

CHAPTER ONE

MILIEU THERAPY

The best prize that life offers is the chance to work hard at something worth doing.

– Theodore Roosevelt

Choosing to work in a residential program for children and youth is not something most of us grew up thinking about as a career. After all, whoever enters into this occupation, especially if they pour their heart and soul into the work – trying to make a difference in the lives of vulnerable youngsters – they will experience a demanding job, with insignificant pay and little appreciation from society. The field of children’s residential work is not one that receives its fair share of attention in our nation. In fact, it seems that any attention it is given comes only when something goes wrong, or the cost of providing these services is being decried as “too high” for the tax payer.

Those of us who work in the profession accept the fact that the intrinsic rewards we receive will far outweigh the pay and recognition. As I once heard it said, “The greatest thing a person can give aside from their love, is their labor.” Those who work in our field give both.

It is a job well worth doing. Residential facilities have helped thousands of children transcend horrific pasts to realize brighter futures. However, the field of residential care for children is changing rapidly, and there are systemic re-designs taking place which will change its landscape. A reduced number of residential programs will be available, there will be statutes on working with the entire family, and when possible children and youth will receive services in the home – or return from placement as soon as it is deemed viable. Such decisions may be driven by insurance companies and/or regulatory bodies. They may even be driven by more effective and efficient service.

This is not to say that residential programs will be driven from existence. There will always be a need for some variation of these services.

Throughout history there have always been children who have lived with another group, apart from their families. These youth were provided places to eat and sleep, but they were never treated in the *clinical* sense until the middle of the 20th century. As this text encompasses the care these treatment programs provide to

their young residents, a review of their evolution and existence (with a focus on North America) is necessary.

Evolution of Residential Treatment Centers

It could be surmised that American physician and patriot Benjamin Rush began framing the concept of “therapeutic community” during the 18th century. This notion of care had been practiced in Europe, where Rush had received his formal education, having been used to treat wounded soldiers. Its evolution focused on the premise of “moral treatment” of the emotionally disturbed. Rush had written extensively on the subject as far back as the American Revolution. The moral therapist believed that environmental factors played a significant role in the treatment process of the disturbed individual (Campagnone, 2005). As a result it was rationalized that treatment could best serve an individual’s psychopathology (disorder in thought, emotion or behavior) if treatment were to occur in calm, passive settings within the community.

While it is important to acknowledge the contributions of Rush, it was Maxwell Jones, an Army psychiatrist, who was instrumental in formally developing the concepts of the therapeutic community. His work brought the model to institutions outside of the psychiatric system. During World War II he had developed a program to treat soldiers who were suffering from combat fatigue. Jones discerned an approach that focused on caring for the soldiers in a group environment. This meant that “treatment opportunities” were not limited simply to the therapeutic hour but “therapy” could be offered throughout the day.

As Jones’s work progressed and volumes of literature on mental health systems found publication, the therapeutic community model and (its derivative form) the therapeutic milieu caught on in United States and the United Kingdom during the 1960’s. This change began to challenge the ways in which patients had been receiving care in psychiatric wards and state hospitals. This meant that within the therapeutic milieu, the community in and of itself (clients included) played the significant role in an individual’s rehabilitation.

This type of design ventured that treatment of individuals was more effective if deliberation was given to each aspect of the milieu. That included using all elements within the residence in treating the individual, including utilizing a client’s peers to persuade treatment. The therapeutic community demanded an open environment for communication and trust, contact with outside communities, and strong relationships with staff (Campagnone, 2005). Therefore, the use of the “com-

munity” in providing for the care of the individual became of the utmost importance in any and all programming.

Today, numerous residential programs integrate aspects of this programming philosophy. While the types of clients that these facilities work with may have changed, this modality remains an important part of the treatment.

In their groundbreaking text, *The Other Twenty-Three Hours*, Trieschman, Whittaker, and Brendtro (1969) suggested that the function within the milieu is to include creative thinking and planning, helping youth deal with “everyday” situations as opposed to simply helping children meet unplanned events such as a family or treatment crisis. The “milieu” is the physical as well as social setting in which a youth receives care.

Milieu therapy is a reflection of the way that a facility utilizes the resources within the setting (peers, staff, and surrounding environments) to treat the individual. The goals can be accomplished through program structure and patterns and types of communication; it posits that all social and interpersonal processes in the facility are germane to therapy and that each and every person who lives (and works) in the setting is integral to the clients’ treatment. In short, the residential facility is a social system in and of itself, influenced by the people who are its members.

The chief element of this social system is the major change in how facilities deliver services to the client. In the traditional concept of care, the emotionally needy were often left sitting in day rooms or bedrooms waiting for someone to treat them (Brodsky, 2004, Campagnone, 2005). Most, if not all, of these large institutions had an abundance of clients who had been there for years without ever demonstrating any signs of improvement; their care could be considered purely custodial. The new concept of therapeutic community demanded that clients actually play a role in providing for and receiving therapy from their peers. A modern example of this model is the practice of community meetings. At these meetings residents come together, properly guided by staff, and discuss various issues related to each youth, as well as the residence as a whole. In these meetings the clients themselves engage in their own evaluations as well as those of their peers. Community meetings also permit the residents to practice their newly learned social behaviors (and their perceptions) in a safe environment.

Thus, the assertion that the residential facility is a small community in and of itself is significant. For, as noted earlier, the setting offers residents the opportunity to practice strategies and behaviors, permitting them to make mistakes that will be

addressed by this smaller community. This area of treatment is vital as it provides the client with a chance to succeed (through trial and error), and the residential facility is a safe place to try out with real life situations.

Another issue of great importance in children's residential programming is recognizing the role that small-group organizations in the outside community play in the treatment of youth. Examples of these settings include school, Little League, Girl Scouts, church, and so on. Children and youth in care need experiences within their community to understand that they are not simply isolated; set apart from the rest of the world. This is extremely important because one day these youngsters will return home to biological families, move into long-term foster care homes, or be adopted, and will be immersed in the larger community.

Defining Therapy in Children's Residential Work

Therapy is a process of change. The definition also includes activities that are therapeutic in nature, in that the activity can aid in generating change. Examples could include community meetings, life-skills education, group activities, etc. In organizing group activities, workers within the milieu have the opportunity to plan games and recreational opportunities that can directly impact some of the issues facing youth in care. For example, a movie night can be scheduled with a discussion following that is focused on a specific theme germane to issues facing current residents (i.e., avoiding gangs, dealing with anger appropriately, etc.). In addition, even the most basic staff-youth interaction can be therapeutic.

In our work with children in the residential facility, it is important to realize this more encompassing definition of therapy. It is not to the child's advantage to receive only the standard one-hour of treatment per week in a clinician's office. Trieschman, Whittaker, & Brendtro (1969) asserted that what goes on daily between the child and adult (staff member) must be seen as the chance for therapeutic education or re-education. Therefore, residential programs must utilize every opportunity available to help youth in a residential facility. Consider the youth's time spent with staff in a single year:

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| TOTAL HOURS IN A NON-LEAP YEAR | 8,760 hours |
| TRADITIONAL CLINICAL TIME | 78 hours |
| (Assumes 1.5 hours each week: does not deduct for clinician vacation/missed sessions) | |
| SCHOOL TIME | 1,680 hours |
| (Assumes 7 hours a day, 35 hours a week, 48 weeks a year) | |
| MILIEU TIME (Awake) | 1,990 hours |
| (Assumes 7 hours during week days, fifty weeks a year; assumes 12 hours over the course of 10 weekends a year.) Assumption is made that two full weeks and 42 weekends are spent with family; otherwise a youth spends additional time in the milieu. | |
| MILIEU TIME (Asleep) | 2,365 hours |
| (Assumes that the child sleeps 8.5 hours during a week night, 50 weeks a year; assumes 12 sleep hours per weekend night, 10 weekends per year.) Assumption is made that two full weeks and 42 weekends are spent with family; otherwise the youth spends additional time in the milieu. | |

Figure 1-1: How youth in residential care spend the year

In reviewing Figure 1-1, it can be discerned that children spend less than one percent of their year in the traditional clinical setting. They spend just under 20 percent in a school setting. If we utilize the figure and assume that a youth is with their family two weeks a year, and ten weekends, this means that nearly 50 percent of the year is spent in the milieu. And almost half of that time is spent awake. Why wouldn't we want to make the most out of the "therapeutic time" that is available in the child's milieu? Agencies that recognize the role that direct-care staff members play in a child's life develop truly integrative treatment plans for the youth in their charge. All agencies should make sure that at any time in a child's day (or night) there is an opportunity for responsive treatment.

The notion of the direct-care role being of primary importance should also translate into attendance at staff meetings. These workers should be invited, and expected, to be in attendance. It makes no sense for these folks to be absent from any meeting in which the *team* is discussing a child's treatment. This would be equivalent to a football team huddling up to call a play, without involving the offensive line. How would the linemen know what play was called and when the ball was

being snapped? Obviously, the team would not be putting itself in position to do well. Likewise, the practice of not involving direct-care staff in meetings is totally illogical. Those who spend the most time with youth in the milieu need to be at these meetings. (The role of staff members is discussed in greater detail in Chapter Two.)

The following are the goals of the residential milieu:

1. To ensure a youth's safety and security, and provide needed structure.
2. To provide emotional support to each resident.
3. To educate each child as required.
4. To maintain a healthy reference group, inclusive of a youngster's peers.
5. To encourage and support healthy behavior for each resident.
6. To develop a set of expectations for daily living/social functioning.
7. To work with the family, focusing on what they need to become whole again (or experience the best relationship possible).

Basic Milieu Musts

While the last section looked at the therapeutic opportunities residential programs (and direct-care workers) have to connect with youth, there are some basic principles that should be applied by all staff in all residential placement settings. These include the following:

Put yourself in the child's shoes: It is important for all staff members, direct-care workers included, to consider what it is like to be in the youth's position. What is it like to be removed from one's home and placed in a program "run" by adults that one has never met before? What is it like to share a room with another child; one who is not known and/or someone that you may not get along with? In addition to this, there are other day-to-day things that come up in the program that a staff member could ponder, such as the fairness of asking a six-year old do her own laundry or vacuum the rugs.

Meet the child's needs: Again, while staff members must be able to put themselves in the child's position, the adult care-givers must make sure they are not trying to fulfill a particular need in their own life. For instance, does the worker connect with a particular youngster, or feel the need to treat the child as "their own"

based on a void in their own lives? On the other end of the spectrum: does the worker not allow a child to participate in an event (going to an agency-wide Super Bowl Party, or amusement park) because the staff member does not have an interest? There are many *needs issues* to consider in this work and subsequent chapters will address them. However, direct-care staff members must always remind themselves that they are working for the youth's well being; therefore meeting the *child's* needs must be the driving consideration.

Children in care can experience “normal” childhoods: They can go on vacations, celebrate holidays, participate in sporting leagues, join the Cub Scouts or Girl Scouts, go fishing, attend sporting events, and so forth. In addition, they have the right to maintain a connection with their families and to the community. The goal in this work is not to shut a youth out from society, but to find ways to reintegrate them back into it.

Children's residential work isn't for everyone: This is a tough job for little pay. If workers are not thrilled at the thought of patiently and compassionately caring for troubled kids, this job isn't for them. And, there is no shame in recognizing a job/worker mismatch – there are, after all, plenty of other places to work that pay a better wage.

Establishing Safety, Security, and Trust in the Milieu

One of the first things that must be done in helping children in care is to assure their well being, both physically and emotionally. Beliefs, values, program components, and milieu design should all encompass the security of the clients. Children feel safe when they know that there is no present danger that will violate their physical or emotional integrity (Brohl, 2007). It is hard for children to work on their issues if they fear for their personal safety, if they feel they need eyes in the back of their heads (Seita, Mitchel, & Tobin, 1996).

When working with children who have been abused or neglected, the task of assuring them that they are safe can be monumental. Staff members must be up to this challenge, leaving all their preconceptions at the front door and utilizing agency supports. This is because the children and youth that we serve have their own special needs; they have their own beliefs about how and when safety is attained and when they feel secure and/or able to trust others. Direct-care staff must be willing to help the children meet safety needs (from the youths' perspective) and not solely from the staff members' viewpoint. Figure 1-2 helps explain how this process can be established:

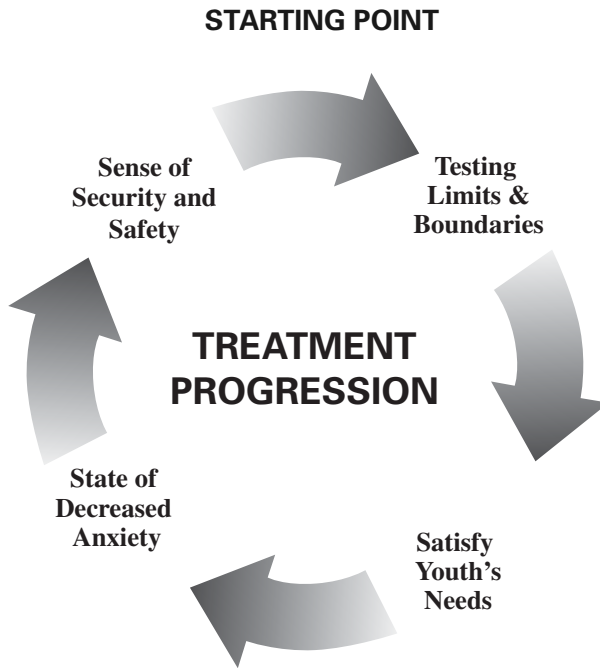


Figure 1-2: Systemic model for promoting safety and security in the residence

Many of the children served in residential programs have suffered abuse and/or neglect in one form or another. When staff is hired, especially those new to the field, the agency should provide an all-encompassing training program. Training topics would include milieu therapy, child and adolescent stages of development, behavior management, cultural diversity, the use of psychotropic medications, and other content areas reflecting an agency's program structure. No worker should be assigned to the milieu without receiving this formal training. In fact, the American Association of Child and Youth Care Practice (ACYCP) has developed a curriculum to train and certify direct-care workers throughout North America.

Direct-care workers should also expect support from the agency's executive, supervisory, and clinical teams. Upper level administrators and clinicians should visit the residence on occasion, interact with the youth, and participate in special events. If an agency's administrative and clinical teams never visit the residence, or visit only when blame for a crisis is to be assigned, the staff will have reason to feel unsupported. The same is true regarding weekend and school vacation weeks. If direct-care staff are left on their own and expected to hold down the fort during

these times, they are doing so without necessary supports, potentially reducing the quality of care.

New staff members should also be warned against bringing untested values and beliefs into the milieu. Some of these would include “we should shower these children with kindness” or “all any child really needs is love.” While good staff members do connect with youth, these themes – especially when they are used to ignore destructive behavior – do not help children in care. In the eyes of many youngsters we serve, *love* and *stability* mean that staff members can actually keep them safe and secure, and safety equates to structure and firm boundaries.

Role of Testing Limits

Many youngsters in residential facilities have only experienced adult care as abusive and a danger to their well-being. Until staff members demonstrate that they are not like the adults in the child’s past, children will be apprehensive around them. They may fear for their physical safety. Through role modeling and showing that they care about how a child is feeling, staff members can help children feel a sense of safety. This process may take a long time to produce visible changes.

Even when staff members set out to help define a child’s needs, they may be unconsciously attempting to satisfy their own. It is not uncommon for new workers, upon hearing stories of the abuse a child suffered to want to protect the youngster from the people who hurt them (their families) and to provide for their emotional well being. However, children generally do not want the direct-care staff member to keep them from their families. They want the worker to keep them physically safe and afford them the chance to work through their emotions and feelings.

The “testing phase” that every child goes through when first admitted to the program is of great importance. When a child comes into the residence a brief “honeymoon” period is normal. While the child becomes acquainted with the rules and routine of the house and gets to know other children and staff, he or she can be most compliant. Then the behavior can change. At this point staff must remember that *when children act out there is a reason*. Children new to the milieu may be testing to see how staff responds to their behavior. It can easily be called the *safety test*.

When a staff member becomes angry, speaking in a loud, threatening tone after a child breaks a rule, the youngster may construct the belief that *all* adults are abusive, or that placement in the residence is punishment. On the other hand, a

staff member who smiles and ignores the child's behavior (or nervously looks the other way) can convey a message that this adult is afraid. This staff member's reaction can also cause anxiety for a child who fears that the nice, smiling, unresponsive or apparently unengaged adult cannot keep them safe.

Both of these caregiver styles (the *screamer* and the *passive smiler*) can make a youngster feel that he or she could be placed in danger at any time. Therefore it is important for staff members to set limits, abide by (fully explained) house rules, and, when necessary, administer logical consequences to children (covered in greater detail in Chapter Three). Workers responding on either end of this spectrum may fail the *safety test*.

Needs Met = Decreased Anxiety

To satisfy youths' needs it is sometimes necessary to fairly, appropriately, and logically "consequence" them. Showing youngsters that staff cares enough to "deal with their behavior" (and the needs behind the overt actions) establishes safety for them and demonstrates that the staff member can maintain structure in the milieu, keeping the residents safe – no matter what.

It goes without saying that the staff member who *cares enough* to administer the consequence should bring closure to the issue. This can be done by discussing what led to the consequences. A good method for this discussion can be adapted from the *life space interview* developed by Fritz Redl (Long, 2007). This process reviews what happened, why it happened, and establishes an alternative (behavior) plan for the future. The example below may shed light on this process:

A group of children in a residential placement setting has just watched a movie, and now it is time for Johnny Jones to go to bed. Upon being told by staff that it is bedtime, Johnny becomes aggressive towards another client (Tommy) as he walks by him. Things become chaotic as Tommy gets up to fight back. After a few moments, Tommy is calmed down.

Using an adaptation of the *life space interview*, the staff member and Johnny Jones would discuss:

1. What exactly happened? (the behavior, which is identified as aggression)
2. Why did it happen? (the movie triggered something, or the child wanted to stay up later, etc.)
3. What is the resolution? (the child will read a book for the half hour before bedtime – or do some other calming activity). Another resolution could be

that when a movie elicits a bad feeling, the child will tell staff that he needs to take some personal time. Remember, the resolution is to remedy the reason a particular behavior occurred.

Obviously, if Johnny had harmed Tommy, or furniture had been destroyed, other consequences (restriction, restitution) might be in order. In addition, of course, Tommy's need to feel safe is met when Johnny receives consequences for aggression.

When the *child's need* to feel safe in the milieu has been satisfied, a breath of decreased anxiety surfaces. Children become more comfortable in their environment when they perceive safety has been established. This is a time when the child is able to work on other issues that have been "put on hold" until he/she feels safe enough in the residence. At this point the therapeutic relationship between staff and client has a chance to grow. Though there will be times when the road can become rocky again, negative behavior will be dealt with consistently and the relationship will continue to flourish.

Promoting a Sense of Security, Hoping for Eventual Trust

In the first edition of this book I noted that the end result of safety being established was to instill a feeling of security and trust within the resident. However, I now see that while the milieu can offer the child a sense of security, *trust* is more of a long-term goal. After all, if we had lived the lives of some of the children we care for, it would take a long time (if ever) before we'd be willing to place ourselves in the hands of others (Garfat, 2005).

The Merriam-Webster Dictionary (1997) defines *trust* as "an assured reliance on the character, ability, strength, or truth of someone or something" and being able "to place confidence in another." Based on this definition it can be surmised that trust is not something that arrives overnight. It can take months, if not years. Considering the fact that many youth in care had trusted one or more of the adults in their lives, and then had that trust betrayed, it will take some time before they can place confidence in a staff member and/or peer. In our own lives we know that when our own trust is betrayed, it will take some time before it is earned back – if ever.

Ultimately, it is the individual relationships that children and youth form with the adults in the program that can lead to trust being established. I found this out when I worked in a residential setting: there were some youth that trusted me (over time), and there were others who never made it to that point. Again, this mirrors our

own lives: we trust some people and there are others who have not earned our confidence. Through consistency, through our responding appropriately to a youngster in a crisis, and through our being a reliable staff member whose behavior demonstrates we are a safe person, there may be the chance that a child eventually learns that he can trust us.

The Importance of Physically Organized and Structured Environments

There is no doubt that a sizeable number of children who enter residential placement come from messy and/or chaotic homes. Our job is to provide these youth with quality care so they can deal with the issues of their past. The facility should be warm and inviting, showing the child is in a good place. When staff members do not care enough to keep the residential site clean it sends just the opposite message.

The other important component that goes hand in hand with the physical appearance of the milieu environment is the structure employed within the residence. Especially in our work with abused children, structure often is an important aspect in residential programming. That is why this section also reviews the role that a structured routine plays in the treatment of a child in care. It is not an issue we can discard or take for granted.

The Physical Environment

Troubled children who have underdeveloped internal structures need intensive external structures to experience a sense of order, organization, and safety (Appelstein, 1998). These youth need to live in an orderly home environment. If they came from chaotic, out-of-control homes, why would programs (who are being paid to treat these children) replicate such an environment? Nicely painted buildings (exterior and interior), furniture that is in good condition, and carpeting that is still padded and comfortable, all tell the children that we care about them.

Even the small details count. For example, even when a group home may not have brand new matching chairs at the dining room table, but they make sure any closely matched chairs are in good repair this shows the facility takes pride in the physical appearance of the home. We want to make the environment as warm and as inviting as possible, unlike the home described by John Seita, a noted professional who had spent his formative years as a client in the child welfare system:

The dusty and worn-looking brick exterior of the building was crumbling. Large rectangular windows, six feet high and about three and a half feet wide, provided our vision to the outside world. The interior lacked any feeling of home or happiness. It was large and the floors were covered with yellowing linoleum and area rugs. It wasn't a home ... it was food and shelter. (Seita, Mitchel, & Tobin, 1996, p. 14)

The physical appearance of the milieu is very important. We don't ever want the children to feel that the home they are living in is just "shelter" and nothing else. Many of them were removed from places that simply provided them "shelter." These children need to believe that they are worthy. In this sense a clean, tidy and organized milieu, helps them feel good about themselves and adds to their potential to feel safe. A dirty, cluttered, unorganized environment, as described in the above quote, demonstrates in a very concrete way that these children are not valued or important. If residential programs operate to *help* youth, why would we want them to feel so devalued?

Every residential care environment is likely to incur some deliberate destruction. After all, we work with troubled children, many of whom have never learned constructive ways of dealing with their emotions. Holes in walls and doors should be expected. However, staff members must fight the temptation to let a destructive child live amidst the devastation he has created. While it is not unrealistic to have the child help repair the damage that he or she has caused, staff may have to restore the environment themselves. In this scenario, the appropriate consequence is to find another way to hold the child responsible for their actions (Appelstein, 1998); it is unacceptable to ignore or neglect the timely repair of damaged walls and doors.

There are many ways that we can keep the environment looking orderly. In addition to regular routine maintenance and daily cleaning, we can ensure an aesthetically pleasing home by doing the following:

- ▶ Putting a fresh coat of paint on the interior walls every few years.
- ▶ Placing artwork on the wall that is reflective of culture.
- ▶ Hanging cheerful curtains and window treatments.
- ▶ Incorporating plants in the facility.
- ▶ Modernizing bedrooms (including room themes, such as wall colors/bedding/posters reflective of a child's favorite movie. This is especially true with younger children in care.)

In regards to bedrooms, decorum is important. Reflecting on my experiences when I worked in a residential setting, my wife and I allowed the kids to determine the appearance of their rooms, including Disney themes for younger children and sports themes for older ones. Their rooms were newly painted and supplied with bedding and posters that reflected the room's theme.

Maria Montessori, who founded schools that encouraged children to work independently, placed a premium on the learning environment. Montessori, who was nominated for the Nobel Peace Prize three times, believed that children learn significant life skills, without conscious effort, from the environment in which they spend their time (Garhart Mooney, 2000). She believed that the way a setting was arranged, organized, and maintained played an optimal role in the child's ability to learn. Based on the wide-spread success of Montessori Schools in this country and abroad, her theories are of sound importance.

My wife was a stickler on the cleanliness and order of the group home we worked in. Her belief was that if the house looked organized and neat, the children would feel much better about themselves, even safer. She was right! While the children initially complained about our daily routines of sweeping floors, vacuuming carpets, cleaning counters, fixing slip covers on the couch and chairs, etc., they actually developed their own after-dinner routine because they liked living in a clean house. And twice a year they would help us wash the woodwork, molding, and walls, and helped shampoo the carpets.

We referred to the chores as "*our* daily routine" because Laurie and I did not believe that the children, alone, should be responsible for maintaining a clean house. *We* helped create the mess, too. Youth are not placed in care to be ordered about and to maintain the house. They are here to work on some really intense issues. While they can *help* keep the residential environment in order, staff members must also do their part. This sharing of chores helps establish unity, not only in the physical sense, but, also, helps to show that staff members connect with the youth.

Structure and Routine

Therapeutic structure is just as important as physical structure. As was mentioned earlier, the two go hand in hand. Just as the setting must look neat, the daily routine must be predictable and consistent. This is especially important to youth who came from unstructured settings where anything goes (it should be noted that not all youngsters come to us from such settings). Regardless, structure is equal to stability. The following are commonly accepted practices within the milieu:

1. Orderly Transitions: There should be a regular process for when the children wake up, head off to school, return from school, and prepare to go or return from an off-site activity or outing. As a worker I used to like to have youth take time in the morning (before school) reading or doing another quiet activity. The same was true when they came home from school – regardless of how well or poorly they did that day in school. This time (10-15 minutes) for reading, listening to music, etc., helped with the transition.

2. Meals, Bedtime and Other Activities Occur at the Same Time Each Day: Youth in placement often feel powerless and out of control due to rules, staff directions, and/or programmatic design. Keeping meals, bedtime and other activities at the same time each day gives the children back some semblance of control in their lives (Appelstein, 2002). While bedtimes can be extended on occasion, or going out to dinner is a good week-end treat, during the week it is good to keep a solid routine in place.

It is very easy for direct-care workers, especially those new to the field, to struggle when it comes to adhering to program rules, thus maintaining structure. While rules must be maintained, there is no reason for a program to have an endless array of regulations that they expect the children to abide by. I once attended a seminar whereby the presenter cited that there are some residential programs out there with as many as 73 rules for the children to follow. How can the children (or the staff members) be expected to remember this many rules?

While agencies must develop training programs for their staff regarding the maintenance of structure through adherence to program rules, a good practice is to keep rules simple, since an endless list of them will be nearly impossible to enforce and could lead to chaos within the residence. Rules should provide for basic structure and keep all the residents safe. Children in care are not robots who can simply be commanded at will to “do that”, “don’t do this”, “pick up that”, “don’t walk that way”, etc. And, remember, just as we teach the children to speak to adults respectfully, *please* and *thank you* and other expressions of respect should be used by staff members when they are talking to children.

The other issue regarding rules is that they must be followed fairly – and apply to *all* the residents. If a staff member wants to create dissention in the house try letting one child get away with breaking a particular rule, and then try to enforce that same rule with the other residents. Staff members who connect with a youngster to the point where that child is shown overt favoritism are doing a disservice to all the youth in a program. These folks’ favoritism risks damaging the other residents’ self-esteem and trust of adults, and serves to create a chasm between the favored resident and her peers. Not only do children need the respect of adults, but they also value it from their peers. While it may be impossible for us to avoid ever having a favorite youngster, we must strive to treat all of them equally.

The Unconditional Belief of One Adult

Youth in our programs depend on us to keep them safe, provide for their basic needs, and support them in the good and bad times. Many of us not only had family members that we could depend on, but we also had teachers, coaches, etc., for guidance. We had that excitement in getting to a Cub Scout meeting so we could bask in the attention of our den leaders. We smiled from ear to ear when a Little League coach told us that we were great. We had aunts and uncles who doted on us.

Children in residential placement deserve the same.

Personally, I will never forget a resource teacher of mine, Mel Benson. When I was attending middle school (in the eighth grade) my English teacher did not feel I was reaching my potential, so I was sent to Mrs. Benson’s resource class twice a week for extra help. At first, I was resentful. Why wouldn’t the school just let me wallow in the class? Being a “C” student was okay with me. And, besides, being in Mrs. Benson’s resource room carried a stigma with it. It was only a class for kids who needed special help. I begrudgingly went to the resource room, figuring that at least the work would be easy, but I was in for an awakening. While Mrs. Benson and her assistant Mrs. McManus were the nicest teachers one could ever ask for, they expected their students to work hard. To help me, Mrs. Benson would find out about things I was interested in. She then found ways to incorporate them into my writing assignments. Before I knew it, I was working more diligently than ever. English was quickly becoming my favorite subject.

After a quarter, I made some strides and received a C+ in my English class. That was not good enough for Mrs. Benson. She said, “James Harris, I will not accept anything less than a “B” on your next report card.” She said that I was “just

too smart to be getting anything lower than “A.” Mrs. Benson encouraged my creativity and utilized my story writing as a way to help me with my grammar. She taught me to use my active imagination and not hide it. She made writing fun.

By the time the next quarter ended, I was no longer underachieving. Mrs. Benson had instilled a confidence in me that exists to this day. She taught me that if I applied myself, I could master anything. More than anything else, she dared me to dream. She taught me not to be complacent or accept mediocrity. I moved on to high school and mastered my English classes, moving up into college preparatory work. I attribute my progress to Mrs. Benson’s belief in me.

The great thing about Mrs. Benson is that her life is a living example of the lessons she taught her students. She never let anything get her down and always believed in helping people. Later in life, when she was touched by the tragedy of her son and husband dying, Mrs. Benson did not drift into an uneventful, peaceful retirement. Instead, she entered the political arena and became a member of Rhode Island’s House of Representatives. She served in the state legislature for twenty years and was known as a tenacious leader who looked out for those that the system would rather forget.

On the first occasions when I was in the State House to advocate for youth in care and Representative Benson spotted me, she came over and pinched me on the cheek. In fact, the very first time I went up to House of Representatives she took me onto the floor and introduced me to an endless array of legislators. Her pride in me, some twenty years after I was her student, made me feel incredible.

Mel Benson believed in me. She believed in my academic potential. Due to the lessons she taught me, I have been able to accomplish a great many things in my personal and professional lives. I have learned to be creative, to dream and not be tied down by conventional forces, to be a leader. Children in our care also need the belief of at least one adult. They need someone to tell them they can do better, they can dream, and they are worthy. If we can’t instill this message in them who will?

The Chance to Promote Change

Being a direct-care worker in a children’s residential program is a challenge. The person bears enormous responsibilities. No other member of the team spends as much time with the child, in or out of the milieu. For this reason the job of the direct-care staff member is most important. These workers are generally on hand to encourage youth to learn when they are not motivated, to reward positive change as it occurs, and to discuss feelings when they are ready (Krueger, 1988).

All members of the agency team have a chance to promote change in children's treatment. While direct-care workers spend the most time with the child, thought by many professionals to be core change-agents in a youngster's life, the other members of the team are also important. The next chapter gives an overview of each:

- ▶ Direct-care Staff
- ▶ Residential Supervisors/Program Managers
- ▶ Clinicians

In addition to reviewing the roles of agency staff, the next chapter defines the various types of residential placement facilities for children, from shelters to independent living programs. This review intends to explain the common terminology utilized in the field. There is no doubting that sometimes we get lost in the language of our field, using initials and abbreviations, assuming our peers and those outside the field comprehend this language. The next chapter attempts to shed light on what we do and how we do it, and in the process, to provide meanings for terms used throughout the remainder of this text.