there is a reasonable probability the parent and child will reenact the same conflicts and behaviors that led to placement or homelessness. In such cases the program should consider either leaving the case open, but temporarily inactive or providing for immediate service and reentry into the program to allow successful completion of the program. The natural consequence of completing unfinished business should not be punishment by refusal of needed services to achieve independence. Such provision requires advanced proactive planning to maximize the teachable moment.

The natural sequence for many IL youth without program pro-activity is beginning with independence as the primary goal, downgrading it to skill acquisition with the prospect of returning home, settling for the reality of limited resources and support within the parent home, realization that home is not a ongoing opportunity for independence and success and re-contacting the IL program (best scenario) or homelessness (worst scenario).

Final Thoughts

Programing for youth and parents to complete unfinished business is a natural and necessary process of separation and individuation. IL programs have the additional challenge of assisting youth whose damaged relationships with their parents presents ongoing potential for sabotage and undermining of successful program completion and independence. Being helpful in these situations requires the ability to understand and plan for what will likely happen. In so doing, plan not to be punitive for the natural completion of the youth's unfinished business.

Editor's Note: Valley Youth House is a multi-service agency that pioneered the provision of independent living/ transitional living services to youth in Eastern Pennsylvania. To find out more about their innovative approaches to youth services, contact Bob Robertson, (610)432-6481 in Allentown, PA. ■

Delinquent and Mental Health Differences in Independent Living Assessment and Planning

William Motsavage, M.Ed.
Robert M. Robertson, Jr., M.S.W., L.S.W.

Without diminishing the uniqueness of every youth referred for independent living services it is important to recognize common characteristics among youth who have past or present delinquency or mental health histories. Such understanding helps to establish reference guidelines for the assessment, planning, and behavioral predictability of likely residential and community living challenges. This article suggests a linear process for considering not only delinquent and mental youth, but any IL youth. That process includes assessment (collecting the right information and understanding what it means), planning (real and practical strategies for each individual youth), implementation (cooperative and flexible adjustment as new information and behaviors become known), and closure and relapse services.

Assessment: The Predictability Factor

For many IL programs and staff the completion of an intake or assessment is but another exercise in collecting and documenting information in a client file. It's relationship to day-to-day services and interactions seems as alien as the unexpected behaviors that arise when a youth decides their program honeymoon period is over. The thoroughness of IL assessments can range from a tertiary hard skills assessment to one which includes psychological and/or psychiatric evaluation.

While the nature of a program's IL assessment is often driven by the type of services it provides (outclient individual and/or group only versus residential), there are several useful assessment guidelines worth considering that apply to any youth referred. This includes the perspective or culture of screening youth into the program by understanding their behaviors and issues or screening them out because of them. Other perspectives include the holistic or system orientation of identifying the many dimensions of a youth, whether one is using a strength-based (positive youth development) or pathology (deficit) approach, and whether the assessment will provide predictive clues to knowing when the youth will be finished. This inherently challenges a program to consider whether IL services are provided normatively to all youth regardless of possessed skills or whether they are baselined to what the individual youth will need to be functionally independent in the community they will live.

Other considerations include assurance that the staff who complete any of the assessment process actually share the information and their portion of the plan with others who will also work with the youth. This is most often neglected between therapists dealing with emotional and psychological issues and hard or life skills counselors who teach and guide youth in the practical skills and personal management of daily independent living.

The relatedness of the two becomes more obvious when considering the delinquent and mental health histories and behaviors of program participants who live in IL residences.

Delinquent and Mental Health Characteristics

Even the most basic referral information and IL assessment should provide clues to whether a youth has past or present delinquent behaviors or mental health history. The thoroughness of the assessment will help to tease out the extent or significance of those histories. These issues should be viewed from a perspective of relativity as to whether it's better or worse than before, whether they are cyclic, factors that precede the behaviors or issues, and who or the type of individuals involved in the youth's issues or behaviors.

General characteristics of the delinquent and mental health client is identified below in Table 1. It should be noted that youth may be both delinquent and have significant mental health issues. In such cases the goal is to determine which is more predominant; much as one would do in addressing a dual diagnosis.
Just as behaviors and personal characteristics are very individualized, they are contextual (have greater meaning within an understanding of system, environment, and situation stimulus) and exist on a continuum of intensity. Understanding this makes intake and assessment information vulnerable to the interpretation of decision-makers. As such, the quality and predictability of the plan is related to the quality and insight of the person(s) collecting and attaching meaning to the information. This accounts for why excellent programs have their sharpest information collectors and diagnosticians do the initial entry interviews with youth - you want to know who the youth really is and what is most likely to occur when they are in the program. This is predictability insurance for the likely, if not the inevitable.

The characteristics identified above are general guidelines for determining what type of client you'll be working with and some of the behaviors you will likely experience from them. It also serves as a reasonable guideline for further questioning. For example, a male youth who comes with a history of weak parenting by a single mother and no real "Big Dog" experience should raise questions (but not conclusions) about the youth's experience and performance in areas of accountability, responsibility, oppositional behaviors, prior delinquent/criminal behaviors, interventions and helpers that were successful, responsiveness to opportunities. The information will more accurately predict both the type of behaviors the youth will display within the program and the type of program responses that will be most effective in addressing them.

Table 1

Delinquent Characteristic	General Issue	Mental Health Characteristic
Juvenile/criminal justice agencies	**Likely Referral Source**	Child Welfare, Mental Health, community agencies, self, family, school
Generally male, increasingly more females	**Gender**	Generally female
Often presents as oppositional-defiant, anti-social, etc.	**Mood**	Often presents as passive-aggressive, depressed, suicide/hospitalization history
Thrill seeking. Material gain.	**Motivational Triggers**	Reenactments. Emotional need based.
Often includes domestic violence and physical abuse, substance abuse. For males, often a single mother home, lack of supervision and/or permissive setting. No "Big Dog" present.	**Individual/Family History**	Often includes youth sexual victimization, domestic violence, etc. Often has an over-controlling or MH caregiver. Often a "Big Crazy Dog" present.
Youth presents well with less "noise"	**Initial Worker Interviewer Impression**	Sense emotional/affect issues. More "noise"
More Defiant/Resistant	**Rule Conformance/Structure Comfort**	More compliant
Leads (initiates) and follows	**Peer Relationships**	Often follows and has dependent relationships
More difficult because of random or opportunistic nature	**Behavior Predictability**	More predictable because of cycles, reenactments, etc.
Directed more externally toward others, things, etc.	**Destructiveness**	Neutral or directed more toward self
Avoidance of consequences/accountability	**Runaways**	Flight to health, avoidance
Control, direction/redirection, education, counseling	**Behavior Management Interventions**	counseling, medication, education, managing environment, etc.
Increase positive responsibility, increase supervision and monitoring, reduce (problem) opportunity	**Problem Behavior Interventions**	Increase support and maintenance, reduce immediate stressors, create alternative solution opportunities, medication, etc.
Positive opportunities, alternate strategies, clear and focused individualized goals;, accountability, etc.	**Planning**	Attention to reducing frequency/duration of cycles, reenactments, positive opportunities, alternate strategies, clear and focused individualized goals, accountability, etc.

Likewise, a compliant female youth who agrees to things without follow through and has a history of reenacting old interactions with others should raise questions in the area of present and past depression, victimization, dependency, recognizable cycles of behavior, and types of interactions that effectively support and transition the youth to a healthier and more energized state of mind.

Real Plans

The point of collecting useful information is to develop both a realistic understanding of who the youth is based on past and present behaviors and experiences as well as a meaningful plan that addresses what the youth is capable of accomplishing within the timeframe of their involvement. Plans are living documents which often evolve based on new information, insights, and realization of goals.

Independent living plans have goals in two or four general areas depending on whether counseling services are provided within the IL or by referral. Those general areas include life skills/daily living; education and/or employment, interpersonal, residential and community behavior and relationships; and clinical counseling. Those goals need to reflect and be sensitive to any delinquency and/or mental health issues and be operational expectations, directions, and opportunities to "do the right thing".

Without overstating the obvious, an IL that fails to be attentive to and plan for known issues is often exercising a "cookie cutter" approach destine to reenactment of old client issues in the present The primary method for individualized planning is rooted in accurately assessing the behaviors and deriving the likely "meaning" of those behaviors. From the meaning will come a set of focused and achievable goals and opportunities for that particular IL youth. The approach or achievement of those goals and the availability and access to those opportunities is facilitated by the equally unique and flexible style of the IL worker.

Making the Plan Happen

Implementation is the process of remaining focused on the agreed upon goals. In a practical sense this is easier said than done. IL staff actively interacting with the ever unfolding drama and experience of IL youth can be easily distracted from the known delinquent and mental health nuances to the common routine of managing situations, events, and daily living all in the same manner. Under such circumstances the nuances can easily blend together into a desire to fix or manage the situation to stabilization rather than using the event or experience to teach or express the initial goals.

It is critical to remember the process is evolutionary and as new information and insights are learned and experienced that the earlier assessments might require modification or revision of the plan and goals. The general goal is always to keep the plan, goals, and service alive and real. In that context youth will be done with the program when they are

done with their specific goals rather than some completion of arbitrary program standards.

Summary

Understanding the fundamental differences and nuances between delinquent and mental health histories and experiences of IL youth provides valuable assessment, planning, intervention, and program completion information. The general predictive nature of those histories is invaluable in strength-based, proactive, and flexible planning in developing individualized IL services.

a/billbob

Practical Knowledge, Strategies, and Services for Working With Repeat Runaways

Robert M. Robertson, Jr., M.S.W., L.S.W.

Successfully working with repeat or chronic runaways relies on a worker's practical understanding of the meaning of individualized youth and family behaviors, how and when family and public systems work (and do not work), the environmental context in which they occur and are treated, and the creative nature of the individuals and organizations challenged to meet them. Information, insight, and practical strategies for successfully engaging, planning for, and working with this difficult population from a variety of perspectives is offered.

Providing services to repeat runaways and their family's presents special challenges to the organizations and individuals that serve them as voluntary and involuntary clients. While runaways of the past have an almost folkloric history of adventure and freedom, runaways of recent decades have histories of running away from more than home. They are running from families where they feel they do not belong or have no place, from neglect, and in many cases, from physical and sexual abuse (Posner, 1991). They are often additionally dealing with other behaviors such as problem relationships with peers, involvement in gangs or other negatively influential groups, drug and alcohol use and abuse, conduct problems, learning disabilities, school problems, sexual behavior problems, and pregnancy (Developments, 1989).

While the number of runaways is notoriously difficult to count, annual estimates are in the 1 -3 million range (U.S. General Accounting Office, 1989). Of those youth, it is estimated approximately 50% return home after several days. Slightly less than 20% are away from home because they have been evicted by their primary caretakers.

Repeat runaways are less likely to return home voluntarily and more likely to come from troubled homes, have more difficulties in school, and often are in trouble with the law themselves. Once on the street and having to fend for themselves the incidence and intensity of problem behaviors escalates which increases the likelihood there will be a first or continued involvement with law enforcement.

Two types of agencies have general responsibility for providing services to the runaway population once they are out of the home. Law enforcement agencies have responsibility for locating and returning runaway and missing youth and for public safety in the areas where these youth spend much of their time (Posner). Juvenile justice agencies often are

involved because of acts committed by these youth. The runaway behavior becomes functionally one of the many issues in planning for a more positive disposition of these cases.

Social service agencies, usually not for profit, have missions which include providing services to this population; most notably, runaway shelters funded through the Runaway and Homeless Youth Act. Also in this category of service provider are public child welfare agencies. This is functionally the counterpart of the juvenile justice agency in cases where no criminal act has been committed and the runaway behavior is one of the primary problems within the family system.

Becoming A Repeat Runaway

The transition from first time runaway to serial or repeat runaway depends on a number of factors. This writer's experience and observation identifies the success of initial and subsequent interventions as key to interrupting the development of a runaway pattern. While the reasons and circumstances are numerous, it is helpful to understand the progression that can evolve to a chronic runaway status in order to develop effective interventions.

The widely accepted definition for a runaway youth is a young person under the age of 18 who is away from home at least one night without the permission of their parents or guardians. Initial runaway episodes can be the result of minor parental conflicts or disagreements which often result in a return home the next day or more serious conflicts with parents or caretakers. These runaways often result in lengthier stays away from home and are more likely to develop into further runaway patterns. They also represent a more substantial breakdown within the family system that generally indicates other serious unresolved problems, issues, or patterns within the family system that have remained unresolved for a period of time.

Some researchers identify running away as a coping mechanism to dysfunctional family situations which provide a needed "time out" or "cooling off" period before reunification can be attempted or completed (Janus et al. 1987). The failure to successfully resolve the issues at that time can lead to further repeat runaway episodes where the youth feels more comfortable, becomes more resourceful, and is more adept at living away from home.

The transition from *repeat runaway*, one who has left home more than once, to *a chronic runaway* occurs as the youth continues to leave home more often and for longer periods of time. Chronic runaways who choose to live in transitory residences and spend much of their time on the street become *street youth* who often lose their sense of having a family where they can return and begin to self-identify themselves as homeless (Rossi and Wright, 1989).

While the issues and patterns of runaway behavior are most often attributed to youth leaving their families of origin it is important to recognize these issues and patterns apply

to youth involved with the child welfare or juvenile justice systems and are in various types of placement. Posner's review of the literature indicated that institutional placements are part of a pattern of unstable living that can precipitate or accompany runaway episodes. 40 – 50% of runaways have spent time in foster care or group homes. 40% of street youth that have spent time in foster or group care indicate they were assaulted, sexually abused, or victimized while in care.

A 1992 National Association of Social Workers study found that 1 in 5 youth coming directly to shelters came from foster care and that more than 1 in 4 had been in foster care the previous year.

The line between whether a youth is a runaway or a *system youth* is generally only who has legal custody or jurisdiction over them. The histories, behaviors and patterns are often the same.

Understanding Runaway Behavior

To understand runaway behaviors, it is important to recognize several basic clinical principles. First, all behaviors exist on a continuum of frequency or chronicity and intensity or seriousness. This is to say that all runaway episodes are different among runaways whether a first time, repeat or chronic runner.

Second, runaway behavior is more a presenting problem than the principal problem. This may be somewhat problematic for agencies attempting to help runaways because their goal is to reduce or eliminate runaway behavior which is usually a functional coping strategy for something else that is not working. The fact that the youth is away from the situation that may be causing the runaway behavior may be enough to stabilize the youth. Since the goal is often to reunify the youth it is therefore a temporary solution requiring deeper resolution.

Third, the meaning of the behavior is everything. If you do not understand the meaning of the behavior you will likely not resolve it. Therefore, the goal of the intake or assessment process is to understand the runaway and other presenting behaviors to the extent that one can effectively place them on a behavioral continuum specific to the youth. This will help in plan development, prioritization of goals and strategies, and overall context of issues.

It is also important to understand that one's view of runaway behavior is often driven by the organization who is attempting to help the runaway. For example, child welfare agencies often see it as a problem behavior that may result in placement unless it is eliminated. Runaway programs often see it as a presenting problem of other family issues that would benefit from counseling but not necessarily the root problem. Within juvenile justice it is not the problem which brought the youth to the system. It is often viewed as a contributing non criminal behavior that may lead to removal from the home along with other problematic behaviors. These differing views about the meaning often come in conflict when it comes to planning and decision-making for the runaway.

Generally, runaway behavior is seen from a deficit or pathology perspective. This may be that the youth or family has a problem or the behavior is the problem. Within this perspective attention and planning is focused on eliminating the problem behavior. Within the Positive Youth Development (PYD)or strength's-based perspective the behavior can be seen as a strength, a call for assistance to the family system, a flight to health, or an expression of proactive survival. Other strength-based perspectives to consider regarding runaways is that the youth is sometimes the healthiest individual in the family system seeking to bring attention and help to a disintegrating or imploding family. In this context the youth would have to be the healthiest in order to risk family relationships, their identity, and the safety of not rocking the family boat. A key consideration for the worker is to make a determination as to whether the youth is running from something or running to something.

Another related meaning in a troubled family system is that the youth has a strong loyalty, alliance, or affiliation with a particular parent who is unable or unwilling to leave their partner. In this case the youth acts out the wishes of the parent, often to the extent that it drives the other parent away. This most often happens with step-parents.

Repeat runaways are sometimes rehearsals for disclosure of sexual abuse. Earlier runaways are viewed as trust-building and testing for an eventual disclosure to a particular counselor or runaway shelter. The implication of this type of runaway is that effective assessment and support in the area of sexual abuse is critical.

Most importantly, it is essential to understand that running away should be understood as part of a multi-problem situation. It is part of a constellation of other behaviors, sometimes initially invisible and often more serious and core to the resolution of running away. What is significantly different within a PYD approach is the type of opportunities and interventions utilized to resolve the youth's situation.

Environmental Context of Repeat Runaways

An important part of the assessment about the meaning of repeat runaways is the context of how it is occurring. This includes issues of where the youth lives, their neighborhood, their safety, and previous efforts by others to assist the youth and family in resolving their situations.

The context is the seasoning on the information. It makes a difference whether it is an urban, a suburban youth, or a rural youth. It makes a difference what kind of school they attend, the kind of friends they have, the kind of families and the values of those friends' families. It makes a difference whether they have a case worker or probation officer in the past or the present, or whether they ever participated in counseling services. It is important to understand whether any of the previous services received ever actually helped, not necessarily from the agency's perspective, but from the youth's.

From this context will come clues regarding what has worked, can work, and what has little likelihood of working. From a service provider's perspective there should be little incentive to repeat efforts and strategies that did not work in the past. What unfortunately happens is that workers to continue to replicate the same unsuccessful interventions over and over again as though they have a special power to change the predictable outcome.

Key Process Issues for Working With Repeat Runaways

There is no cookbook formula for successfully working with repeat runaways. There are no magic solutions, silver bullets, or special models that have been demonstrated to be especially successful. Successful plans and strategies for any client revolves around several key elements. Those elements include successfully engaging the youth and family in a process, understanding what the important themes and issues are within the family system, creating mutual goals (which may not even focus on the repeat runaway behavior but will always address the foundation issues of the individual and family system), worker style, and courageously and flexibly implementing the plan.

Engaging the youth and family is the cornerstone of successful implementation. If you can not engage the youth and family, you can not work with them. Juvenile justice officers and child welfare case workers need to understand the difference between cooperation and engagement. The fact that a youth or family presents as cooperative because of an implied threat or fear of possible outcomes for non compliance is not the same as engagement. Engagement involves mutuality, trust, respect, and a belief by the youth or family that the worker can and will be helpful to them. In this sense it is evolutionary and first impressions about workers, their style, and their intent are critically important.

It is likely that a repeat runaway and their family already has had numerous contacts with and interventions by other human service professionals. The fact that they are continuing to deal with difficult and unresolved issues and situations is a good indicator of failure by previous workers. Knowing this it is important to consider the value of worker creativity and style in the engagement process. The truth is that youth and families generally know what to expect in the process from (traditional) workers and agencies, have successfully defeated most workers and agencies, and are, frankly, better at what they do then workers are at helping them. Therefore, workers should heed the axiom that *if you keep doing what you do, you will keep getting what you got.*

Useful intake and assessment information is critical to understanding what is really going on with individuals and their family systems. Intakes are not an exercise in collecting information for files. They are an intentional process and tool for engaging clients and in sharing and teaching the worker what it is like to be them and live in their family. From this perspective the worker acknowledges that the youth and family are the expert in their own lives. The outcome of this process is for the worker and hopefully the youth and family to have a clear understanding of the individual and family themes that drive their behaviors, create their successes, and lead them to conflict. A simple clinical insight here is that if you do not know what the themes and issues are, you can not design plans and

goals to address them effectively.

Plans without the input and agreement of the client are corrupt plans. They lead to *resistance* which the worker blames on the client as noncompliance, uncooperativeness, and disinterest in improving their situation. Resistance is a client safety issue which requires the worker to create a safe therapeutic environment and process for the client to move toward growth and resolution.

A clear test for whether a plan is corrupt or not is to ask the client what their goals are in the plan. If they can clearly and succinctly state them you have a mutual clear plan. If they can not you need to consider whose plan it is, what the client thinks they are working toward, and why they are meeting with the worker. This often means the client is meeting because they feel like they have to or that they believe there will be some negative consequence if they do not meet . As stated earlier, there is a difference between cooperation and active therapeutic commitment.

The worker is the primary tool in the therapeutic process. They are the one who must engage the client, collect the information, create trust, facilitate a mutual plan, and maintain the client throughout a challenging and sometime confrontive process. Worker style is everything. It is the glue that connects the client to the process and helps them toward successful goal attainment.

Worker style functions on a continuum of artist - technician. Working with difficult clients often requires great creativity in approach, strategy, and opportunity. All workers possess characteristics of both but are functionally more dominant as one or the other.

Flexibility is key to implementing any plan. There are two general types of flexibility to be concerned with - worker and organization. Organizations that function with many rules and regulations tend to be less flexible and tend to have employees who are also less flexible. This is important to assure that the rules and regulations are carried out without a great deal of question or controversy. This is also why such organizations tend to be the least effective in successfully improving problem behaviors.

Clients maintain the behaviors they have because they are functional to them. As such, they do not give up or replace those behaviors easily. They can not usually be willed to changed by others. They need to have behaviors that they experience as useful replacements. Because the process is one which tends to unfold with new information and trust there may be the need to periodically adjust the plan.

Plans and Strategies

Since repeat runaways present different treatment or service issues than first time runaways they require different plans and strategies. It is important to remember several probable characteristics of the repeat runaway and their family. First, whatever was tried as a result of the first runaway episode did not work. That may be the result of reasons

involving the youth and family, the worker and/or organization who served them, or the follow-up worker or organization designated to continue service by referral.

Second, the youth and family already has experience with at least one worker and organization that was unsuccessful in helping them resolve the runaway and accompanying situations. Third, the difficulty of reuniting the youth and their family becomes more difficult the longer the youth is away from home and the frequency of runaway episodes increases. Fourth, the process of engaging the youth and family around addressing the problem becomes more difficult with each unsuccessful intervention. Fifth, with each runaway episode and unsuccessful intervention the power dynamics of the family system becomes more unbalanced in favor of the youth. Sixth, the availability of the youth during repeat runaways becomes more problematic because runaway behavior often makes them more unavailable for service by workers. All this is to say the longer the situation continues the more difficult it becomes to address any issues and the more resourceful the worker must become in engaging and working with the youth and family.

Within a strength-based model this also presents some clear opportunities for the worker. If they have collected good information about previous attempts they know what not to do. That information should be helpful in making strategic planning decisions about how to engage and work with the family.

The following are strategies for working with repeat runaways and their families based on a presumption that the youth and family have already received traditional services offered by other organizations who function within a problem or deficit model framework.

Positive Youth Development Model (PYD) - Unlike organizations that spend most of the time focused on what is wrong with the youth and family system (deficit and pathology), PYD organizations see the youth and family as active partners in solving and improving their own situation and experts in their own lives. The focus is on creating opportunities to experience success in finding creative solutions to addressing real rather than *red herring* issues. For a non PYD organization this is easier said than done since workers have to make it functionally part of their style and organizations need to make it part of their treatment culture. This is the difference between talking about PYD and successfully practicing it.

Courageous engagement - While many workers obtain surface compliance because of their official role, organizational mandate or implied consequences, noncompliant youth and families are experts at outlasting workers and maintaining just enough cooperation to stave off any real consequence or attempt to deal with real issues. Courageous engagement is very specific to the worker's style of connecting with the youth and family in a different way than previous workers. Characteristics of this type of engagement are genuine honesty and consistency, respect for the dignity of the client, viewing them as experts in their own lives and meaning it, setting goals that are realistically higher and achievable, using the language of the client, and being genuine.

Most workers settle into a routine of providing services that makes the worker feel comfortable and treats most clients the same. They have their *rap* for beginning services, collecting information, and creating plans that are almost interchangeable with other clients. In their minds they see themselves as the creative professional, which they are not. Youth and families see them as just another worker talking the same talk, using the same techniques, and treating them the same as other workers did. The challenge in courageous engagement is for the worker to step outside of their own ruts and routines to create therapeutic relationships and plans that speak to the uniqueness of the youth, family, and issues they are challenged to improve.

Home-Based Services - Within the traditional model there is a belief that the client must be motivated enough to seek and participate in services. That often includes coming to the worker's office. This belief is firmly held regardless of the intensity or chronicity of the problem. One of the basic axioms of successful treatment is to *begin where the client is at.* In some cases this means to initiate service at the client's home or wherever they may be. It is metaphoric in that it establishes a statement of intent and seriousness of engagement within the treatment process. It is where one needs to begin in order to progress to a higher level of client responsibility where the client eventually comes to the worker's office.

Client *resistance* often presents as an unwillingness to participate in services. Home-based services eliminates this initial engagement problem and provides the worker with the opportunity to experience the client in a setting more comfortable to them. This provides a more accurate opportunity to assess the family system in operation without the artificialness of an office. It is a live role play on location. It additionally provides the opportunity to engage family members that previously were unwilling to participate. It should also be noted that home-based services also have serious drawbacks such as plenty of distractions and environmental conditions that may make the worker uncomfortable. Like many of the issues already discussed, the success of home-based services is more about the worker's style and effectiveness than about the client.

Family Systems Approach - Problems rarely exist in isolation. As such, repeat runaway behavior has a family context which predates the first runaway, is interactive with the youth's issues, and has a direct impact on the resolution of runaway and other issues. It is important to understand the youth's family system, it's history of successes and failures, it's trends that repeat as cycles, it's members who contribute to solutions, and it's members who sabotage to maintain balance and homeostasis. While individuals within the system may want to make changes, more powerful others may want things to remain the same. Family systems identifies those individuals and requires the worker to engage those individuals if a successful outcome is going to be achieved.

Engagement of those individuals may seem like a diversion from the goal of remediating repeat runaway behavior. However, without the engagement and cooperation of those family members it is unlikely success will be achieved.

Like many of the other strategies, the family systems approach may not be the practice of the individual worker or the organization and therefore may present educational and implementation challenges for a worker. It is the responsibility of the worker and organization to step beyond the traditional if real success is to be achieved.

Red Herring Issues - Red herring issues are those that present themselves as real but are, in fact, a disguise or distraction to what the real issues. Runaway behavior is often the presentation of behavior for disintegrating or imploding family systems. Identifying red herring issues requires a depth of understanding about the family system which will uncover the real issues. This requires information collection and insight within an intake and engagement process which allows the worker to see the big picture, not just the runaway situation. It also implies the worker has the clinical insight and training to ask questions beyond a standardized intake format and organize the material in useful way, and to understand the meaning of behaviors.

The most bbasic question in dealing with runaway behavior is understanding why a young person runs in the first place. Sometimes this information is illusive. Statistically there are certain possibilities that may not be volunteered but are probable as underlying issues. 46% of runaway and homeless youth have been physically abused. 17% have been forced into unwanted sexual activity by a family or household member (Westat, 1997). 38% of runaway youth report emotional abuse by at least one of their parent figures (Caliber Associates, 1997). 18% of runaway youth came from family systems where that failed to provide basic food, shelter, clothing, and medical care for the youth (GAO, 1989). 8% of runaway youth cited domestic violence as their reason for running (GAO). 66% of runaways reported having an alcoholic parent and 25% reported having a drug abusing parent (NASW, 1992).

The essential point is that running away is often an expression of other more problematic family system behaviors and issues. It is the workers responsibility to look beyond the presenting issues of running away for other issues and behaviors. In these cases, running away is the red herring presenting itself as the most problematic behavior.

Parent Counseling - In repeat runaway situations where the meaning is about marital problems, power and authority struggles, parent mental health, premature individuation and separation, financial difficulties, and other parent related issues it is often more appropriate to meet only with the parents. The basis for this plan is rooted in the belief that clients receive services that are needed to address the real issues. If the family system is struggling with issues that are causing the youth to run, than it may be appropriate to work only with the parents. In doing this the individuals responsible for righting the system are those most involved. In such cases, it is the youth who brought the parents or caretakers to the attention of those who can be helpful to them. Parent counseling ensures treatment will continue even if the youth is on runaway.

It is very important in this type of situation to be prepared to deal with parental resistance because they often want to keep the focus on the youth as the problem. The worker must

be skillful in framing the issues in ways that make it safe for the parent(s) and family system to work on a plan where the focus is not the youth.

Creativity - Workers see and use counseling as a *talk process*. As a talk process it usually relegates clients to passive or *one down* positions where the counselor or worker prescribes solutions to the client. It generally holds that through talk one will receive insight and through that insight change will occur. The truth is that insight seldom produces change in most clients and almost never in those with serious, repetitive, or chronic issues. Yet, workers continue to use it as their primary means of intervention.

Creativity requires stepping outside the therapeutic box, making the client's role more active, considering and using action interventions over talk and insight, and more actively challenging their own imagination as treatment artists. Again, this may be very uncomfortable for workers who do not like change, have a standard routine they use with almost all of their clients, and personally have very little imagination. In general, these workers will generally not be helpful to repeat runaways and their families and will experience real frustration with unresponsive youth and families.

Summary

Repeat runaways present unique challenges to workers and organizations who serve them. A constructive mindset for serving them is to begin with an understanding that the worker is the primary tool of intervention. It is the worker who must be creative, engaging, and capable of developing an understanding and meaning for the behaviors presented by repeat runaways. The worker should have a foundation in understanding runaway behavior, family systems, strength-based or positive youth development approaches, and be comfortable in stretching to limits of their own therapeutic imagination.

It is more about the worker than about the youth and family. The right tool for the right job. The right worker for the type of case. There are no secret solutions or magical interventions. They are developed for each case specific to the needs of the unique youth and family system by the worker and family. Each engagement is a success in the making.

It is essential to build on strengths possessed rather than to insist on giving up unproductive behaviors that serve a useful function. The worker must look through the lens of the client, partner with them, and respect the truth that the client is the expert in their own life. The worker is a guide who, if they are good at what they do, knows the secrets of process and has a mighty bag of tricks that grows with each new interaction.

The secret of successfully working with repeat runaway youth and their families is one of imagination and discovery; each as unique as the family. With a creative and committed worker the youth and family will uncover and discover their own path to successful resolution.

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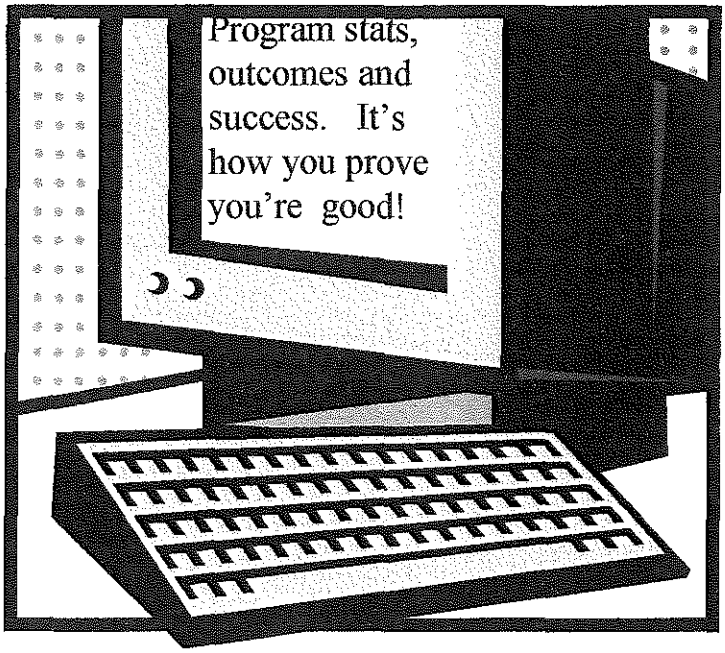
Evaluation and Closure



Clinical Bean Counting II: Measuring Human Service Success

Robert M. Robertson, Jr., M.S.W., L.S.W.

Revised and updated from the 1996 article, *Clinical Bean Counting II* reexamines evaluating outcomes rather than process as an important transition for administrators and direct service practitioners interested in setting meaningful client goals, accountability, and measuring quality of service and success. *Clinical Bean Counting II* provides useful differentiation of evaluation methods, benefits and barriers to implementation, things that go wrong, and various strategies for demonstrating success and accountability.

The purpose, understanding and value of measuring outcomes and research is mixed depending on organizational culture, position, and whether one is providing or requesting funding. For many organizations and professional practitioners or service providers the deep interest in outcomes is about discovering what works best and for whom. In this process we expand our definitions of success and failure and use research findings to "retool" programs and evolve treatment (Workoski, 2000).

Others, by contrast, see and expect to use outcomes as the arena for competition by which funding decisions are made. As such, it marks a different mind set and process for giving and acquiring funding.

The days of convincing funders to give and continue giving money to fund services because you are worthy are about over. It used to be funding presentations were about who you serve, providing demographic information, a description of your services and how you provide them, and a few truly moving anecdotes that would pretty much clinch the funds. Those days are just about gone forever with public, corporate, and foundation funders. There still may be several individual philanthropists who are moved to give based on unsubstantiated stories of success.

What was once focused on process evaluation is now focused on outcome evaluation. What was once a seemingly indescribable process of change is now becoming concrete, explainable, and measurable. What was once counting clients and services is now counting measurable changes in behaviors. All this counting is good. It makes organizations and clinicians more accountable. Simply saying you are good at what you do is no longer acceptable when you have funders making decisions based on your ability to demonstrate quality services with real numbers. The change has gone from *tell me* to *show me*.

 Robert M. Robertson, Jr., M.S.W.,L.S.W., is the Associate Executive Director of Valley Youth House, Allentown, Pennsylvania.

All of this is an overlay to the foundation of using outcomes because it is good practice and ethically sound as a means of pushing treatment to ever evolving higher levels of effectiveness and success.

Clinical Bean Counting II is a user friendly introductory guide to help acquaint administrators and practitioners with the basic concepts and strategies to make the transition from a process to an outcome way of thinking about, providing and documenting human services.

OUTCOMES: The Measure of Success

Outcomes are the critical element of accountability which is the act of reporting, explaining, justifying, being responsible and answerable. It is the capacity to explain with real data (Richmond, 1996). Accountability and outcomes answer four basic questions. First, what happens to clients as a result of the program and services offered by the program or agency which is funded by tax dollars, private contribution or fees paid? Second, how well does the program work? Third, does the program or service make a difference for the client and the community? And lastly, did the program and its services improve the client's ability to become self-sufficient?

These four basic questions can be expanded to explore the types and methods of creating goals and objectives to measure outcomes and success. Organizations must have a positive impact on clients and the community and organizations must be able to document and publicly share information about the positive impact and outcome of their work (Richmond). In the end, there is no other reason to go for services or to fund a service or organization. If a service does not work it is not worthy of referral or continued funding.

Staff Benefits - The use of measurable outcomes provides focus and realistic expectations in developing treatment plan goals. This effectively allows staff to both determine progress or change as well as allowis clients to measure and experience their own progress. Having a clear understanding of client progress and program success has a very positive morale effect on staff. This is an effective strategy to reduce *burnout* because staff can receive regular feedback on how successful they are in working with assigned clients. Measurable outcomes are also a valuable tool in deciding how to assign clients since one can determine, depending on the level of analysis, how and to whom clients should be assigned for maximum successful intervention.

In performance based organizations it provides a clear method for documenting success and thus rewarding staff accordingly with merit increases, bonuses, or other methods. For staff it removes the element of subjectivity in performance evaluations.

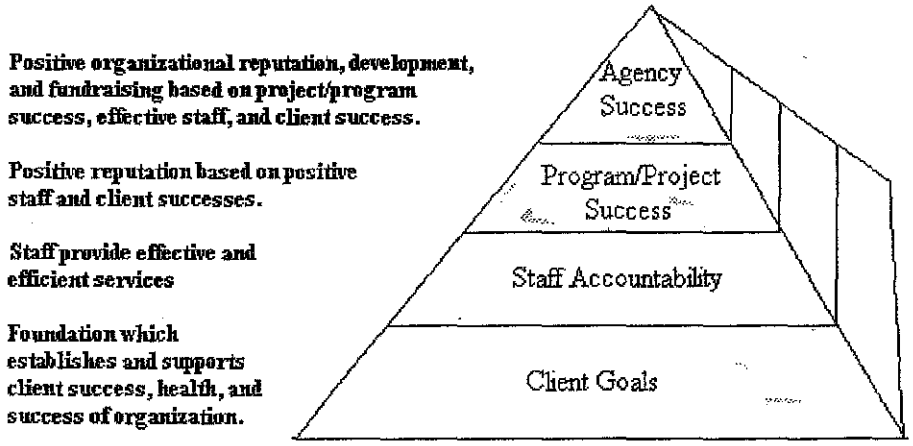
Administrative Benefits - Administrators are defined within this article as supervisors and management staff who have decision-making responsibilities for the direction of staff, development of new and existing programs, grant writing and fundraising, public relations, and anyone else who represents the organization to the public. Outcomes clearly justify

budgets and funding as well as develop necessary cost containment measures. For example, it may either provide incentive to further develop an area of great expertise and success or provide information supporting discontinuance of a service where outcome measures demonstrate poor performance. It helps administrators focus Board of Directors on the agency's goals and achievements.

Outcomes, in general help focus the organization's work, effort, and mission. It is helpful in making decisions on developing programs or services where gaps are demonstrated.

An organization outcome pyramid is identified below to assist in the conceptualization of how the foundation of benefits is built on the effective achievement of client goals. It is important to understand that successful outcomes, reputation and organizational image are built on the staff's successful service to clients.

Organizational Outcome Pyramid



Client Benefits - The importance of outcome based service is that clients will be working with staff who have focus and staff will have consensus with their clients on the direction and goals of the work. In order to establish meaningful client goals the staff person must have agreement with the client on the specific issues, goals of their work, expected duration and intensity of service, and the expected outcomes or what the various levels of achievement to be measured will look like. The benefit to the client is that they can both self track their progress as well as receive direct feedback from staff. As a result, clients develop increased confidence in themselves from a more active role and the organization because of a personal experience that worked well for them. This may be a major change

for many staff who are used to developing plans and goals without direct involvement and agreement from clients.

Funder Benefits - Funders look to give money to organizations that can demonstrate that they are accountable and provide an effective service. In order to be accountable an organization needs to demonstrate not only strong fiscal management, but increasingly that the money provided was used for services that worked. The operational meaning of *worked* is that the organization can demonstrate with real data (not anecdotes) that a positive change has occurred in a client's situation. In other words, the organization can demonstrate that it did exactly what it said it would do with at least the level of success they described.

OUTCOME CHARACTERISTICS: Building a Better Goal

Outcomes are an entity with distinct characteristics. Very simply, outcomes must be measurable, simple, realistic, and manageable. They measure the end, not the means to that end. In other words, they do not describe how the results were achieved. As such, outcomes are not a process. They are not a description of the client or the service but what has changed as a result of the service. For example, a youth attends school or is no longer truant, runaways are successfully reunited with their families, or youth are independent and self-sufficient.

The best outcomes are clear, attainable, and understandable. The test of their clarity is whether an independent third party could read them and know what they mean and are supposed to measure. This is especially important when working with clients and boards who do not use the language of human service professionals.

The time frame for obtaining results should be specific. This helps to determine when one will measure or make the judgment about whether the outcome goal has been achieved. Again, this is very important when working with clients since they are to be an active participant in their own process. They not only need to know what they will be working on but also how long the process is expected to last or take.

Outcomes should identify a specific client, group, or group of clients. They should represent the result or outcome accurately. This functionally means that in order to measure an outcome one has to measure or know something about the client or group in the beginning. This will be both the entry level benchmark for referral and eligibility purposes as well as an individualized score or beginning assessment of need or functioning. It can also be managed as a pretest which will be post-tested at the conclusion of services.

Outcomes that are not realistic in either the expectation of change or the time frame for achievement should be considered *Dead On Arrival* (D.O.A.). An example of this is a goal of eliminating 90% of child abuse within a community during a three year period. While it sounds admirable as a very long term goal it would be virtually impossible to

achieve. And yet, these type of goals appear all the time as though the sheer desire to take on an impossible goal is enough to warrant funding. The reality is that a reputable funder would seriously question the integrity of an organization that would make such a claim. D.O.A. goals are a set-up for failure whether for a program or an individual client.

Measuring Success vs. Failure - It is important to know whether one is seeking to measure success or failure. Success produces results. It is important to understand what is the base standard for success. This is usually the result of keeping statistics over a period of time or referencing another legitimate standard. For example, it would be relatively easy for a program serving runaway and homeless youth to determine the number of youth who are successfully reunited with their families or transitioned to independence. If one did not know that because they never actually kept records or did follow-up contacts they could obtain those general statistics from the National Network for Youth or the Family and Youth Service Bureau.

The function of knowing or establishing a base standard is essential for creating realistic goals that can be achieved successfully. From a grant or application review perspective, proposals that include improbable goals have a tendency to immediately discredit the application. In supervising clinical counseling staff it is equally important to make sure the goals are realistic and achievable for the specific client; otherwise the predominant standard will be one of failure. Practical wisdom is to start small when beginning and develop some mastery of goal setting before making any significant program or agency changes in the use of outcome goals.

ACCOUNTABILITY MEASURES

Organizations have a wide variety of process and outcome strategies from which to choose as a means of demonstrating both accountability and success. While outcome measures are the essential tool for measuring success, process measures are the tool for identifying conformance and documenting why a process works or does not work. The general wisdom is that a variety of differing outcome and process measures complement each other and support a strong belief in accountability by the organization. The goal of accountability is not only to assure and demonstrate a high quality service but to let present and potential funders know that the agency is responsible and deserving of their monies.

All accountability and outcome measures are essential strategies for supporting requests for funding, particularly continuation funding. They demonstrate that the program or project is worthy of continued support based on its actual performance. It makes a strong statement for new funding when one identifies the measures to be used for documenting expected successful achievement of goals. Examples of strategies are identified below with some practical suggestions.

Pre and Post Tests - This is the clearest and easiest method for documenting client change. It measures the client's performance or status prior to or at the beginning of

service and again at the conclusion of service. It may also be used at various points during or after service if a more longitudinal approach is desired. There are a tremendous amount of measures available in almost every area one could consider for measuring behaviors, attitudes, and feelings.

Typically referred to as *psychometric measures*, these methods should be carefully chosen to make sure they are actually measuring something relevant. This is important to avoid ending up with outcome data that is of no value because it did not measure what was expected or anything meaningful.

Difficult populations to measure are those which have a high degree of denial involved in their behavior such as substance and sexual abuse or sexual offending. Typically the client under reports in the pretest and as the therapeutic relationship develops greater trust, it enables the client to feel safer to more accurately disclose actual use or perpetrations. As a result of this greater honesty in the post test, the outcome appears as though the behaviors have increased when in fact they decreased. The explanation is that because the client dramatically under reports in the beginning there is no accurate initial baseline with which to compare the lower, more accurate current behaviors.

An example of typical pre and post test measures are those contained in the Clinical Measurement Package (Hudson, 1984). These work well for both individuals and groups because it is easy to administer the 25 statement inventory which has a *lie factor* built into it. Quick and easy to administer and score at the beginning and end of service, it documents any positive or negative change as a result of the service. With the advent of the internet, organizations and individual professionals have almost unlimited access to measures that are easy to use and have already been tested for their reliability and validity.

Goal Attainment Scaling - Many independently developed goal-based assessment systems were in concurrent use during the 1950's and 1960's. One of these was goal attainment scaling. Developed in Hennepin County Mental Health Services in Minneapolis, Minnesota (Kiresuk, 1973). In the early 1960's, the Hennepin County Mental Health Service was obliged by its funders to adopt some systematic approach to program evaluation. Thomas Kiresuk, together with Robert Sherman and Byron Brown reviewed existing evaluation strategies and concluded that none sufficiently solved the problem of how to measure outcomes in the human services. They sought a measure that avoided both the relative inflexibility of standardized problem definition and the diffuseness of unstructured observation. In addition, it needed to allow individualized problem definition, use with and sensitive to individualized client definitions of varying levels of "success", and allow interpretable comparison of diverse treatment modalities.

Goal attainment scaling is widely used by family preservation, home-based, and clinical counseling services throughout the country because of its remarkable versatility and global outcome information. A sample goal attainment sheet is identified below.

GOAL SHEET

Client:

Counselor: (Person providing the service)

Goal #: (Identify which goal it is)

Statement of Problem: (Short statement about the issue/problem the goal is addressing)

Beginning of Goal

Date Goal Scaled: (Date the goal begins)

Scaled Rating: (What is the initial rating in beginning the goal?)

Whose Goal Is It? (Who is involved in completing this goal?)

Weight of Goal: (On a scale of 1-10, how important is this goal?)
(10=most important/
1= least important)

End of Goal

Date Scored: (Date the goal was completed or scored)

Rating When Scored: (What is the final rating at the time the goal is completed?)

-2 **Most Unfavorable Outcome**	(This is generally the worst/almost worst possible outcome. It reflects that a deterioration in the condition, behavior, etc.)
-1 **Less Than Expected Outcome**	(This is generally where one identifies the present level of performance. It implies things could get worse and things could get better in various increments)
0 **Expected Level of Success**	(This reflects a minimum/base level of improvement)
+1 **More Than Expected Success**	(This reflects moderate improvement or success in meeting the goal)
+2 **Best Anticipated Success**	(This reflects the best possible outcome)

Goal attainment scaling makes two important additions to the general form of goal oriented evaluation. The first is a 5 point scale of individualized potential outcomes which places the target goal in the center of the range. The degree of success is provided within a range of increments (0, +1, +2) and a worsening of the situation is reflected with a -2 rating. The advantage of this type of scaling is that it provides maximum flexibility. Each

client is measured only on goals relevant to their situation and collectively the outcomes can be analyzed according to amount of success among all clients.

Within residential programs one can utilize an additional daily tracking system to further document actual changes since multiple staff may observe and interact with the client throughout the day. It is also helpful to allow clients to do self-tracking on their own or provide access to the actual tracking instrument as a means of reinforcing and actively involving the client in their own behavioral monitoring. This method is strongly advocated within a Positive Youth Development model.

Client Satisfaction Survey - This client self-report measure is not as reliable as a pre and post test measure because it measures only how the client felt about the service or worker. It does provide insight into what the client felt was specifically beneficial to them regardless of whether any real change occurred. It is a valuable tool for supporting other measurement tools and process evaluation data. The reality is that if the client did not like or experience the service as helpful they would neither come back for additional service if needed or refer others. Organizationally, a few bad references can do more damage than the many it takes to build an image or reputation.

Internal Program Audits - Internal program audits are process evaluations of how well a program or project is conforming to its own established protocols and procedures. Ideally this is completed by an independent third party. Financial considerations may limit this to utilization of a non program staff person or an administrative intern. Funding sources see internal audits as a proactive accountability measure to assure services are of a high quality. They also complement other outcome measures utilized.

Typically an internal program audit includes a review of current grants and contracts to identify the type of services, goals, and objectives the program has committed to providing and achieving. Grants and contracts are specific enough to also identify general time frames for the duration of services. Contracts often have accompanying program descriptions which identify an abbreviated version of what often appears in grant applications. Operation and procedure manuals identify the specific process or protocols that staff are to follow in initiating, providing, and terminating services. Review of these manuals will help the auditor in the process of reviewing client files to assure that staff are both providing services according to stated guidelines as well as within the program's specified time frames.

The internal auditor will interview the program director, supervisor(s), and staff. This can be proceeded by completion of a questionnaire or general outline so the content and purpose of the interview is more focused. Additionally, an internal auditor would seek to contact referral sources and clients to gain insight and input into their experiences with the program.

Random file reviews are conducted to evaluate whether staff are conducting and documenting services according to existing procedures and protocols. As often happens,

there may be some variation which is not necessarily negative. If not specifically identified as a task, manuals may remain unchanged and out of date for an extended period of time. The most common outcome is that staff and the program have figured out a more efficient way to provide services than is written in a dated manual. The most negative outcome is that staff have not been oriented correctly and have never reviewed the manuals or that they have simply chosen not to follow established protocols.

When completed, an internal audit will provide a good evaluative sense of why a program (process) is or is not working. It will include recommendations for consideration which will provide direction to administrative and leadership staff with the organization. It is most important to recognized that an internal audit is a tool that is used to find out what is going right as opposed to going wrong. Losing sight of that goal will make staff wary of both the audit process and the internal program auditor.

External Licensing and Monitoring - Organizations that provide regulated or licensed services will have specific standards of compliance in order to obtain and maintain their license or certification. Examples include residential programs licensed by the respective state Departments of Public Welfare or Mental Health agencies, drug and alcohol divisions, child care regulators, professional standards bodies, and the like.

The purpose of the external licensing and monitoring evaluations is to assure basic level conformance to established standards of service, environment or facility, and practice. Organizations may have been licensed, evaluated, and monitored over a long period of time and never considered the valuable implications of a deficiency free record. This external certification of standard and quality validates a minimum standard of quality by an official body. As such, it is another strategy for providing complementary accountability and outcome measure to funding sources.

Operational and Strategic Plans - Program and agency operational plans are the organizational equivalent of client goals which are pre and post tested. They identify in specific and quantifiable terms what the program or agency plans to accomplish during one or more year periods of time. It identifies goals, objectives, activities necessary to complete the goal, the time frame for completion of each goal and activity, and the standard or measure for recognizing a positive outcome or goal achievement. Successful achievement is measured at the end of the plan period just as in the pre and post test method. Once created, a well developed operational or strategic plan can be used as a template for future plans.

Research Projects - Opportunities arise which provide the ability to measure or test areas of special interest to an agency or program. For example, graduate social work students are required to complete research projects as part of their professional education and training. The research projects tend to be associated with their practicum placement or the agency of their internship. While students may have areas of interest or ideas for such projects it is not uncommon for them to solicit ideas for projects that would be beneficial to the agency. These projects, like many of the other strategies identified, are very helpful

evaluative outcome measures that agencies can use to document the quality and effectiveness of their work.

Evaluations - The purpose of evaluating any project or service is to measure whether it is successful in achieving it's identified goals (outcome), whether it did what it said it would, whether it did it the way it said it would do it (process), and ultimately whether clients or their situations improved as a result of the project or service. Information collected in an evaluation must be useful for management, should be useful scientifically, and might be useful to other practitioners and clients. Almost all major funders now require some type of evaluation as a condition of the funding. Many even require that a specific portion of the funding budget be spent specifically for that purpose.

The basic format, design, or model of the evaluation is therefore generally laid out as part of the application or funding process. Many states and funders of multiple similar projects require participation in a state-wide or funder-wide evaluation as a condition of the funding. All forms, training, and technical assistance is provided by those states as part of their evaluation process.

Presently, there are some meaningful variations in evaluation design. Many evaluators continue to utilize traditional psychometric measures as the sole or primary method for determining change or outcome. These evaluations are generally referred to as *rationalistic* or *quantitative* evaluations.

There is an increasing trend and recognition that this type of evaluation has significant limits because it is unable to capture important data that can be gleaned from client records and interviews with staff, clients, referral sources and contractors who may be part of the project. This additional data provides important insight into the process of serving clients and understanding what worked with clients from written and/or verbal anecdotal material. This newer method is referred to as *naturalistic* or *mixed method* evaluation.

Within the rationalistic, qualitative, or reductionistic method of evaluation one seeks to answer questions such as what is the cause. As such, outcome measures are psychometric and results are reduced to specific numbers. Within this method the paradigm defines the problem but does not do a good job of creating solutions. The outcome data tends to define what is possible and infers what is going on. Within this process the clients respond or report on a (valid and reliable) standardized instrument which the evaluator interprets and then describes what it means. Slowly over time there is understanding of what the collective data means.

There is a continuing trend among funders to move away from this type of evaluation because it does not tell you what or why something worked and is very limited in making any substantial case in the policy area. This has very special implications in the human services which are less science and more process oriented.

The naturalistic or mixed method of evaluation is growing in popularity among funders because it utilizes both traditional psychometric measures and a variety of qualitative measures. This combination of quantitative data and the interactive process of the voices of the clients and the actual providers of service helps to further define the true nature of the problem being evaluated. This, in turn, helps to further define the solutions since there is a greater sense about what is happening within the process regarding what is or is not working. This methodology can most effectively give the outsider an insider's view of the culture and provides life history information that helps illuminate how individuals function within their culture or family system. It can additionally capture patterns and interconnections of apparently unrelated data (Woodhouse, 1992).

In a naturalistic method the evaluator learns as much from the clients as the evaluator learns from the hard data. This method has greater policy implications than the rationalistic method since it not only provides important data but also attaches a real human interactive process to advocacy efforts.

The process of choosing an evaluator is important for many reasons such as their method, cost, experience and what the organization would like to gain and use from the results. It is always preferable to utilize an independent third party evaluator whenever possible because it helps to prevent bias and contamination by the organization. Because of cost this may not be possible. Many federal and state grants both require evaluations as a condition of grant award and also designate the evaluation methodology and amount or percentage of grant award to be used for evaluation costs.

If choosing an evaluator from internal staff it is important to either utilize staff with a sufficient knowledge base and skill to design and implement the evaluation or seek guidance and consultation from an individual who is very knowledgeable in the area of design. The purpose is to assure that the evaluation will measure something that is useful, the process of data collection is possible, and that it documents success.

Regardless of whether the evaluator is internal or external it is important to know what the funder wants such as the percentage of budget to be spent on the evaluation, the types of measures or if they have a preference based on what other grantees may be doing, and whether they provide the measures or you develop them. Much of this should be clearly stated within the Request for Proposal (RFP).

If the funder is flexible on the evaluation question try and understand how flexible. For example, whether a blend of naturalistic measures can be utilized so that the organization can actually learn something as an outcome of the evaluation.

In actually identifying an evaluator it is important they can minimally talk the talk and walk the walk of evaluation. For instance, if they are only talking about data as numbers they may not be the best choice to evaluate a human service project. Review whether they are involved with professional research organizations and whether they are still involved in the learning process. Additional areas to review are whether the person has ever published

and whether they have a way to keep up with the field. The important point is to know who you are getting as an evaluator.

A short actual case scenario highlighting many of the pitfalls that can occur will emphasize the need to think about evaluation issues before the organization has a need for it or commits to a specific evaluator.

With a short time frame to submit a federal grant application a private, not-for-profit organization needed to identify an evaluator, an evaluation process, outcome goals to be measured and to develop a budget within the guidelines of the RFP. Through personal contacts and numerous phone calls the agency was able to interest a reputable research center at a major university to participate as the evaluator.

The organization provided the general overview of the proposed project, suggested goals to be measured and provided information related to its own knowledge base of the proposed project. It became clear very early that this major university had very high indirect costs related to projects they undertook and were inflexible on reducing or providing in-kind reductions. Since the time frame was so short it was imperative to make the current arrangement work even if it meant scaling back the scope of the evaluation because of the high indirect cost factor.

The organization was successful in being awarded the grant money. Initial collaboration efforts were strong and positive in identifying and developing measurement instruments based on the research center's recommendations. The research center was very rooted in traditional quantitative research and the use of psychometric measures. As the project proceeded it began to become evident that while the evaluators were very research oriented they devoted little time to determining whether the measures they selected were going to provide useful information. The evaluation data collected was also extremely time consuming for staff to administer with an uncooperative client population.

One year into the project the research center provided, at the organization's request, an initial run of the data which yielded disappointing quality of data. Additional issues over their costs led the organization to identify an evaluator who utilized a naturalistic methodology. A review by the new evaluator of the large volume of data collected by the research center indicated little useful or meaningful information or data. While a great deal of time, expense and energy had gone into the initial design with the research center, the outcome was that the information collected could not and would not produce any meaningful information to describe the success of the project, what worked or what did not work.

Start-up activities with the new evaluators from a different university led to retention of some of the initial psychometric measures that actually produced meaningful data and the development of new methods to document and measure a wider variety of project services and client successes. Nine years after the project's initiation the naturalistic evaluator continues to evaluate the project producing useful data as well as defining crucial process elements that contribute to the program's success.

Staff Service Reports - This measurement instrument is primarily a supervisory feedback tool to both document individual staff service levels and provide regular feedback to staff

on their performance. It is an outcome measure of all services provided by a staff person to their clients during a fixed period of time (i.e., month, quarter, etc.). Information and statistics are generated from client direct service records or computerized client tracking systems.

As a supervisory tool it allows the supervisor to review all direct and non direct services provided to clients on a caseload by number of sessions and type of modality. It provides important information about efforts to engage and outreach to difficult or resistant clients. It provides a general picture of the counselor's style by highlighting the intervention(s) of choice. The focus is to provide regular and direct feedback to staff regarding their performance against established goals. Good supervisory feedback includes providing positive comments about things that are going well as well as things for further discussion or examination.

Client Tracking Systems - Virtually all organizations use computers in some form within the routines of their organizational activities. Many have converted their manual client files to computer files. Still others have developed more sophisticated client tracking systems which contain demographic, assessment, progress note, and outcome information. This type of system requires a focused development and financial commitment to client data collection, analysis, and currency and upkeep of the system. The outcome reports from this type of system can provide new opportunities for organizations in competing for new funds based on impressive documentation of results.

State or National Evaluation Projects - Many states and some national funders have standardized their entire evaluation process by contracting with a university or third party vendor. The purpose is to assure that all projects funded with their monies participate in a uniform process of information collection for analysis. Generally, this data is not as valuable or available to the individual organization but does provide excellent comparative data to assess how well the organization is doing in relation to others providing the same or similar service.

Annual Reports - In it's broadest sense, an organization's annual report is the post test report of the organization's success throughout the year. Organizations do not always think about this document as a valuable outcome report that communicates to the public the organization's achievement of mission and collective success with clients. Typically these reports document the number and types of clients served by demographics, types of programs and services used to serve the clients, and disposition of cases. In addition, it includes narrative which discusses the activities and processes that led to those successes. Aside from the organization's newsletter, it is the document that reaches a large number of community members and funders. As such, it also functions as a key public relations instrument for the organization.

Committee Evaluations and Reviews - Board of Directors often have a Program Committee which has annual responsibility for reviewing and/or evaluating either the organization or programs within it. Depending on the organization it could be a very

cursory review or a more serious internal evaluation which seeks to evaluate trends, documented outcomes, problems, solutions to known and projected problems, goals, and a variety of other areas. Some utilize a standardized evaluation format as a means of information presentation and communication with the rest of the Board.

LESS THAN PERFECT WORK: Things That Go Wrong

All organizations, regardless of whether they realize it or not, collect outcome data and participate in a variety of evaluation or evaluation type activities. It may be a very conscious and deliberate process or one which they muddle through without much thought. In general, this issue speaks to an organization's culture and focus on accountability from it's top leadership to it's direct service staff and volunteers.

Traditional organizations struggle with and fight change. Alternative organizations often embrace it. Many of the things that go wrong are related to how organizations and individuals within those organizations feel about change. This is about culture, vision, and leadership.

For those organizations that are considering a transition to a more outcomes-based clinical and practice environment, they will be dealing with a great deal of feeling, frustration and resistance to a change of routine from what presently exists. Just as clients have feeling about change, so do staff. Clinicians who practice in a model of little time or process constraint will feel vulnerable to a new level of accountability and focus on their individual effectiveness and the collective effectiveness of the entire organization.

Staff and the organization can become very creative in their ability to resist and sabotage such a new level of accountability. The barriers to implementation are many. They include beliefs that client needs are too unique to measure, that clients have multiple goals and therefore can not effectively be measured, that staff do not agree with the measure being used or that it will not effectively measure their work with clients, and that the success rate will so low that funders will not want to continue funding the work (i.e., their job). The important wake-up call is that funders are not going to fund organization that do not measure outcomes and avoid accountability.

Preparation and planning is key to introducing and managing this type of change. This can come from including staff in the decision-making and implementation process. It should include an incremental approach or pilot testing the introduction of measures and strategies with a program or component before an organization wide introduction. It will provide the opportunity to work out the bugs and let staff do much of the transition work.

There will be great temptation to limit outcome measures to process oriented measures because staff are more comfortable with process measures. Counseling is a process oriented disciple but one should not confuse the process of the service with the eventual

outcome which is both quantifiable and concrete. Again, leadership and vision of planning is crucial here.

Staff and management often have great concern that their success will be judged by things they have no control over. They need to accept that the environment for accountability is changing for all types of businesses and that they too will be facing method of evaluation that places more emphasis on the outcomes of their processes. The correct frame for implementing outcome and accountability is one of opportunity, competitiveness, and, most importantly, a commitment to using the information and data obtained to take services to the next higher level. Given the choice be like every other provider or to be the leader among providers, most staff and organizations would choose to be the best.

Other common mistakes organizations will make include the use of measures that do not fit the services or activities to be measured. Count on making mistakes. This can be reduced through the use of consultation. Understand that all consultants are not equal and even consultants can give and do give organizations bad advice. Such consultation can be purchased or obtained from peer organizations already experienced in outcome based strategies or from technical assistance organizations within there own networks of practice.

The choice of an evaluator that does not do an adequate job in producing usable information is also a common problem. This often occurs because an organization may be rushed and unable to do an adequate search, they use an evaluator out of their particular area of expertise, the organization asks the wrong questions, or they are inexperienced and lack the knowledge to make a well informed decision. This often leaves the evaluator to do what they want as opposed to what would be most beneficial for the project or organization.

Balance is an important part of the culture. While there is tremendous pressure to begin and improve outcome strategies and evaluation methods for organizations, it is easy to over-do it. Start small and know what you need. Don't buy a forklift when all you need is a handtruck. Without a vision for the process, an understanding of what is really needed, and a contextual plan for the organization it would become very easy to become over-invested and compulsive in collecting data that is not important or that the organization will never use. In these cases it can get expensive in time use and loss of staff productivity. Remember what your organization is all about.

Organizations are often reluctant to commit monies to developing outcome strategies or evaluation measures. This is natural since it would be preferable to use already limited resources on direct client services. This is often a larger issue for smaller organizations with limited resources. However, a strong case be made for the positive value of outcome measure strategies and evaluations and the benefit it can bring with funding opportunities, expertise, and directed service evolution based on real data and information.

SUMMARY

An environmental reality is that funders are making the choice for many organizations; if you want to get the money or keep getting the money you need to be outcome focused and accountable. This change is a unique challenge to organizations that are rooted in a culture of process oriented documentation and services that are offered in an open-ended manner. Quite simply, funders and Board of Directors increasingly want to know not only what the services are but also how well they provide them with real data instead of emotional stories which describe the process of singular cases.

The implementation and use of an outcome based approach to measuring successful services is more than just a strategy to please present and future funders. It is a strategy of assuring excellent services, management and quality control. It is a leap from believing that one provides a good service to being vulnerable in documenting it. It is an organizational diagnostic and planning tool for supporting what is right and repairing what is wrong. It is an opportunity to reward those who do excellent work and assist those who need help in achieving that level. It is a too of responsibility.

If an organization believes in providing quality services it can not retreat from the inevitable. Its client and staff deserve the best the organization has to offer. The best is soon to be discovered and aspired to with the support of outcome based management.

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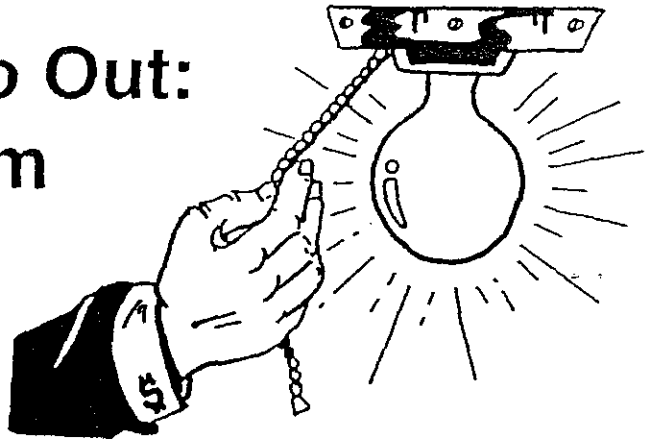
When the Lights Go Out: Managing a Program Closure



Joan Haldeman, M.S.W., L.S.W.
Robert M. Robertson, Jr., M.S.W., L.S.W.

In a resource scare environment that ensures a fiercely competitive process for new and continuation funding, agencies are facing the increasing reality that there is no guarantee that even the best projects will continue to be funded. While programs need to be extremely resourceful in developing new and diverse funding, they also need to be prepared for the possibility of a program closure when funding is eliminated or significantly reduced.

Single source funding in a competitive environment requires agencies to be prepared for a "sudden death" experience that evokes issues and feelings for clients, staff, agency and the community. Almost every grant requires applications to address the issue of continued funding and applicants address it without realizing the full impact of a major funding loss until the lights of their project actually go out. Failure to be pro-actively attentive and planful can lead to accumulated agency debt and negative internal and external agency relationships. Independent living projects offer a unique opportunity during a program closure to reality test the project and client success at teaching and integrating hard and soft independent living skills.

Client Issues: Abandonment and Separation.

The premature or sudden closing of a residential independent living program frequently triggers client issues of abandonment, the loss of important relationships and the high anxiety of actually becoming independent and putting their independent living skills into action. This may include the grieving process and a relapse to familiar acting out behaviors as a means of managing feelings of disappointment, depression, and rejection. As such, independent living projects need to be very planful in preparing clients for the possibility that the project might not be refunded or continued.

Failure to be pro-actively attentive and planful can lead to accumulated agency debt...

Ways of managing this include maintaining clear, current and realistic individual independent living plans regardless of how long the client has been in the program. Maintaining family relationships and support networks are important resources even if the client cannot live there as a result of program closure.

Previous articles (Robertson. "Practical Programming and the Independent Living Experience," *Daily Living*. Vol.6 No.4.) emphasized the ongoing need to be both proactive and practical when considering independent living and client planning and problem solving.

Staff: Transfers and Saying Good-bye

Staff who feel a sense of ownership of their program may experience many of the same feelings as clients as they assist them in developing alternative living arrangements. Program closure is especially difficult when staff and clients are immersed in feelings such as loss, separation and grieving. These feelings have been described as similar to those experienced when caring for a terminally ill relative. The outcome is clear and expected. The situation is one over which you have little or no control.

Employment status is a primary issue for staff. Offering staff the opportunity to transfer to another agency position or assisting staff in job search are proactive steps that can be a positive morale booster for the entire agency. Job search assistance can take the form of identifying new employment, providing flexible scheduling to allow staff to get to interviews, and extending secre-

tarial support to update resumes and prepare cover letters.

Program Issues: A Silver Lining

In well developed independent living programs with several components and multiple funding sources, a component closure can often be a learning experience. It can initiate the rethinking of model design elements such as length of service and required client preparedness. It may highlight how program structures and staff -client relationships slow or impede the independent living process. It is easy for staff to fall into the trap of requiring youth to meet rigid goals before allowing them to be promoted to a new level or try solo living. The Valley Youth House (Allentown, PA) experience indicated that the clients who transitioned prematurely into independence due to a component closure were generally as successful as those who remained for ongoing service in another of it's components. This new knowledge and insight can have a positive effect on a remaining components and on planning for the refunding of the closed component.

Funding: Weathering the Storm

When funding disappears, time is the critical element which determines how much risk an agency is willing to undertake to continue operation of a project. The typical crisis scenario involves a project with a single funding source, a very competitive continuation or reapplication process, and a short interval between expiration of current funding and notification that the project will not be refunded.

Unfunded residential independent living projects are generally very costly and have great potential for creating a deficit situation very quickly. Quick alternative funding may be available from primary referral sources such as child welfare or juvenile justice agencies who value the service and have used it at low or no cost. Continuation of the project may require a more substantial contribution in the form of project funding or a per diem contract. An additional alternative is to change the model from residential to out-client services. This will significantly reduce the project cost while retaining important skill-building and real transition to independence components.

> "...a component closure can often be a learning experience."

The continuation or refunding of a project may require "retooling" or "repackaging" to fit the needs of other available funding sources who require the services for the same or a slightly different age population. Centre County Youth Service Bureau (State College, PA) successfully changed the target population from 16-21 to 15-18 year olds and added more structure to the daily routine in order to survive an imminent closure. The changes allowed the program to serve a previously ineligible population-older child welfare youth in placement. Funding alternatives in such a crisis can include Homeless Assistance and Community Development Block Grant monies, churches, and special events.

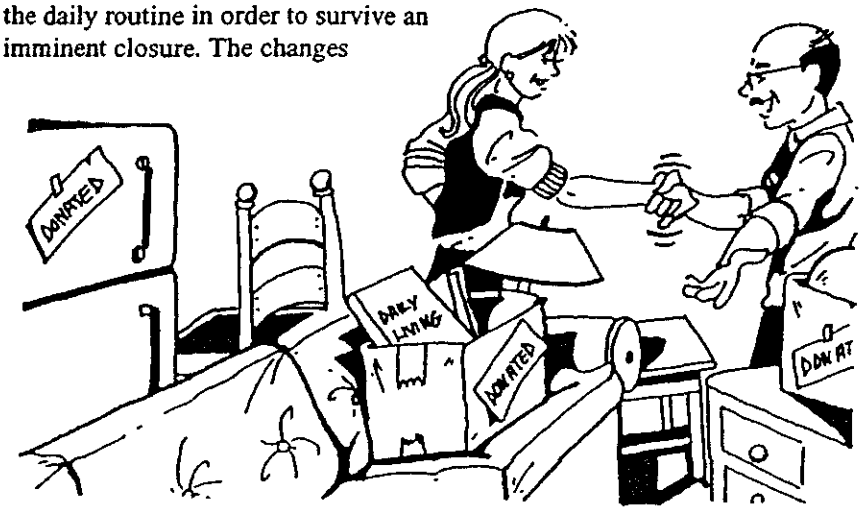
Property: To Keep Or Not?

During the closure of a residential project located within agency owned or leased space, an important decision will be whether to retain or dispose of project property. Property includes furniture, household goods, major appliances and major office equipment. Providing the property is in good condition and the plan is to reapply for funding or to seek alternative funding, storage of the property may be the best choice.

After several years of use the property may not be worth saving and can be donated to clients starting their own, offered to other clients in need, donated to a local homeless shelter, or a community thrift shop.

Community: Invisible Support

The importance to the community of an independent living project is often not realized until it faces extinction.



At a time of crisis, new advocates may become known. It is essential to know the community resources that can help manage the program closure, advocate with prospective new funders, and support the refunding applications. Involve the community in your process and communicate about outcomes and future plans.

Communication: The Need To Know And Understand

Both staff and the community will want to know what happened and will have feelings about the project's closure. This is an important public relations and marketing opportunity to build a case for support and alternative funding. It is often the crisis of project closure that will bring new resources and funding to the forefront.

Summary

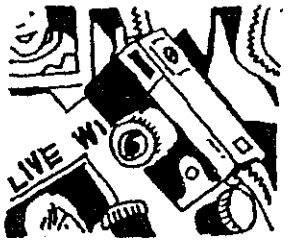
The most effective way to minimize the effect of an independent living project closure is to plan for it as a real possibility. While a closure will have a mixed effect on clients, staff, the agency and the community, it will also provide new insights on serving clients in other components and developing a stronger model for future funding attempts. Program closure can be an opportunity to uncover new support, develop new alliances, broaden the independent living vision and be boldly opportunistic in a way which only a crisis can produce. If all else fails, you turn out the lights and wait for the next opportunity.

Editor's Note: Valley Youth House has operated a community based independent living program for many years. When funding for their transitional living program was lost in 1993, the agency was still able to work with many of the youth. Fortunately, funding was restored in 1994. To find out more about Valley Youth House programs, contact Bob Robertson, 610-432-6481. ■

What A Great Idea!

Live Wire: A Photo Newsletter

Since 1988, the Multnomah County Independent Living Program in Portland, OR has published *Live Wire*, a newsletter for youth, foster parents and social workers. What makes *Live Wire* unique is that 75% of the space is devoted to photographs; pictures of special events and close-up photos of youth. Current Live Wire editor, Nick Sundstrom, says that as much as youth complain about having their pictures taken, they look forward to seeing themselves in the newsletter.

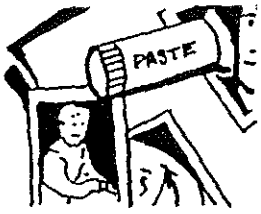


Published quarterly, *Live Wire* gives youth recognition for their accomplishments and keeps foster parents and social workers up-to-date on program activities. It's size, usually one page, front and back, and it's format make it easy to read. The photos grab your attention and the brief lines of text say all that needs to be said.

The production of *Live Wire* is also a great example of how the community can support your program efforts. The newsletter design and production are donated by a local graphics firm and the printing is provided at no cost by a local print shop. Way to go Multnomah County! ■

Easy Color Copies

Like most independent living programs, HRS District 14 in Lakeland, Florida takes lots of pictures at youth events. When the pictures come back, everybody wants a copy. Not only is it time consuming to have multiple copies made, but it can also become quite expensive.



Independent Living Coordinator, Sandy Toledo, has found a way to satisfy everyone without breaking the budget. She pastes several pictures on a blank page and has color photocopies made at a copy center. The copies turn out as as colorful and as clear as the original photos. Best of all, everybody gets a copy right away. ■

About the Author

Bob is the Executive Vice-President (the position formerly known as Associate Executive Director) of Valley Youth House in Allentown, Pennsylvania. He has more than 25 years of practical experience in the areas of clinical practice, programming, consultation, and training. He has served as a Social Work adjunct faculty member at Marywood University Graduate School of Social Work, DeSales University and Cedar Crest College as well as serving on several national advisory Boards. He was a founding Board of Director of the Mid-Atlantic Network of Youth and Family Services.

He has written extensively in the area of independent living services for adolescents as well as creative client engagement and clinical counseling, evaluation, and youth development. He is a black belt instructor and student in Okinawa Kenpo Karate Kabudo, an avid runner and especially enjoys spending time with his wife, Dorothy, and daughters, Hilary and Lindsy.

Despite his frequent role as a "teacher", he sees himself as a student always learning important lessons, gaining insight, and discovering the truths from those around him.